

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.

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

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on  /  /  in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Douglas W Lundy MD, MBA

Signature of Treasurer Douglas W Lundy MD, MBA **[Electronically Filed]** Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="788449.05"/>	<input type="text" value="788449.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="788449.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="518377.10"/>	<input type="text" value="518377.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1306826.15"/>	<input type="text" value="1306826.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="343337.17"/>	<input type="text" value="343337.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="963488.98"/>	<input type="text" value="963488.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 06/2004)

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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450357.83	450357.83
(ii) Unitemized .....	59464.66	59464.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	509822.49	509822.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	509822.49	509822.49
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).....	8358.00	8358.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	196.61	196.61
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))..... ▶	518377.10	518377.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	518377.10	518377.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	8238.23	8238.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8238.23	8238.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	320150.00	320150.00
24. Independent Expenditures (use Schedule E) .....	13348.94	13348.94
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	1600.00	1600.00
(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)).....	1600.00	1600.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	343337.17	343337.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	343337.17	343337.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	509822.49	509822.49
34. Total Contribution Refunds (from Line 28(d)) .....	1600.00	1600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	508222.49	508222.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8238.23	8238.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8358.00	8358.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-119.77	-119.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Philip A Deffer Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 1st Ave E Ste C  
 City State Zip Code  
 Spencer IA 51301-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N.W. Iowa Bone, Joint & Sports Surg., 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  
 01 / 01 / 2016  
**Transaction ID : 7624302**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Adam Mirarchi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Upper Dr  
 City State Zip Code  
 Lake Oswego OR 97035-4350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Health and Science University 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  
 01 / 04 / 2016  
**Transaction ID : 7628075**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. William J Robb III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Indian Hill Rd  
 City State Zip Code  
 Winnetka IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Illinois Bone & Joint Institute 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  
 01 / 04 / 2016  
**Transaction ID : 7630318**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Louis Pierron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30765 Overlook Run  
 City Buena Vista State CO Zip Code 81211-9836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer College Park Family Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 06 / 2016  
**Transaction ID : 7633867**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Casey Lee Lagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 E 2nd Street  
 City Dumas State TX Zip Code 79029-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore County Hospital District Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2016  
**Transaction ID : 7639569**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James M Loddengard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23456 Hawthorne Blvd Ste 300  
 City Torrance State CA Zip Code 90505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733098**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert O Anderson MD**  
Full Name (Last, First, Middle Initial)

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 Summit Orthopedics Occupation 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  
 01 / 08 / 2016

**Transaction ID : 7733099**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. J Christopher Noonan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5141 Solar Heights Dr

City Eugene State OR Zip Code 97405

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

Name of Employer Samaritan Health System Occupation 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  
 01 / 08 / 2016

**Transaction ID : 7733100**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Rick Wilkerson DO**  
Full Name (Last, First, Middle Initial)

Mailing Address Walnut Lane Farm  
2470 Hwy 18

City Spencer State IA Zip Code 51301

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

Name of Employer NW Iowa Bone,Joint & Sports Surgeons Occupation 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  
 01 / 08 / 2016

**Transaction ID : 7733138**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jay E Jolley II, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Citico Ave

City Chattanooga State TN Zip Code 37406

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 08 / 2016  
Transaction ID : 7733139

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Robert E Van Demark Jr, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 332 Aspen Circle

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Occupation  
Sanford Health Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 08 / 2016  
Transaction ID : 7733140

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Richard A Fankhauser MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 W Broad St Ste 300

City Columbus State OH Zip Code 43222-1465

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 08 / 2016  
Transaction ID : 7733404

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nicholas J Honkamp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 681 50th St  
 City Des Moines State IA Zip Code 50312-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733405**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Timothy M Risko MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7902 Valcour Dr  
 City Amarillo State TX Zip Code 79119-6267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733406**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Jerald L Cooper MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7601 W Jefferson Blvd  
 City Fort Wayne State IN Zip Code 46804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ft. Wayne Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733408**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bruce A Bollinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 Ridgehaven Rd  
 City Fort Worth State TX Zip Code 76116  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733409**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Michael R Pagnotto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Rolling Hills Dr  
 City Wexford State PA Zip Code 15090  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Tri-State Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733421**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. David Arthur Detrisac MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3609 E Arbutus  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. C  
 Name of Employer East Lansing Orthopaedic Assoc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733424**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas B Fleeter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1860 Town Center Dr Ste 300  
 City Reston State VA Zip Code 20190-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Town Center Ortho Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733843**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Michael W Cantrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 Covemont Dr SE  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : 7733848**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Richard Franklin Bruch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Pineview Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 09 / 2016  
**Transaction ID : 7733860**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 3000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Keith A Heier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6408 Riverhill Dr  
 City Plano State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoTexas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2016  
**Transaction ID : 7733862**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Thomas Blake Viehe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W287N6331 Broadwing Ct  
 City Hartland State WI Zip Code 53029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2016  
**Transaction ID : 7733864**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. William L Oppenheim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Outrigger Mall  
 City Marina Del Rey State CA Zip Code 90292-6795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geffen School of Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2016  
**Transaction ID : 7733868**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jeffrey C Wint MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hand Center of Western Mass  
 3550 Main St Ste 204  
 City Springfield State MA Zip Code 01107-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Hand Center of Western MA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 10 / 2016  
**Transaction ID : 7733869**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Douglas W Pahl MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6500-1 Green Island Drive  
 City Columbus State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 10 / 2016  
**Transaction ID : 7733872**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James K Baker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 Belvin St  
 City San Marcos State TX Zip Code 78666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 10 / 2016  
**Transaction ID : 7733877**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Philip William Mack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Ericka Circle  
 City East Longmeadow State MA Zip Code 01028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Connecticut Children's Medical Center Occupation 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  
 01 / 10 / 2016  
**Transaction ID : 7733893**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Robert A Kayal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 Dogwood Trail  
 City Franklin Lakes State NJ Zip Code 07417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation 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  
 01 / 10 / 2016  
**Transaction ID : 7733900**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Alan T Kawaguchi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5121 Doverton Dr  
 City Stockton State CA Zip Code 95219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alpine Orthopedic Medical Group Occupation 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  
 01 / 11 / 2016  
**Transaction ID : 7734023**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James W Maxey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13004 N Georgetown Rd  
 City Dunlap State IL Zip Code 61525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Plains Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 375.00

Date of Receipt 01 / 11 / 2016  
**Transaction ID : 7735820**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**B. Michael Shay Womack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Oakmont Circle  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 11 / 2016  
**Transaction ID : 7736050**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. John T Gill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4153 Hyer #7  
 City Dallas State TX Zip Code 75205-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dallas Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 11 / 2016  
**Transaction ID : 7736073**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1125.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James T Howell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 Quarry Dr  
 City Conway State AR Zip Code 72034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Conway Ortho & Sports Med Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 11 / 2016**  
**Transaction ID : 7779684**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Norman Douglas Boardman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Ortho Surgery Box 980153 MCV Station  
 City Richmond State VA Zip Code 23298-0153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VCU Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 11 / 2016**  
**Transaction ID : 7779714**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Alexandra Elizabeth Page MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 939 Coast Blvd Unit 12B  
 City La Jolla State CA Zip Code 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern California Permanente Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 11 / 2016**  
**Transaction ID : 7783679**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph E Alhadeff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Oakwood Dr  
 City Red Lion State PA Zip Code 17356-8285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 12 / 2016  
**Transaction ID : 7783680**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Eric Truumees MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 Windsor Rd  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seton Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 12 / 2016  
**Transaction ID : 7784358**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. James Bicos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2910 Meadowood Lane  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Performance Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 12 / 2016  
**Transaction ID : 7784366**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Benjamin David Sutker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Hibernia Rd  
 City Savannah State GA Zip Code 31400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeastern Ortho Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2016  
**Transaction ID : 7785076**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Barry J Snyder MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2016  
**Transaction ID : 7787369**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Douglas Bentley Freedberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5315 E Calle Del Norte  
 City Phoenix State AZ Zip Code 85018-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoArizona Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 13 / 2016  
**Transaction ID : 7791103**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daniel B Chan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 NE 11th Ave  
 City Fort Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greensboro Orthopaedic Center  
 Occupation Orthopaedic Surgeon  
 Self Employed   
 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  
 01 / 13 / 2016  
**Transaction ID : 7791105**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Matthew David Olin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Sunset Dr  
 City Greensboro State NC Zip Code 27408-6412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greensboro Orthopaedic Center  
 Occupation Orthopaedic Surgeon  
 Self Employed   
 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  
 01 / 14 / 2016  
**Transaction ID : 7791112**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Jeffrey Mark Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 San Elijo St  
 City San Diego State CA Zip Code 92106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greensboro Orthopaedic Center  
 Occupation Orthopaedic Surgeon  
 Self Employed   
 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  
 01 / 14 / 2016  
**Transaction ID : 7794820**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Benjamin Jay Justice MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 Old Eagle Way  
 City Greenwood State IN Zip Code 46143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7794841**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Arthur L Valadie III, MD**  
 Full Name (Last, First, Middle Initial)  
 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 Coastal Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795582**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jaafar M Bazih MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2715 S Birmingham Pl  
 City Tulsa State OK Zip Code 74104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795583**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. George F Muschler MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 <b>Transaction ID : 7795585</b>
Mailing Address 2270 Chatfield Dr			Amount of Each Receipt this Period 500.00
City Cleveland Heights	State OH	Zip Code 44106	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert Thomas Fisher MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 <b>Transaction ID : 7795587</b>
Mailing Address 52 Thomas Johnson Dr			Amount of Each Receipt this Period 500.00
City Frederick	State MD	Zip Code 21702-4501	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Eric B Arvidson MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 <b>Transaction ID : 7795588</b>
Mailing Address 16 Pelham Rd			Amount of Each Receipt this Period 300.00
City Salem	State NH	Zip Code 03079	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Essex Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gerald J Ortiz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 188 Steadmill Rd  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mohawk Valley Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795590**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795591**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jeffrey A Rodgers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3750 Plumwood Drive  
 City West Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795592**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Russell S VanderWilde MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 W 5th Ave Ste 400  
 City State Zip Code  
 Spokane WA 99204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 563.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016  
**Transaction ID : 7795597**  
 Amount of Each Receipt this Period  
 563.00  
 Memo Item

**B. Michael G Kogan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21908 Tall Oaks Dr  
 City State Zip Code  
 Kildeer IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midwest Bone & Joint Institute 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  
 01 / 14 / 2016  
**Transaction ID : 7795601**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Jeffrey K Moore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4218-M Arendell Street  
 City State Zip Code  
 Morehead City NC 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Moore Orthopaedics and Sports Medicine 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  
 01 / 14 / 2016  
**Transaction ID : 7795602**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1313.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Eric J Lindberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 E Hale Pkwy Ste 550  
 City Denver State CO Zip Code 80220-3900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795604**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Joe T Minchew MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Ellsworth Pl  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke Private Diagnostic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795605**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dennis M Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1774 Kylemore Ct  
 City Dayton State OH Zip Code 45459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Health Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7795606**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 26 OF 349  
(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**

**A. Paul Jeffrey Richards MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796136**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. James McMaster Bryan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Pelican Circle  
 City Daytona Beach State FL Zip Code 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Clinic of Daytona Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016  
**Transaction ID : 7796138**  
 Amount of Each Receipt this Period  
 475.00  
 Memo Item

**C. Harlan E Hiramoto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Potterstown Rd  
 City Lebanon State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796139**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark W Hollmann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3865 Bird Dog Lane  
 City Deland State FL Zip Code 32724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Orthopaedic Associates Occupation 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  
 01 / 14 / 2016  
**Transaction ID : 7796140**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Robert S Schultz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2667 Weldon Rd  
 City Billings State MT Zip Code 59101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Billings Clinic Occupation 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  
 01 / 14 / 2016  
**Transaction ID : 7796143**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. James W Gallentine MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 Sheridan Blvd  
 City Lincoln State NE Zip Code 68502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Ortho & Sports Med Occupation 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  
 01 / 14 / 2016  
**Transaction ID : 7796145**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kent Steven Marangi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3813 Vista Blanca  
 City San Clemente State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796146**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Scott A Langford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 W 87th Terrace  
 City Prairie Village State KS Zip Code 66207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockhill Orthopaedics 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  
 01 / 14 / 2016  
**Transaction ID : 7796147**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Stephen Schneider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 Church St  
 City Bound Brook State NJ Zip Code 08805-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796148**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Alan Joseph Sarokhan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 Old Coach Rd  
 City Basking Ridge State NJ Zip Code 07920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796149**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kurt F Konkel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3488 Lake Drive  
 City Hartford State WI Zip Code 53027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AHC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796166**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Thomas A Malvitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5480 Forest Bend Dr  
 City Ada State MI Zip Code 49301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates of Michigan Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796169**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Barrett Shytles Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5626 Cedar Creek Dr  
 City Houston State TX Zip Code 77056-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fondren Orthopaedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796171**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Allen A Deutsch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4516 Oleander St  
 City Bellaire State TX Zip Code 77401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kelsey Seybold Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796172**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Jeffrey Raleigh Cummings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 33  
 City Genoa State NV Zip Code 89411-0033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tahoe Fracture Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796175**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Champ L Baker Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Mountainbrook Ct  
 City Columbus State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Hughston Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796177**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Terry Jackman Beal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1309 Eagle Trail  
 City Copperas Cove State TX Zip Code 76522-1967  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Central Texas Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796178**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Steven C Copeland MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2209 Heatherwood Dr  
 City Findlay State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Ohio Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796179**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John Drkulec MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Long and Winding Road  
 City Mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arlington Orthopedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796186**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Steven Braxton Morgan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1222 San Saba Ct  
 City Allen State TX Zip Code 75013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoTexas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796187**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Thomas H Kay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 Peppercreek Bridge Pkwy  
 City Valparaiso State IN Zip Code 46385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakeshore Bone & Joint Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796188**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Surrender P Dhiman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Village Center Drive  
 Unit 113  
 City Burr Ridge State IL Zip Code 60527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796189**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Melburn K Huebner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 North Dowell Road  
 City Amarillo State TX Zip Code 79124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796192**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. J Patrick Kessler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Hemlock Hills Dr.  
 City Franklin State NC Zip Code 28734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mission Hospital 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  
 01 / 14 / 2016  
**Transaction ID : 7796196**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Howard J Gelb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6214 NW 120th Dr  
 City State Zip Code  
 Coral Springs FL 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796232**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Thomas J Grogan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 521 S. Westgate Ave  
 City State Zip Code  
 Los Angeles CA 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796233**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Mark C Meier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4601 N Ginzel St  
 City State Zip Code  
 Boise ID 83703-4263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Alphonsus Hip and Knee 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  
 01 / 14 / 2016  
**Transaction ID : 7796235**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Andrew T Brooks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1412 Exeter Ct  
 City Davis State CA Zip Code 95618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt: 01 / 14 / 2016  
**Transaction ID : 7796236**  
 Amount of Each Receipt this Period: **225.00**  
 Memo Item

**B. Richard J. Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 Barclay Cir  
 City Inverness State IL Zip Code 60010-5263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Academy of Orthopaedic Surg  
 Occupation: Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 01 / 14 / 2016  
**Transaction ID : 7796242**  
 Amount of Each Receipt this Period: **250.00**  
 Memo Item

**C. Cornelis M Elmes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5311 Laurel Ridge Ct  
 City Fairfield State CA Zip Code 94534-6786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 01 / 14 / 2016  
**Transaction ID : 7796243**  
 Amount of Each Receipt this Period: **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>725.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James John Verner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23075 Nottingham  
 City Beverly Hills State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 14 / 2016  
**Transaction ID : 7796244**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Glenn B Rankin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 N Granados Ave  
 City Solana Beach State CA Zip Code 92075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern California Permanente Medical 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  
 01 / 14 / 2016  
**Transaction ID : 7796248**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Robert Johnson Morgan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3637 Richwood Circle  
 City Kannapolis State NC Zip Code 28081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortho Carolina 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  
 01 / 14 / 2016  
**Transaction ID : 7796249**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. S Lamont Wooten MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Country Club Dr  
 City Greenville State NC Zip Code 27834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796252**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. R Shane Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Cliffewood Place  
 City Shreveport State LA Zip Code 71106-7703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Willis-Knighton Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796255**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. William A Junglas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Los Molinos Way  
 City Sacramento State CA Zip Code 95864-5252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016  
**Transaction ID : 7796256**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Neil Thomas Katz MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2016 <b>Transaction ID : 7798100</b>
Mailing Address P.O. Box 62076		Amount of Each Receipt this Period 1000.00
City Irvine	State CA	Zip Code 92602
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Richard N Weinstein MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2016 <b>Transaction ID : 7799153</b>
Mailing Address 21 Long Pond Rd		Amount of Each Receipt this Period 250.00
City Armonk	State NY	Zip Code 10504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Bone & Joint Specialists	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Donald A deGrange MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2016 <b>Transaction ID : 7799155</b>
Mailing Address 12433 Conway Rd.		Amount of Each Receipt this Period 1000.00
City Creve Coeur	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jonathan P Garino MBA, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 835 Stoke Road  
 City Villanova State PA Zip Code 19085-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 16 / 2016  
**Transaction ID : 7799165**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Richard D Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 Overlook Rd  
 City Orefield State PA Zip Code 18069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2016  
**Transaction ID : 7799248**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Christopher W Maender MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4509 Turtle Bay  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799858**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Douglas D Nowak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8602 54th PI W  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799859**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Peter F Townsend MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 Brandywine prkw suite 201  
 City Wilmington State DE Zip Code 19803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Delaware Ortho Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799861**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Eric L Hume MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 369 Penn Road  
 City Wynnewood State PA Zip Code 19096-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U Penn Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799865**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. John P Nash MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Turnberry Lane

City Lookout Mountain State GA Zip Code 30750

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

Name of Employer Chattanooga Bone & Joint Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2016  
Transaction ID : 7799871

Amount of Each Receipt this Period 500.00

Memo Item

**B. Laith A Farjo MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1808 Hermitage

City Ann Arbor State MI Zip Code 48104

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

Name of Employer Advanced Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2016  
Transaction ID : 7799875

Amount of Each Receipt this Period 500.00

Memo Item

**C. Ray Payne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Clearfield Ave Ste 124

City Virginia Beach State VA Zip Code 23462-1832

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

Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016  
Transaction ID : 7799878

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Michael Champine MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2928 Stanford Ave.  
City Dallas State TX Zip Code 75225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Texas Orthopaedic Associates Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799880**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kimberly Lee Furry MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Rio Vista Cir  
City Durango State CO Zip Code 81301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Durango Orthopaedic Associates Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799882**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. John Ignatius Kung MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21325 Windy Hill Dr  
City Frankfort State IL Zip Code 60423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Premier Ortho & Hand Ctr Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799884**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **3000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. George Christopher Galjour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 586 Crosby Ln  
 City Columbus State MS Zip Code 39701-8787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7799886**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mark T Wichman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4414 W River Willows Ct  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Advanced Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7800519**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. David K Solacoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 W. 10th Street, Suite 1109  
 City Wilmington State DE Zip Code 19801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Casscells Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : 7800523**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ramesh Gidumal MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 East 74th Apt 2G

City New York State NY Zip Code 10021

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

Name of Employer NYU Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 18 / 2016  
**Transaction ID : 7800533**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Joel Roger Politi MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 South Columbia Ave

City Columbus State OH Zip Code 43209-1623

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2016  
**Transaction ID : 7800616**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Thomas J Mathews MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Forest Ridge Pkwy Ste 240

City New Castle State IN Zip Code 47362

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

Name of Employer Henry County Hospital Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : 7801523**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert P Good MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Steeplechase Ln  
 City Malvern State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : 7801534**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Randeep S Kahlon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Hockessin Cir  
 City Hockessin State DE Zip Code 19707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : 7801536**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Paul Calvin Collins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 W Sandstone Ct  
 City Boise State ID Zip Code 83702-6509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : 7801539**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 3000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Daniel Lister MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2407 Evergreen Ln  
 City Aberdeen State SD Zip Code 57401-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7801905**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Steven E Casey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Lawn Ave Ste 3  
 City Sellersville State PA Zip Code 18960-1575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Upper Buck Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7802030**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James A Shapiro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7221 3rd Ave  
 City Kenosha State WI Zip Code 53143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHSI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7802193**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Carla S Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 E 24th Ave  
 City Spokane State WA Zip Code 99203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**  
**Transaction ID : 7802195**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. John J McCrosson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2749 Fountainhead Way  
 City Mt Pleasant State SC Zip Code 29466-8590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roper St Francis Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**  
**Transaction ID : 7802201**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Richard B Schultz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4081 CR 233  
 City Florence State TX Zip Code 76527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott & White Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**  
**Transaction ID : 7802210**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen M McCollam MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Peachtree Rd NE Ste 705  
 City Atlanta State GA Zip Code 30309-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2016  
**Transaction ID : 7802787**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Michael Gayle Klassen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1302  
 City Monterey State CA Zip Code 93942-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804018**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jonathan P Keeve MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12410 E. Sinto Ave Suite 201  
 City Spokane Valley State WA Zip Code 99216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NWOS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804020**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Gordon M Mead MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 51455  
 City Shreveport State LA Zip Code 71135-1455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highland Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804023**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Bruce T Henderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44555 Woodward Ste 407  
 City Pontiac State MI Zip Code 48341-2965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804024**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Brian J McGinley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Caterham Ln  
 City East Setauket State NY Zip Code 11733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Long Island Bone & Joint Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804025**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Inez M Kelleher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 914 N Country Club Ln  
 City Biloxi State MS Zip Code 39532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Gulfport Occupation 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  
 01 / 20 / 2016  
**Transaction ID : 7804026**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Pietro M Tonino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1351 Keystone Ave  
 City River Forest State IL Zip Code 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola University Medical Center Occupation 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  
 01 / 20 / 2016  
**Transaction ID : 7804029**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Julius Stephen Brecht MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Chatham Rd  
 City Longmeadow State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New England Ortho Surgeons Occupation 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  
 01 / 20 / 2016  
**Transaction ID : 7804053**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John Thomas Lynn II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Hillside Dr  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804054**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. David Thull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10250 N 92nd St #114  
 City Scottsdale State AZ Zip Code 85258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804055**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Jeffery A McMath MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Bright Rd  
 City Findlay State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804057**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Alfred Ainsley Durham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2954 Lockridge Rd  
 City Roanoke State VA Zip Code 24014  
 Name of Employer Lewis Gale Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804059**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Douglas S Musgrave MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15800 NW Fair Acres Dr  
 City Vancouver State WA Zip Code 98685  
 Name of Employer Rebound Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804333**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Edward S Homan Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 St Augustine Ave  
 City Tampa State FL Zip Code 33617  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804334**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Steven Tradonsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7485 Mission Valley Rd  
 Ste 104  
 City San Diego State CA Zip Code 92108  
 Name of Employer California Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804336**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stephen C Weber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4440 Willard Way  
 #319  
 City Chevy Chase State MD Zip Code 20815  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804337**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cooper L Terry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 S Lamar Blvd  
 City Oxford State MS Zip Code 38655-4732  
 Name of Employer Oxford Orthopaedics & Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804338**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas E Trumble MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7683 SE 27th St. #254  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 20 / 2016  
**Transaction ID : 7804339**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. David B Thordarson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 832 Hanley Ave.  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cedars Sinai Hospital 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  
 01 / 20 / 2016  
**Transaction ID : 7804340**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Ajoy K Jana MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17259 Valley Drive  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Methodist Physicians Clinic 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  
 01 / 20 / 2016  
**Transaction ID : 7804342**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Samuel R Rosenfeld MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Bennington Dr  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APOS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804344**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Michael Francis Harrer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4th floor 999 Route 73 North  
 City Marlton State NJ Zip Code 08053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804345**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jon A Simpson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4124 Taylors Chapel Rd  
 City Crossville State TN Zip Code 38572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cumberland Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804379**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel I Singer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 South Beretania St  
Suite 750

City Honolulu State HI Zip Code 96814

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

Name of Employer Ortho Assoc of Hawaii Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 20 / 2016  
Transaction ID : 7804381

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Brian Robinson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4413 Highway 15

City Silver City State NM Zip Code 88061

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

Name of Employer Southwest Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 20 / 2016  
Transaction ID : 7804382

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. William G Hamilton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8299 Glen Cove Ct

City Alexandria State VA Zip Code 22308

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

Name of Employer Anderson Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 20 / 2016  
Transaction ID : 7804383

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Matthew J Kirsch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1527 20th St NE  
 City Byron State MN Zip Code 55920-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804384**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kenneth A Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address # 5 Platt Ct  
 City Maumelle State AR Zip Code 72113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Martin Bowen Hefley Orthopaedi Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804385**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Larry D Herron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Indio  
 City Shell Beach State CA Zip Code 93449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Coast Orthopaedic Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804387**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Edward L Morgan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Regency Blvd  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Willis Knighton Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804388**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804391**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Raymond L Horwood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 Balmoral Way  
 City Westlake State OH Zip Code 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 20 / 2016**  
**Transaction ID : 7804392**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Donald Knapke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3744 Thatcher Dr #1  
 City Rochester Hills State MI Zip Code 48309-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 20 / 2016  
**Transaction ID : 7804394**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. David Vittetoe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24761 Timber Hills Ln  
 City Adel State IA Zip Code 50003-8421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 20 / 2016  
**Transaction ID : 7804395**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. J Lockwood Ochsner Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2018 Jefferson Ave.  
 City New Orleans State LA Zip Code 70115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ochsner Clinic Foundation 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  
 01 / 20 / 2016  
**Transaction ID : 7804396**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. George F Chimento MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Chester St  
 City State Zip Code  
 Metairie LA 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ochsner Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2016  
**Transaction ID : 7804398**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. David M Henneghan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2111 Shadow View Circle  
 City State Zip Code  
 Plover WI 54467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Klasinski Clinic Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2016  
**Transaction ID : 7804399**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Michael M Lynch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Sturbridge Ln  
 City State Zip Code  
 Southport CT 06890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoConnecticut 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  
 01 / 20 / 2016  
**Transaction ID : 7804400**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David B Robie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6585 Plesenton Dr S  
 City State Zip Code  
 Worthington OH 43085-2944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic One 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  
 01 / 20 / 2016  
**Transaction ID : 7804429**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Robert Gordon Veith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8444 Midland Rd  
 City State Zip Code  
 Medina WA 98039-5336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Proliance Surgeons 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  
 01 / 20 / 2016  
**Transaction ID : 7804430**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Craig Anthony Cummins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 741 Spruce Rd  
 City State Zip Code  
 Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lake County Orthopaedic Associates 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  
 01 / 20 / 2016  
**Transaction ID : 7804431**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 62 OF 349  
(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 (Last, First, Middle Initial)  
**A. Douglas W Kiburz MD**

Mailing Address 5075 Hwy Y

City State Zip Code  
 Sedalia MO 65301

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

Name of Employer Occupation  
 Self Employed 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  
 01 / 20 / 2016  
**Transaction ID : 7804439**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Aram M Donigian MD**

Mailing Address 3846 Woodhurst Ct

City State Zip Code  
 Beavercreek OH 45430

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

Name of Employer Occupation  
 Kettering Medical Center Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2016  
**Transaction ID : 7804440**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Craig G Smucker MD**

Mailing Address 1101 Oakland Ct

City State Zip Code  
 Newark DE 19711

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

Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2016  
**Transaction ID : 7804441**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard J D'Ascoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 Valerie Drive  
 City Schenectady State NY Zip Code 12309-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SROA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804444**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Thomas G Craven MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7395 S 26th West Ave  
 City Tulsa State OK Zip Code 74132-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central States Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804445**  
 Amount of Each Receipt this Period 203.00  
 Memo Item

**C. Michael P Nancollas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Melville Ct  
 City Lenox State MA Zip Code 01240-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Berkshire Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804449**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 703.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William L Hennrikus Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Laurel Ridge Rd  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804450**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. John Kirk Drake MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12018 Oak Hollow  
 City Vancleave State MS Zip Code 39565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804451**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. John G Mowbray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 Kensington Farms Dr  
 City Milton State GA Zip Code 30004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804453**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Russell G Tigges MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Townsend Farm Road

City Lagrangeville State NY Zip Code 12540

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

Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804454**

Amount of Each Receipt this Period 500.00

Memo Item

**B. William A Leone MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 NE 27th Ave

City Lighthouse Point State FL Zip Code 33064-8107

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

Name of Employer Holy Cross Hospital Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804455**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Matthew J Bueche MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1259 Rickert Dr Ste 101

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804457**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. James Michael Grimes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Orthopaedic Pl  
 City Saint Augustine State FL Zip Code 32086-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates of St Augustine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804458**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. James C Karegeannes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Skyview Dr  
 City Asheville State NC Zip Code 28804-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804459**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Michael Alan MacKay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Orthopaedic Surgeons of Oak Ridge  
 90 Vermont Ave Ste 300  
 City Oak Ridge State TN Zip Code 37830-6478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Tennessee Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 20 / 2016  
**Transaction ID : 7804460**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David A Halsey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Proctor Kelly Lane  
 City Shelburne State VT Zip Code 05482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fletcher Allen Health Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804722**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Patrick G Kirk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8405 Eustisfarm Ln  
 City Cincinnati State OH Zip Code 45243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Christ Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804747**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Ward Sayre Oakley Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 63  
 City Pinehurst State NC Zip Code 28370-0063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinehurst Surgical Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804748**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 349
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Joseph W Clark MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5710 Macon Drive  
 City Huntsville State AL Zip Code 35802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804751**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Brian C Aamlid MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 W 18th Street Ste G01  
 City Sioux Falls State SD Zip Code 57104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanford Health  
 Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804752**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Andrew A Brooks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14159 Beresford Rd  
 City Beverly Hills State CA Zip Code 90210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern California Orthopedics  
 Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804754**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gregory J Austin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Narragansett Bay Ave  
 City Warwick State RI Zip Code 02889-6608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates, Inc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804782**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Thomas S Gorsche MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1633 Dakota Drive  
 City Waterloo State IA Zip Code 50701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVMS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804783**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kevin Charles Booth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1078 S. Wedgewood Rd  
 City San Ramon State CA Zip Code 94582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NCSI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804785**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. John Marshall Knight MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Shadelands Dr Ste 210  
 City Walnut Creek State CA Zip Code 94598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Muir Orthopaedic Specialists Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804786**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Charles Cannon Edwards II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 N Wind Rd  
 City Towson State MD Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Maryland Spine Center Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804790**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Matthew R Brand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Finger Lake Ortho Surgery  
 300 Hoffman St  
 City Elmira State NY Zip Code 14905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arnot Ogden Medical Center Occupation 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  
 01 / 22 / 2016  
**Transaction ID : 7804791**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph E Slaphey Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 North Rivoli Farms Drive  
 City Macon State GA Zip Code 31210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoGeorgia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804793**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Steven I Grindel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7615 N Beach Dr  
 City Fox Point State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7804794**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Mark A Noffsinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9111 Pq Ave  
 City Mattawan State MI Zip Code 49071-9427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Borgess Health Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2016  
**Transaction ID : 7804828**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. D Kay Kirkpatrick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2926 Ashebrooke Dr  
 City Marietta State GA Zip Code 30068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2016  
**Transaction ID : 7804830**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Robert V Knowlan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2266 Morgan Ave N  
 City West Lakeland State MN Zip Code 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 23 / 2016  
**Transaction ID : 7804834**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Robert J Benz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Linden Lake Road  
 City Fort Collins State CO Zip Code 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho & Spine Ctr of Rockies Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2016  
**Transaction ID : 7819203**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1875.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 (Last, First, Middle Initial)  
**A. Mark A Dodson MD**

Mailing Address 3444 Masonic Dr

City State Zip Code  
Alexandria LA 71301

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

Name of Employer Occupation  
Mid-State Orthopaedics & Sports 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  
01 / 25 / 2016  
**Transaction ID : 7820808**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Gregory Alexander Brown MD, PhD**

Mailing Address 7690 Thornapple Club Dr SE

City State Zip Code  
Ada MI 49301-9435

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

Name of Employer Occupation  
Olympia Orthopaedic Associates 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  
01 / 25 / 2016  
**Transaction ID : 7821375**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mark E Baratz MD**

Mailing Address 2000 Oxford Dr  
Suite 510

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Occupation  
University of Pittsburgh Medical Cente 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  
01 / 25 / 2016  
**Transaction ID : 7823192**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Junichi Tamai MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 Warren Ave  
 City Cincinnati State OH Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cincinnati Childrens Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824137**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Chris John Dangles MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 W University Ave  
 City Champaign State IL Zip Code 61821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gibson Area Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824141**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jeffrey R Kuhlman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 Arnold Palmer Dr  
 City Advance State NC Zip Code 27006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Healthcare, PA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824143**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Humberto A Galleno MD**

Full Name (Last, First, Middle Initial)

Mailing Address Inter-Community Prof Plaza  
315 N 3rd Ave Ste 302

City Covina State CA Zip Code 91723-1916

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 22 / 2016  
**Transaction ID : 7824144**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. John A Papa MD**

Full Name (Last, First, Middle Initial)

Mailing Address 1440 Hibiscus Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Occupation  
Jewett Orthopaedic Clinic Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 22 / 2016  
**Transaction ID : 7824146**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. James Vincent Bruno MD**

Full Name (Last, First, Middle Initial)

Mailing Address 37832 Atkins Knoll

City Oconomowoc State WI Zip Code 53066-3921

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

Name of Employer Occupation  
Fort Medical Group Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 22 / 2016  
**Transaction ID : 7824149**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kent Jason Lowry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3746 N Faust Lake Rd  
 City Rhinelander State WI Zip Code 54501  
 Name of Employer Ascension Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824150**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Robert A Gurtler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Ute Ave Unit 304  
 City Aspen State CO Zip Code 81611  
 Name of Employer Carle Clinic Assoc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824152**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Brett Raymond Grebing MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Schwarz Rd  
 City Edwardsville State IL Zip Code 62025  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7824179**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John Anthony DiPreta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1367 Washington Ave Ste 200  
 City Albany State NY Zip Code 12206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824182**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Paul T Rud MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15684 Birchwood Ln  
 City Brainerd State MN Zip Code 56401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824184**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Xavier A Duralde MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Peachtree Road NE Suite 700  
 City Atlanta State GA Zip Code 30309-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824185**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Thomas J Nordstrom MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Gateshead Drive  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 01 / 22 / 2016  
**Transaction ID : 7824186**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Christopher T Donaldson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Donato Ct  
 City Johnstown State PA Zip Code 15905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western PA Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 01 / 22 / 2016  
**Transaction ID : 7824188**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Shelden L Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 E Cholla Ln  
 City Scottsdale State AZ Zip Code 85259-3861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoArizona Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 01 / 22 / 2016  
**Transaction ID : 7824189**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Lana Kang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 E 76th St Apt 12B  
 City New York State NY Zip Code 10021-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824190**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Rick W Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Orthopaedic Surgery  
 660 South Euclid Avenue, Campus Bo  
 City Saint Louis State MO Zip Code 63110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824196**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jerry L Followwill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1065 Westpark Ave  
 City Victoria State TX Zip Code 77905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Victoria Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824198**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David A Carrier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Hagen Dr Ste 110  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 22 / 2016  
**Transaction ID : 7824201**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Robert H Harrington MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Marsh Brook Dr Ste 205  
 City Somersworth State NH Zip Code 03878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Seacoast Ortho & Sports Medicine 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  
 01 / 22 / 2016  
**Transaction ID : 7824203**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Richard A Rubinstein Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2259 NE 31st  
 City Portland State OR Zip Code 97212-5102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 22 / 2016  
**Transaction ID : 7824204**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Erik J Bruce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 365 Heritage loop  
 City Hutto State TX Zip Code 78634-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 22 / 2016  
**Transaction ID : 7824207**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Karl Andrew Bergmann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19255 Walnut St.  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CHI Health Clinic 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  
 01 / 22 / 2016  
**Transaction ID : 7824208**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Kourosh Korsh Jafarnia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Fannin St Suite 1700  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UT Physicians 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  
 01 / 22 / 2016  
**Transaction ID : 7824243**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paul R Gregory MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4627 King Ranch Place  
City Granite Bay State CA Zip Code 95746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824244**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mark W Diehl MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1110 Hazeltine Ln  
City Kennesaw State GA Zip Code 30152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pinnacle Orthopaedics Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824245**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**c. David Mark Christensen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Ste 1301 1411 Falls Ave East  
City Twin Falls State ID Zip Code 83301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Intermountain Spine & Ortho Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824246**  
Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Carl R Weinert Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 W Stewart Dr Ste 508  
 City Orange State CA Zip Code 92868-3856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APOS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824248**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Thomas P Gross MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Southlake Road  
 City Columbia State SC Zip Code 29223-5911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824250**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Gregory L D'Angelo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3480 Yorkshire Medical Park  
 City Lexington State KY Zip Code 40509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bluegrass Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824252**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sean Lager MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Leonard Street  
Apt 6E

City New York State NY Zip Code 10013-4095

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

Name of Employer Gotham City Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 22 / 2016  
Transaction ID : 7824253

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Jeffrey Kleiner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6287

City Denver State CO Zip Code 80206-0287

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

Name of Employer Spine Consultants Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 22 / 2016  
Transaction ID : 7824254

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Todd V Swanson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 Meadowhawk Ln

City Las Vegas State NV Zip Code 89135-5201

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 22 / 2016  
Transaction ID : 7824257

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Elliot Schwartz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6016 Lazo Del Norte  
 City Las Cruces State NM Zip Code 88011-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824258**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Peter F Sharkey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rothman Institute  
 1118 W Baltimore Pike Ste 302  
 City Media State PA Zip Code 19063-6107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reconstruction Ortho. Assoc. Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : 7824259**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Daniel K Wilcox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 Tall Pines Ct  
 City Petoskey State MI Zip Code 49770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7824435**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Alan W Christensen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Lincoln Circle  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7824954**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. William Rozzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51116 Shamrock Hills Ct  
 City Granger State IN Zip Code 46530-7824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Bend Orthopedics Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7824965**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Julie M Keller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Forest Hills Way  
 City Cedar Grove State NJ Zip Code 07009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7825183**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stefano Alec Bini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 Wildwood Gdns  
 City State Zip Code  
 Piedmont CA 94611-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kaiser Redwood City 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  
 01 / 26 / 2016  
**Transaction ID : 7825185**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. William H Seitz Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 W 25th St  
 City State Zip Code  
 Cleveland OH 44113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Clinic 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  
 01 / 26 / 2016  
**Transaction ID : 7825187**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. John J McGraw MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1541 Mill Springs Rd  
 City State Zip Code  
 New Market TN 37820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoTennessee 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  
 01 / 25 / 2016  
**Transaction ID : 7825189**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas J Dowling Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 763 Larkfield Rd 2nd Fl  
 City Commack State NY Zip Code 11725-3131  
 Name of Employer Long Island Spine Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825190**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Alan S Hilibrand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 North Latches Lane  
 City Merion Station State PA Zip Code 19066  
 Name of Employer Reconstruction Ortho. Assoc. Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825191**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kristoffer Meyers Breien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10977 57th St N  
 City Lake Elmo State MN Zip Code 55042-9697  
 Name of Employer Summit Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825192**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jason A Higgins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Estates Dr  
 City Thibodaux State LA Zip Code 70301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoLouisiana Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825193**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Robert V Dawe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Kings Hwy Cutoff Ste 100  
 City Fairfield State CT Zip Code 06430-6537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825195**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Franklin Mirrer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Elm Grove Ave  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825198**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 349
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patrick McNulty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10981 Keymar Dr  
 City Las Vegas State NV Zip Code 89135-1718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825200**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Daniel A Sheldon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite 213  
 601 North Flamingo Rd  
 City Pembroke Pines State FL Zip Code 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825203**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Brian R Wolf MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 Crabapple Ct  
 City Iowa City State IA Zip Code 52246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Iowa Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825204**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard A Kube MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 W Ravinswood Rd  
 City Peoria State IL Zip Code 61615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prairie Spine & Pain Institute Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 01 / 25 / 2016  
**Transaction ID : 7825206**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Donald H Rosenbaum DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Shadowood Dr  
 City Warner Robins State GA Zip Code 31088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dodge County Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 01 / 25 / 2016  
**Transaction ID : 7825208**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. John T Capo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Observer Highway Unit 2  
 City Hoboken State NJ Zip Code 07030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYU Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 01 / 26 / 2016  
**Transaction ID : 7825281**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 349
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bryan T Kelly MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2016  
**Transaction ID : 7825283**

Amount of Each Receipt this Period 250.00

Memo Item

**B. John Covey Edwards MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1551 S Renaissance Town Dr Ste 400

City Bountiful State UT Zip Code 84010

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2016  
**Transaction ID : 7825284**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Michael A Thorpe MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2979 Squalicum Pkwy Ste 203

City Bellingham State WA Zip Code 98225-1813

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825297**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William D Allen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 My Drive  
 City Zanesville State OH Zip Code 43701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic Associates of Zanesville Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825298**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. William H Warden III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2760 Atlantic Ave  
 City Long Beach State CA Zip Code 90806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Ortho Surgical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825300**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kenneth E Teter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3609 SW Kings Forest Rd  
 City Topeka State KS Zip Code 66610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallgrass Orthopaedics and Sports Medi Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825305**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Soheil Motamed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 42nd Ave  
 City San Mateo State CA Zip Code 94403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mission Peak Orthopaedic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825307**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. David Blum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Dockside Circle  
 City Weston State FL Zip Code 33327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCSF Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Nicholas G Weiss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14916 122nd St N  
 City Stillwater State MN Zip Code 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825309**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 349
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. William Bugbee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 Winstanley Way  
 City San Diego State CA Zip Code 92130-1335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scripps Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825311**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Patrick A Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 Westview Terrace  
 City Columbia State MO Zip Code 65203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Orthopaedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825315**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. Harish Sadanand Hosalkar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15151 Almond Orchard Lane  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825316**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 349
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James C Vailas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Cortland Dr  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825317**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Joshua J Jacobs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2407 Pomona Ln  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825318**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Peter J Stern MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5780 Drewry Farm Lane  
 City Cincinnati State OH Zip Code 45267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825319**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles M Blitzer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 Canney Rd

City Durham State NH Zip Code 03824

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

Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825320**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Jesse Ellis Templeton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2906 Nottingham Drive

City Parma State OH Zip Code 44134

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

Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825321**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Perry William Greene III, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30575 N Woodward Ave Ste 100

City Royal Oak State MI Zip Code 48073

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

Name of Employer Oakland Orthopedic Surgeons Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825322**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. David John Clark MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Lamplighter Ln  
 City Racine State WI Zip Code 53402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Health Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825323**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Byron H Izuka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98-1967 Wilou St  
 City Aiea State HI Zip Code 96701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 01 / 27 / 2016  
**Transaction ID : 7825391**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Byron H Izuka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98-1967 Wilou St  
 City Aiea State HI Zip Code 96701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2016  
**Transaction ID : 7825393**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard D Guyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 W Parker Rd #200  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2016  
**Transaction ID : 7825435**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item

**B. David A Mattingly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Longwood Orthopedic Associates  
 830 Boylston St Ste 106  
 City Chestnut Hill State MA Zip Code 02467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Longwood Orthopedic Associates  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 26 / 2016  
**Transaction ID : 7825436**  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item

**C. Brian A Shaw MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8340 Westwood Rd  
 City Colorado Springs State CO Zip Code 80919-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: UPI  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt: 01 / 26 / 2016  
**Transaction ID : 7825437**  
 Amount of Each Receipt this Period: 462.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1962.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Treg D Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Sunrise Trail  
 City Carbondale State IL Zip Code 62902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OISI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 26 / 2016**  
**Transaction ID : 7825439**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Laura Lowe Tosi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3729 Harrison St, NW  
 City Washington State DC Zip Code 20015-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 26 / 2016**  
**Transaction ID : 7825452**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Gregory A Vrabec MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 579 White Tail Ridge Dr  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Akron General Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2016**  
**Transaction ID : 7825463**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 101 OF 349  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Mary Haus MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4050 Briarwood Dr  
City Jeannette State PA Zip Code 15644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Valley Medical Center Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825464**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Samuel D Gerber MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Ruggiero Way  
City Andover State MA Zip Code 01810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic Surgical Associate Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825465**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Richard W Smith MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Field Stone Lane  
City Tiverton State RI Zip Code 02878  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Primecare Orthopaedics Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825466**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brian L Davison MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8090 Crossgate Ct S

City Dublin State OH Zip Code 43017

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

Name of Employer Orthopaedic One Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825467**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. John C Richmond MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Malcolm Street

City Hingham State MA Zip Code 02043

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

Name of Employer Boston Sports & Shoulder Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825468**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. William R Boulden MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12499 University Ave # 210

City Clive State IA Zip Code 50325-8281

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

Name of Employer Capital Ortho Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825469**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 (Last, First, Middle Initial) <b>A. Patricia McHale MD</b>		Date of Receipt
Mailing Address 15819 Glenmiro Dr		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
Huntersville	NC	28078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Ortho Carolina	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>7825470</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Raymond M P Sherman MD</b>		Date of Receipt
Mailing Address 865 East Sawgrass Trail		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
Dakota Dunes	SD	57049
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CNOS	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>7825471</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Kent E Woo MD</b>		Date of Receipt
Mailing Address 309 Mcalpin Dr		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
Savannah	GA	31406-8923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Optim Orthopedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>7825472</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 104 OF 349  
(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 (Last, First, Middle Initial)  
**A. C Lowry Barnes MD**

Mailing Address 10 E. Palisades

City Little Rock State AR Zip Code 72207

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

Name of Employer UAMS Occupation 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  
 01 / 25 / 2016  
**Transaction ID : 7825473**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Stefan Ivan Strapko MD**

Mailing Address 18 Cherry Hollow Rd

City Nashua State NH Zip Code 03062

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

Name of Employer Self Employed Occupation 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  
 01 / 25 / 2016  
**Transaction ID : 7825491**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. James F Barwick Jr, MD**

Mailing Address 111 Honey Pod Farm Rd

City Washington State NC Zip Code 27889-5262

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

Name of Employer Vidant Health System Occupation 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  
 01 / 25 / 2016  
**Transaction ID : 7825501**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kevin J Reagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Kennedy Dr  
 City Putnam State CT Zip Code 06260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center of Bone & Joint Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825502**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. James Lee Knavel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 352 Peller Rd  
 City Lake Geneva State WI Zip Code 53147-4543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Health Systems Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825519**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Peter D Pizzutillo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 926 Bowman Ave  
 City Wynnewood State PA Zip Code 19096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tenet Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825521**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David E Ede MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 Morris St Ste 104  
 City Charleston State WV Zip Code 25301-1840  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Orthopedic Healthcare Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825522**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stephen Edward Faust MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Presidents Point Drive Unit A3  
 City Annapolis State MD Zip Code 21403  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Anne Arundel Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825524**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Andrew Gurman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 Twelfth Ave Ste C-2  
 City Altoona State PA Zip Code 16601  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 7825525**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 349		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Roland Y Nakata MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 S Fairmont Ave  
 City Lodi State CA Zip Code 95240-5116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 25 / 2016  
**Transaction ID : 7825526**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Charles A Sommer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Wagon Dr  
 City Wilbraham State MA Zip Code 01095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harrington Physician Services 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  
 01 / 25 / 2016  
**Transaction ID : 7825530**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Randall Duane Roush MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1805 Summer Blossom Place  
 City Chesterfield State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SSM Orthopedics 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 Y  
 01 / 25 / 2016  
**Transaction ID : 7825531**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dori N Cage MD</b>		Date of Receipt 01 / 25 / 2016 <b>Transaction ID : 7825533</b>
Mailing Address 4105 Alameda Dr		Amount of Each Receipt this Period 1000.00
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Todd Michael Oliver MD</b>		Date of Receipt 01 / 25 / 2016 <b>Transaction ID : 7825534</b>
Mailing Address 8295 W Hwy UU		Amount of Each Receipt this Period 250.00
City Columbia	State MO	Zip Code 65203
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Joel Wolfe MD</b>		Date of Receipt 01 / 26 / 2016 <b>Transaction ID : 7825585</b>
Mailing Address 6645 Forest Beach Dr		Amount of Each Receipt this Period 250.00
City Holland	State MI	Zip Code 49423-8993
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Shoreline Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vincent E Vena MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Waterfall Dr  
 City Johnstown State PA Zip Code 15906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western PA Orthopaedics Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7825586**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. William John Jason MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12212 Cortez Boulevard  
 City Brooksville State FL Zip Code 34613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7825591**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. Scott P Schemmel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1160 Pamela Court  
 City Dubuque State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Associates Clinic Occupation 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  
 01 / 26 / 2016  
**Transaction ID : 7825594**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ferdinand J Liotta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Blake Ave  
 City State Zip Code  
 Glenwood Springs CO 81601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valley View Hospital 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  
 01 / 26 / 2016  
**Transaction ID : 7825596**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Michael David Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6501 N Camino Katrina  
 City State Zip Code  
 Tucson AZ 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Orthopedic Specialists Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2016  
**Transaction ID : 7825597**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Nicholas Benjamin Bruggeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22626 Atwood Ave  
 City State Zip Code  
 Elkhorn NE 68022-3147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoWest 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  
 01 / 26 / 2016  
**Transaction ID : 7825598**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Ronald K Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2715 W Kettleman Lane  
 Suite 203-349  
 City Lodi State CA Zip Code 95242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Gould Med Foundation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 26 / 2016  
**Transaction ID : 7825599**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. William E Schobert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1640 Newport Blvd  
 Suite 445  
 City Costa Mesa State CA Zip Code 92627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 27 / 2016  
**Transaction ID : 7829520**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. John N Hall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3196 Turnberry Circle  
 City Charlottesville State VA Zip Code 22911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7866464**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kent R Adamson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Via Rancho  
 City San Clemente State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7866466**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Brian Keith Vickaryous MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3330 Lakeview Oaks Drive  
 City Longwood State FL Zip Code 32779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7867127**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Jason Kirk Lowry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Orthopedic Way  
 City Arlington State TX Zip Code 76015-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7869758**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Franklin H Sim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1303 Woodland Dr SW  
 City Rochester State MN Zip Code 55902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7873447**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Brian J Galinat MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Hillside Rd  
 City Greenville State DE Zip Code 19807-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : 7874616**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Timothy S Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43854 Kittiwake Dr  
 City Leesburg State VA Zip Code 20176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Sports Med Inst. Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : 7874622**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maneesh Bawa MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1064 Diamond St  
 City San Diego State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 31 / 2016  
**Transaction ID : 7874624**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Robert M Orfaly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13593 Streamside Dr  
 City Lake Oswego State OR Zip Code 97035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Health & Science University 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  
 01 / 31 / 2016  
**Transaction ID : 7874626**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. John W Durham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 W Fir Ave  
 City Flagstaff State AZ Zip Code 86001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northern Arizona Orthopaedics 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  
 01 / 28 / 2016  
**Transaction ID : 7874822**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Magdiel Mayol-Urdaz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Vereda #5 URB Monte Verde Real  
 City San Juan State PR Zip Code 00926-5985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7874825**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item

**B. Ryan C Meis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 466 Firethorn Trail  
 City Dakota Dunes State SD Zip Code 57049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CNOS 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  
 01 / 28 / 2016  
**Transaction ID : 7874835**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Craig S Roberts MD, MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5803 Apache Rd  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of Louisville 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  
 01 / 28 / 2016  
**Transaction ID : 7874837**  
 Amount of Each Receipt this Period  
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 349  
(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 (Last, First, Middle Initial)  
**A. Robert E Bayless MD**

Mailing Address 1406 Laurel Ln

City State Zip Code  
 Southlake TX 76092

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

Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7874838**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Steven B Wertheim MD**

Mailing Address 70 Old Stratton Chase NW

City State Zip Code  
 Atlanta GA 30328-3652

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

Name of Employer Occupation  
 Resurgens Orthopaedics 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  
 01 / 28 / 2016  
**Transaction ID : 7874849**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. James K Mantone MD**

Mailing Address 701 8th Ave NW Ste A

City State Zip Code  
 Aberdeen SD 57401-1865

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

Name of Employer Occupation  
 Orthopaedic Center of the Dakotas 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  
 01 / 28 / 2016  
**Transaction ID : 7874850**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffrey C Dick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18709 Ridgewood Rd  
 City State Zip Code  
 Deephaven MN 55391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Twin Cities Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2016  
**Transaction ID : 7874853**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Hugh A Frederick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6330 Prestonshire Drive  
 City State Zip Code  
 Dallas TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 29 / 2016  
**Transaction ID : 7876482**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Vincent P Genovese MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Burkley Dr  
 City State Zip Code  
 Greenville AL 42345-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Owensboro Health Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2016  
**Transaction ID : 7876484**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David B Coward MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2801 K St Ste 310  
 City Sacramento State CA Zip Code 95816-5119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sacramento Knee & Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876486**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Michael Robson Fraser Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4802 Olney Street  
 City San Diego State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876488**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. John P K Featheringill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3608 Grand Rock Ln  
 City Birmingham State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic Sports Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876583**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Marlen S Strefling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Stonebrook  
 City Brownwood State TX Zip Code 76801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876585**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. William A Jiranek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4066 Old River Tr  
 City Powhatan State VA Zip Code 23139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876587**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Stephen D Helper MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29001 Cedar Rd Ste 519  
 City Lyndhurst State OH Zip Code 44124-4041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016  
**Transaction ID : 7876588**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joel H Hurt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7503 Stonecliff Dr  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877143**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Abdul Foad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19152 247th Avenue  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877145**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Ralph M Costanzo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2751 Gregory Drive N  
 City Billings State MT Zip Code 59102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoMontana Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877146**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gregg Berkowitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Russell Rd  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Ortho & Sports Med Inst Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877148**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Michael Rowland MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Summer Path Way  
 City Pembroke State MA Zip Code 02359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877149**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Robert J Hagen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 S Creasy Ln Ste 120  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lafayette Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 7877150**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paul E Papierski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 S Dryden Pl  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 01 / 28 / 2016  
**Transaction ID : 7877154**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Gregory A Mencio MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 Riverbend Rd  
 City State Zip Code  
 Nashville TN 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vanderbilt University 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  
 02 / 01 / 2016  
**Transaction ID : 7877506**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Justin R Kauk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Steel Dust Rd  
 City State Zip Code  
 Frisco TX 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hinsdale Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 7878117**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Adolph Samuel Flemister Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Elmwood Ave Box 665  
 City Rochester State NY Zip Code 14642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879170**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. David J Caucci MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Stoney Creek Road  
 City S Abington Twp State PA Zip Code 18411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne Memorial Healthcare System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. J Bohannon Mason MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 Hermitage Rd  
 City Charlotte State NC Zip Code 28207-1841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879230**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael R Schuck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10061 Oak Springs Trail  
 City Franktown State CO Zip Code 80116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 01 / 2016  
**Transaction ID : 7879231**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. C Perry Cooke III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6797 Knollwood Rd  
 City Fayetteville State NY Zip Code 13066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOS 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  
 02 / 01 / 2016  
**Transaction ID : 7879232**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. David B Lumsden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2422 Golupski Road  
 City Baltimore State MD Zip Code 21221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 01 / 2016  
**Transaction ID : 7879234**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bruce Leon Greene MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Pembroke Lane  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guthrie Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879236**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Michael A Wasylik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2919 Swann Ave Ste 201  
 City Tampa State FL Zip Code 33609-4050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879239**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Antonio A de la Cruz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Calle Poppy B-17 Parque Forestal  
 City SAN JUAN State PR Zip Code 00926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879278**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Benjamin Gulli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 Oakdale Avenue North  
 Suite 103  
 City Robbinsdale State MN Zip Code 55422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics Occupation 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  
 02 / 01 / 2016  
**Transaction ID : 7879293**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. C Thomas Hopkins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 S. 8th Street  
 City Griffin State GA Zip Code 30224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoGeorgia Occupation 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  
 02 / 01 / 2016  
**Transaction ID : 7879294**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Daniel E Murphy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 S Howard Ave  
 City Tampa State FL Zip Code 33606-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tampa Orthopaedics Occupation 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 Y  
 02 / 01 / 2016  
**Transaction ID : 7879298**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Linda J Rasmussen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 649 Kanaha St  
 City Kailua State HI Zip Code 96734  
 Name of Employer Occupation  
 Windward Ortho Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Aggregate Year-to-Date ▼  
 Orthopaedic Surgeon 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 7879299**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Todd Busse Orvald MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 N 16th Ave  
 City Yakima State WA Zip Code 98902-2950  
 Name of Employer Occupation  
 Orthopaedics Northwest PLC Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Aggregate Year-to-Date ▼  
 Orthopaedic Surgeon 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016  
**Transaction ID : 7879314**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Christopher John Lang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 W Chaucer  
 City Spokane State WA Zip Code 99208-8675  
 Name of Employer Occupation  
 Spokane Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Aggregate Year-to-Date ▼  
 Orthopaedic Surgeon 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016  
**Transaction ID : 7879316**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard A Cautilli Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Pin Oak Dr  
 City Langhorne State PA Zip Code 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COSS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2016  
**Transaction ID : 7879317**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Richard Layfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12722 Clifton Heights Lane  
 City Clifton State VA Zip Code 20124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nova Ortho and Spine Care Occupation 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  
 02 / 02 / 2016  
**Transaction ID : 7879323**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ian Lin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Foster Dr  
 City Des Moines State IA Zip Code 50312-2538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation 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  
 02 / 02 / 2016  
**Transaction ID : 7879324**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jack R Steel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 Fern Street  
 City Huntington State WV Zip Code 25701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott Orthopedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879325**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Michael Betsy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sparrowbush Rd  
 City Upper Saddle River State NJ Zip Code 07458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879326**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James D McKinney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 Brown's Mill Rd  
 City Cookeville State TN Zip Code 38506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tier One Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879327**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard M Bochner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Tara Drive  
 City Roslyn State NY Zip Code 11576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwell Health Occupation 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  
 02 / 01 / 2016  
**Transaction ID : 7879343**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. John A Gracy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92 Dallon Lane  
 City Ringgold State GA Zip Code 30736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 7879345**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. Upshur M Spencer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9124 Gloralee St  
 City Anchorage State AK Zip Code 99502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 7879346**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daniel R Ripa MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 S 98th St  
 City Lincoln State NE Zip Code 68520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 01 / 2016  
**Transaction ID : 7879349**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Arthur F Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5270 Drake Road  
 City Cincinnati State OH Zip Code 45243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Consultants of Cincinnati 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  
 02 / 01 / 2016  
**Transaction ID : 7879350**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Jeffrey D Thomson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Fitzwilliam Park  
 City Farmington State CT Zip Code 06032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Connecticut Children's Specialty Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 7879351**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Jeffrey H Berg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1860 Town Center Dr Ste 300  
 City Reston State VA Zip Code 20190  
 Name of Employer Town Center Ortho Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879352**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. John R Chase MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Suwanee Court  
 City Maitland State FL Zip Code 32751  
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879354**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Peter W Gilmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3211 Moore's Mill Rd  
 City Rougemont State NC Zip Code 27572  
 Name of Employer Triangle Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879359**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Matthew Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 E 72nd St Apt 9C  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879360**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Jeffrey M Colbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Attn Fay 4644 Lincoln Blvd #530  
 City Marina Del Rey State CA Zip Code 90292-6614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879361**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jeffrey John Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 O'Connor Dr  
 City San Jose State CA Zip Code 95128-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 7879362**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Eugene D DellaMaggiore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 Sierra Ave  
 City San Jose State CA Zip Code 95126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 01 / 2016  
**Transaction ID : 7879364**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Brian Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 447 Office Plaza  
 600 Plaza Court Ste C  
 City East Stroudsburg State PA Zip Code 18301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 02 / 2016  
**Transaction ID : 7879425**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Andrew Stuart Levy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 Park Ave  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Center for Advanced Sports Medicine 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  
 02 / 02 / 2016  
**Transaction ID : 7879426**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jesse Cole Botker MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orthopaedic & Fracture Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 7879427**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. David Teuscher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 Thomas Rd  
 City Beaumont State TX Zip Code 77706-4618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2016  
**Transaction ID : 7882854**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ryan Edward Will MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 60th Ave NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Multicare Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2016  
**Transaction ID : 7883287**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel K. Guy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 Country Club Rd  
 City Lagrange State GA Zip Code 30240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Orthopaedic Specialists Occupation 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  
 02 / 03 / 2016  
**Transaction ID : 7883289**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. W Stanley Foster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Valerie Dr  
 City Lafayette State LA Zip Code 70508-6008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lafayette General Health Ventures Occupation 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  
 02 / 04 / 2016  
**Transaction ID : 7883921**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Michael Paul Chapman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 Prince Phillip Dr  
 City Dubuque State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Associates of Dubuque Occupation 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  
 02 / 04 / 2016  
**Transaction ID : 7883923**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert S Sterling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Stream Valley Garth  
 City Owings Mills State MD Zip Code 21201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7883924**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Isador H Lieberman MD, MBA, F**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 W Parker Rd Ste 200 Scoliosis and Spine Tumor Center  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Back Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7883925**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Regis Louis Renard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Farnham Loop  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7883926**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert Douglas Bostick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Avenue B  
 City Marrero State LA Zip Code 70072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : 7884347**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. David Eli Rojer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 Walton Rd  
 City Maplewood State NJ Zip Code 07040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Union County Orthopaedic Group 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  
 02 / 05 / 2016  
**Transaction ID : 7885174**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Howard G Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 199 Ledge View Drive  
 City Huntsville State AL Zip Code 35802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Orthopaedic Center 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  
 02 / 04 / 2016  
**Transaction ID : 7885233**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peter J Mandell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 Rollins Rd  
 City State Zip Code  
 Burlingame CA 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : 7885234**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

**B. Kirk Kindsfater MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16285 CR 76  
 City State Zip Code  
 Eaton CO 80615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 04 / 2016  
**Transaction ID : 7885235**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Hugo Banda Sanchez MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5116 Cliffrose Lane  
 City State Zip Code  
 Fort Worth TX 76109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNT Health Science Center 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  
 02 / 04 / 2016  
**Transaction ID : 7885236**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James O Maher III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Peckham Ave  
 City Newport State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 04 / 2016**  
**Transaction ID : 7885237**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Douglas Peter Galuk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 Riverwood Ln  
 City Wisconsin Rapids State WI Zip Code 54494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wisconsin River Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 04 / 2016**  
**Transaction ID : 7885238**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Richard T Laughlin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Cleek Springs Ct  
 City Beavercreek State OH Zip Code 45440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright State University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 04 / 2016**  
**Transaction ID : 7885240**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Elliott Nelson Lang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6880 SW 101st St  
 City Miami State FL Zip Code 33156-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885241**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brett R Bolhofner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 4th St N  
 City Saint Petersburg State FL Zip Code 33703-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer All Florida Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885282**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Paul G Melaragno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3288 Scioto Run Blvd  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic One Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885283**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph M Lane MD**  
 Full Name (Last, First, Middle Initial)  
 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 Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885285**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Joseph E Mumford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 SW Briarwood Circle  
 City Topeka State KS Zip Code 66611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stormont Vail Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885293**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Alex B Bodinstab MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Fawn Lane  
 City Chadds Ford State PA Zip Code 19317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885295**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard M Little MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1313  
 City Spearfish State SD Zip Code 57783-7313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regional Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885296**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Anthony Festa MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Laurel Hill Rd  
 City Mountain Lakes State NJ Zip Code 07046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885297**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Vincent J Russo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10290 N 92nd St Ste 103  
 City Scottsdale State AZ Zip Code 85258-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885298**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Constantine Charoglu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Waterford Drive  
 City Hattiesburg State MS Zip Code 39402-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Bone & Joint Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885300**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. William J Krywicki MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Pinecone Lane  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885303**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Richard M Bochner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Tara Drive  
 City Roslyn State NY Zip Code 11576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwell Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885304**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph Andrew Mannino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Tamarack Lane  
 City Trumansburg State NY Zip Code 14886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cayuga Med Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885310**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Leon P Mead MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Barefoot Beach Blvd  
 City Bonita Springs State FL Zip Code 34134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885311**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. James J Dietz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1156 Yorkshire  
 City Grosse Pointe Park State MI Zip Code 48230-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 7885321**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Laurie O Hughes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Kings Arms Rd  
 City Little Rock State AR Zip Code 72227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Arkansas Veterans Heal Occupation 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  
 02 / 06 / 2016  
**Transaction ID : 7885634**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 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 Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2016  
**Transaction ID : 7885635**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

**C. Adrian B Ryan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13000 Birch Road  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 7891201**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Charles F Leinberry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Worstall Alley  
 City Newtown State PA Zip Code 18940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 7891203**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Charles E Cook MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 Bonham Court  
 City Irving State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7896133**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Charles D Hummer III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1157 Avonlea Circle  
 City Glen Mills State PA Zip Code 19342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7897590**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Damian Michael Andrisani MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Springbrook Ln  
 City Newark State DE Zip Code 19711  
 Name of Employer Delaware Ortho Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : 7898864**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. M Angela Mayeux MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W Pinhook Rd Ste 305  
 City Lafayette State LA Zip Code 70503  
 Name of Employer Lafayette General Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901383**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James D Slover MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 East 33rd Street Apt 8A  
 City New York State NY Zip Code 10016-7612  
 Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901384**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 149 OF 349  
(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**

**A. William V Arnold MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1070 Randolph Road  
 City State Zip Code  
 Meadowbrook PA 19046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rothman Institute 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  
 02 / 09 / 2016  
**Transaction ID : 7901385**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. David Victor Mungo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11218 Clapsaddle Ave NE  
 City State Zip Code  
 Alliance OH 44601-9765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AIMM Orthopaedic Group 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  
 02 / 09 / 2016  
**Transaction ID : 7901386**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Andrew W Parker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 E Hale Pkwy Ste 550  
 City State Zip Code  
 Denver CO 80220-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Associates 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  
 02 / 09 / 2016  
**Transaction ID : 7901387**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert L Welch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4510 Downers Dr  
 City Downers Grove State IL Zip Code 60515-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dupage Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901389**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Jeffrey M LaPorte MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5202 Laree Ct  
 City Missoula State MT Zip Code 59803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901400**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. John R Dorris MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Millledge Circle  
 City Athens State GA Zip Code 30606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athens Bone & Joint Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901402**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Christopher J Spagnola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 168 Grange Avenue  
 City Fair Haven State NJ Zip Code 07704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seaview Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901403**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Stephane Lavoie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Lake Harbor Drive  
 City Deland State FL Zip Code 32724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901404**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Yamil C Rivera MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Monte Verde Real Vereda 20  
 City San Juan State PR Zip Code 00926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901430**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jonathan Daniel Scherl MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Evergreen Pl  
 City Tenafly State NJ Zip Code 07670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 09 / 2016  
**Transaction ID : 7901433**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Baron Lonner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Second Avenue Suite 7A  
 City New York State NY Zip Code 10017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 09 / 2016  
**Transaction ID : 7901434**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Alan J Dayan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1864 E 24th St  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 09 / 2016  
**Transaction ID : 7901435**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ravi Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1810 Ladino Rd  
 City Sacramento State CA Zip Code 95864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Group Occupation 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  
 02 / 09 / 2016  
**Transaction ID : 7901485**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Craig H Rosen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1802 Champlain Dr  
 City Voorhees Township State NJ Zip Code 08043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cooper Bone & Joint Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : 7901488**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. Jay M Lipke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10301 Kanis Rd  
 City Little Rock State AR Zip Code 72205-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoArkansas Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : 7901489**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Larry Benz Marti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12110 State Rt CC  
 City Rolla State MO Zip Code 65401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 09 / 2016**  
**Transaction ID : 7901490**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

**B. Robert Allen Mileski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8555 E Voltaire  
 City Scottsdale State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 09 / 2016**  
**Transaction ID : 7901493**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**c. Jeffrey C King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7665 Finnagen Dr  
 City Mattawan State MI Zip Code 49071-9541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronson Healthcare Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2016**  
**Transaction ID : 7901494**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 OF 349  
(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 (Last, First, Middle Initial)  
**A. Alfred J Coppola MD**

Mailing Address 800 Vista Verde Way

City State Zip Code  
Bakersfield CA 93309

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : 7901495**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Christopher W Olcott MD**

Mailing Address 104 Dairy Glen Rd

City State Zip Code  
Chapel Hill NC 27516

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

Name of Employer Occupation  
University of North Carolina Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : 7901496**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Thomas Atkins MD**

Mailing Address 5N105 Burr Rd

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer Occupation  
Fox Valley Orthopaedic Institute Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : 7901497**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rodney Alan Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 W Highland Ave  
 City State Zip Code  
 Wooster OH 44691-9070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wooster Orthopaedic & Sports 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  
 02 / 09 / 2016  
**Transaction ID : 7901498**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Thomas O Clanton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 W Meadow Dr Suite 200  
 City State Zip Code  
 Vail CO 81657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : 7901499**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Simon Mears MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 W Markham St  
 City State Zip Code  
 Little Rock AR 72205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UAMS 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  
 02 / 09 / 2016  
**Transaction ID : 7901500**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph W Pulekines MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Cedar Ridge Drive  
 City London State KY Zip Code 40744  
 Name of Employer Baptist Health Corbin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901501**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Timothy Charles Fitzgibbons MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9824 Nottingham Dr  
 City Omaha State NE Zip Code 68114  
 Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7901504**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Michael E Ayers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Crescent Ave  
 City Scituate State MA Zip Code 02066  
 Name of Employer South Shore Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : 7901635**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Stephen William Samelson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 365 Timberlane Rd  
 City State Zip Code  
 Pike Road AL 36064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern Ortho Surgeons 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  
 02 / 11 / 2016  
**Transaction ID : 7901636**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Kurre Thomas Lubber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Rayner Rd  
 City State Zip Code  
 Oxford MS 38655-2521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oxford Orthopaedics & Sports Medicine 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  
 02 / 11 / 2016  
**Transaction ID : 7902429**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Jay E Jolley II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2707 Citico Ave  
 City State Zip Code  
 Chattanooga TN 37406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 11 / 2016  
**Transaction ID : 7902545**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Fred C Redfern MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2218 Chatsworth Court  
 City Henderson State NV Zip Code 89074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2016  
**Transaction ID : 7903622**  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item

**B. Michael A Rauh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Middlebury Rd  
 City Orchard Park State NY Zip Code 14127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: University Orthopedic Specialists  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 13 / 2016  
**Transaction ID : 7904115**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**c. Craig W Goodhart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2708 Creek View Dr  
 City Flower Mound State TX Zip Code 75022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: OrthoTexas  
 Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 14 / 2016  
**Transaction ID : 7904517**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 349		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Craig Dunwoody Cameron DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 Big Holley Drive  
 City State Zip Code  
 Martinez GA 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Department of the Army 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  
 02 / 14 / 2016  
**Transaction ID : 7904519**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Victor R Kalman DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Summerknoll Circle  
 City State Zip Code  
 Newark DE 19711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 14 / 2016  
**Transaction ID : 7904523**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Timothy Allen Gibbons MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 Springview Drive  
 City State Zip Code  
 Mason City IA 50401-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mason City Clinic 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  
 02 / 15 / 2016  
**Transaction ID : 7904676**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daniel C Farber MD**  
 Full Name (Last, First, Middle Initial)  
 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 Univ of Maryland School of Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905320**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Michael Edward Pollack MD**  
 Full Name (Last, First, Middle Initial)  
 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 MidJersey Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905522**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Martin Boublik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 614 Cliffgate Lane  
 City Castle Rock State CO Zip Code 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905523**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Young Jo Kim MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hunnewell 2  
 300 Longwood Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston Children's Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905524**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bryan D Den Hartog MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6001 Westown Parkway  
 City West Des Moines State IA Zip Code 50266-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905525**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. John A Lombardi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 Big Rail Dr  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905526**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Shepard R Hurwitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Silver Cedar Ct Ste 100  
 City Chapel Hill State NC Zip Code 27514-1585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2016**  
**Transaction ID : 7905527**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Geoffrey A Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4229 Foxxglen Run  
 City Chesapeake State VA Zip Code 23321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 12 / 2016**  
**Transaction ID : 7905529**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Jeffrey R Ginther MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13827 Driftwood Dr  
 City Carmel State IN Zip Code 46033-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2016**  
**Transaction ID : 7905530**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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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**

**A. Daniel E Matthews MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Augusta Ct  
 City Fairhope State AL Zip Code 36532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alabama Orthopaedic Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905542**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. David L Wiest MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 11th Street South #209  
 City Fargo State ND Zip Code 58104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905543**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James D Capozzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Meadow Lane  
 City East Williston State NY Zip Code 11596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop University Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905544**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 349
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John G Birch MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9107 Brady Drive

City Dallas State TX Zip Code 75243

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016

**Transaction ID : 7905551**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Kevin E Coates MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9344 Ingleside Farm N

City Germantown State TN Zip Code 38139

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

Name of Employer MSK Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016

**Transaction ID : 7905552**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Joseph T Moskal MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4940 FawnDell Rd

City Roanoke State VA Zip Code 24018

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

Name of Employer Carilion Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016

**Transaction ID : 7905553**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffrey R Ginther MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13827 Driftwood Dr  
 City Carmel State IN Zip Code 46033-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7905554**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Gregory B Krivchenia II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Grand Central Ave. Suite 6  
 City Vienna State WV Zip Code 26105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7905556**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**c. John J Callaghan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Orthopaedics  
 200 Hawkins Dr / 01029 JPP  
 City Iowa City State IA Zip Code 52242-1088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7905557**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 167 OF 349  
(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**

**A. Kevin James Kulwicki MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hunter Street  
 City Lantana State TX Zip Code 76226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 16 / 2016  
**Transaction ID : 7905558**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Baron Lonner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Second Avenue Suite 7A  
 City New York State NY Zip Code 10017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 16 / 2016  
**Transaction ID : 7905571**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dante A Brittis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Center St  
 City Southport State CT Zip Code 06890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OSG 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  
 02 / 16 / 2016  
**Transaction ID : 7905572**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Vincent K McInerney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Valley Road  
 Suite 200  
 City Wayne State NJ Zip Code 07470  
 Name of Employer New Jersey Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905573**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Alexandre Barbosa de Moura MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 761 Merrick Ave  
 City Westbury State NY Zip Code 11590-6608  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905574**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Jeffrey Todd Brodie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Hambleton Court  
 City Baltimore State MD Zip Code 21208  
 Name of Employer University of Maryland Medical System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905577**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert D Haar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 5th Ave  
 Apt 9B  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : 7905578**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Donn A Fassero MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 E. Briggsmore Avenue  
 City Modesto State CA Zip Code 95355-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sutter Gould Med Foundation 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  
 02 / 16 / 2016  
**Transaction ID : 7905579**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ana K Palmieri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9716 Legends Dr  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 12 / 2016  
**Transaction ID : 7905596**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Jeffrey B Burnette MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8252 Seven Mile Dr  
 City State Zip Code  
 Ponte Vedra FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA 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  
 02 / 12 / 2016  
**Transaction ID : 7905597**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. R Scott Oliver MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Plymouth Bay Orthopedic Associates  
 95 Tremont Ste One  
 City State Zip Code  
 Duxbury MA 02332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 12 / 2016  
**Transaction ID : 7905598**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Patrick J Halpin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3125 Anchor Ln NW  
 City State Zip Code  
 Olympia WA 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 12 / 2016  
**Transaction ID : 7905599**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William F Tucker Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3533 Southwestern Blvd.  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 12 / 2016  
**Transaction ID : 7905600**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Stephen Cunningham Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5824 Widewaters Parkway  
 City East Syracuse State NY Zip Code 13057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Syracuse Orthopedic Specialists 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  
 02 / 12 / 2016  
**Transaction ID : 7905603**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Mathias A Masem MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Grand Ave #600  
 City Oakland State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 12 / 2016  
**Transaction ID : 7905606**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ali Reza Motamedi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2455 Dunstan Rd Apt 349  
 City Houston State TX Zip Code 77005-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905607**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Paul David Peterson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5126 E 106th St  
 City Tulsa State OK Zip Code 74137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7905610**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mark C Pinto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1382 Waterways Dr  
 City Ann Arbor State MI Zip Code 48108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trinity Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905923**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William E Carlson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 SE Tuscan Ln  
 City State Zip Code  
 Stuart FL 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Florida Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2016  
**Transaction ID : 7906171**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. John Paul Houde MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 175  
 City State Zip Code  
 Meriden NH 03770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alice Peck Day Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2016  
**Transaction ID : 7906527**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Andre H Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Willowbrook Road  
 Suite 2  
 City State Zip Code  
 Queensbury NY 12804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2016  
**Transaction ID : 7906867**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen R Goll MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Pinetree Rd  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908301**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Randy Steven Schwartzberg MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908302**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Samuel S Blick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8707 Southern Breeze Dr  
 City Orlando State FL Zip Code 32836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908303**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Steven Weber DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 West Crystal Lake St Ste 200  
 City Orlando State FL Zip Code 32806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908304**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Eric Gunn Bonenberger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10539 Emerald Chase Dr  
 City Orlando State FL Zip Code 32836-5862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908305**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Bradd Burkhart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Legion Drive  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**  
**Transaction ID : 7908306**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Craig P Jones MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908307**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bryan Lee Reuss MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908308**  
 Amount of Each Receipt this Period 900.00  
 Memo Item

**C. G Grady McBride MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Palmer Ave  
 City Winter Park State FL Zip Code 32789-2751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908309**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lawrence S Halperin MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908310**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Stanley J Kupiszewski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1651 Apache Trail  
 City Maitland State FL Zip Code 32751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908363**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Bradley Christopher Daily MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Red Fox Lane  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Clinic of Salina Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908367**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 349		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. Dennis P Rivero MD</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2016 <b>Transaction ID : 7908369</b>
Mailing Address 8177 S Harvard St #533			Amount of Each Receipt this Period 250.00
City Tulsa	State OK	Zip Code 74137	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven Arthur Herbst MD</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2016 <b>Transaction ID : 7908371</b>
Mailing Address 8620 S County Rd 560 E			Amount of Each Receipt this Period 500.00
City Selma	State IN	Zip Code 47383	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Central Indiana Orthopedics		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Peter C Amadio MD</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2016 <b>Transaction ID : 7908374</b>
Mailing Address 200 1st St S W			Amount of Each Receipt this Period 500.00
City Rochester	State MN	Zip Code 55905	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Mayo Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. George E Lewinnek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Trillium Ct  
 City Lunenburg State MA Zip Code 01462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMass Memorial Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7908377**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Randall L Davidson Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 200  
 1050 N James Campbell Blvd  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Middle Tennessee Bone & Joint Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : 7909041**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gregory M Hrasky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2767  
 City Scottsdale State AZ Zip Code 85252-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1016.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : 7910333**  
 Amount of Each Receipt this Period 1016.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1516.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Benjamin James Hackett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7808 Bluebell Ln  
 City Wausau State WI Zip Code 54401-8444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 18 / 2016**  
**Transaction ID : 7910355**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Donald A Hackbarth Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N70 W14567 Terrace Drive  
 City Menomonee Falls State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2016**  
**Transaction ID : 7910744**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Brian A Murphy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3803 Highknob Circle  
 City Naperville State IL Zip Code 60564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911430**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 181 OF 349  
(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**

**A. Vermont Sims Esplin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite B  
 560 Memorial Dr  
 City Pocatello State ID Zip Code 83201  
 Occupation Orthopaedic Surgeon  
 Name of Employer Idaho Hand Institute  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911606**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Greg T Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Berry Hill Road  
 City Fort Smith State AR Zip Code 72903-3501  
 Occupation Orthopaedic Surgeon  
 Name of Employer Self Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Robert A Bartosh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Magnolia Ct  
 City Moultrie State GA Zip Code 31768-6764  
 Occupation Orthopaedic Surgeon  
 Name of Employer Self Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911610**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John J Callahan Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Braunview Way  
 City Orchard Park State NY Zip Code 14127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911611**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Anthony R Marino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Misty Lane  
 City Londonderry State NH Zip Code 03053-2675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Orthopedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911615**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. John M Olsewski MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911638**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Turner Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Bone and Joint Surgery Clinic  
 3410 Executive Dr Ste 103  
 City Raleigh State NC Zip Code 27609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 19 / 2016  
**Transaction ID : 7911639**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Peter O Newton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 Children's Way Ste 410  
 City San Diego State CA Zip Code 92123-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CSSD 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  
 02 / 19 / 2016  
**Transaction ID : 7911640**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Suresh Nayak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7575 Five Mile Rd  
 City Cincinnati State OH Zip Code 45255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wellington Orthopedics 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  
 02 / 19 / 2016  
**Transaction ID : 7911642**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ricardo J Reina-Sanabria MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Grand Boulevard Paseos  
 Suite 112 MSC 313  
 City San Juan State PR Zip Code 00926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 19 / 2016  
**Transaction ID : 7911643**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Wayne Anthony Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8212 NW Stonebridge Ct  
 City Lawton State OK Zip Code 73505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southwestern Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : 7911656**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Karen H Knight MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Panorama Ortho & Spine Center 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  
 02 / 19 / 2016  
**Transaction ID : 7911761**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 185 OF 349  
(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 (Last, First, Middle Initial)  
**A. Mark J Conklin MD**

Mailing Address 1702 Sand Lily Dr

City State Zip Code  
 Golden CO 80401

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

Name of Employer Occupation  
 Panorama Ortho & Spine Center Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : 7911762**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Thomas G Frierhood MD**

Mailing Address 2635 Vivian St

City State Zip Code  
 Lakewood CO 80215

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

Name of Employer Occupation  
 Panorama Ortho & Spine Center Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : 7911763**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. John Marshal Froelich MD**

Mailing Address 831 Uinta Way

City State Zip Code  
 Denver CO 80230-6824

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

Name of Employer Occupation  
 Panorama Ortho & Spine Center Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : 7911764**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 186 OF 349  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Amit Agarwala MD**  
Full Name (Last, First, Middle Initial)  
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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911765**  
Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Bharat M Desai MD**  
Full Name (Last, First, Middle Initial)  
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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911766**  
Amount of Each Receipt this Period **250.00**  
 Memo Item

**c. Premjit Deol DO**  
Full Name (Last, First, Middle Initial)  
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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911772**  
Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 187 OF 349  
(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 (Last, First, Middle Initial)  
**A. Patrick McNair MD**

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 Panorama Ortho & Spine Center      Occupation Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 7911773**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Jared R H Foran MD**

Mailing Address 1735 19th Street  
 4A

City Denver      State CO      Zip Code 80202-1946

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

Name of Employer Panorama Ortho & Spine Center      Occupation Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 7911774**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Douglas A Foulk MD**

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 Panorama Ortho & Spine Center      Occupation Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 7911775**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 349
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	<input type="checkbox"/> 17	

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

**A. Michael Brian Ellman MD**  
Full Name (Last, First, Middle Initial)

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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911776**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Mark F Mills MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 67 West Ranch Trail

City Morrison State CO Zip Code 80465

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911777**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Lonnie E Loutzenhiser MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1745 Foothills Dr S

City Golden State CO Zip Code 80401-9167

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911782**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 349
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sameer J Lodha MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2538 W 36th Ave  
 City State Zip Code  
 Denver CO 80211-2849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Panorama Ortho & Spine Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
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Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : 7911783**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Timothy James Lehman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7050 S. Polo Ridge Dr.  
 City State Zip Code  
 Littleton CO 80128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Panorama Ortho & Spine Center 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  
 02 / 19 / 2016  
**Transaction ID : 7911784**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Thomas Joseph Puschak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5275 Dunraven Circle  
 City State Zip Code  
 Golden CO 80403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Panorama Ortho & Spine Center 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  
 02 / 19 / 2016  
**Transaction ID : 7911785**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. William Joseph Peace MD**  
 Full Name (Last, First, Middle Initial)  
 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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911786**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Nimesh Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 Eagle Nest Ct  
 City Golden State CO Zip Code 80401-0907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911787**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Roger E Murken MD**  
 Full Name (Last, First, Middle Initial)  
 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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911788**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Craig Alan Zeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3525 Loma Vista Rd  
 City State Zip Code  
 Ventura CA 93003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ventura Orthopaedics 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  
 02 / 19 / 2016  
**Transaction ID : 7911817**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Robert M O'Hollaren MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3525 Loma Vista Rd  
 City State Zip Code  
 Ventura CA 93003-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ventura Orthopaedics 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  
 02 / 19 / 2016  
**Transaction ID : 7911819**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Harry C Eschenroeder Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1946 Royal Oak Dr  
 City State Zip Code  
 Lynchburg VA 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoVirginia 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  
 02 / 19 / 2016  
**Transaction ID : 7911820**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gautham Gondi MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2405 Atherholt Rd

City Lynchburg State VA Zip Code 24501

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

Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911821**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Kenneth A Krumins MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1628 Holts Grove Cr

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911822**

Amount of Each Receipt this Period 250.00

Memo Item

**C. David J Schneider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 Skywalker Point

City Lafayette State CO Zip Code 80026

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911824**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert L Thomas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 Sunset Drive  
 City Littleton State CO Zip Code 80123-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911825**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Douglas Cabot Wong MD**  
 Full Name (Last, First, Middle Initial)  
 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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911826**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James T Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 S Franklin St  
 City Englewood State CO Zip Code 80113-7032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911827**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Peter Lammens MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 Golden Ridge Rd Ste 250  
 City Golden State CO Zip Code 80401-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Panorama Ortho & Spine Center Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 02 / 19 / 2016  
**Transaction ID : 7911828**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**B. Mitchel S Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 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: Panorama Ortho & Spine Center Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 02 / 19 / 2016  
**Transaction ID : 7911829**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**C. Walter G Robinson Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3042 Nelson Dr  
 City Lakewood State CO Zip Code 80215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Panorama Ortho & Spine Center Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 02 / 19 / 2016  
**Transaction ID : 7911830**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 195 OF 349  
(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**

**A. Edmund B Rowland Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 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 Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911831**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mitchell D Seemann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Attn: Susan Delphia  
 660 Golden Ridge Road, Ste. 250  
 City Golden State CO Zip Code 80401-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911832**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Michael A Fuller DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12933 Silver Elk Ln  
 City Littleton State CO Zip Code 80127-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911837**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles Adam Gottlob MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Panorama Orthopedics  
 660 Golden Ridge Rd #250  
 City Golden State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911838**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. William C Andrews Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4717 John Scott Dr  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **850.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911866**  
 Amount of Each Receipt this Period **850.00**  
 Memo Item

**C. John Robert Prahinski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4016 Peakland Pl  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 7911867**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 197 OF 349  
(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**

**A. Robert Wingfield Sydnor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Atherholt Rd  
 City Lynchburg State VA Zip Code 24501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911868**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jesse L Stem MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Trents Ferry Rd  
 City Lynchburg State VA Zip Code 24503-1128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911869**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Robert R Burger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5150 Michael Anthony Lane  
 City Cincinnati State OH Zip Code 45247-7944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beacon Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 7911870**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. James A Slough MD**

Mailing Address 236 Rivermist Drive

City Buffalo State NY Zip Code 14202

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

Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 7911871**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. William F Webb MD**

Mailing Address 135 F Country Center Dr #251

City Pagosa Springs State CO Zip Code 81147

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

Name of Employer Pagosa Springs Medical Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 7911872**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. John Minoru Itamura MD**

Mailing Address 921 Monterey Rd

City South Pasadena State CA Zip Code 91030

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

Name of Employer Kerlan-Jobe Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 02 / 20 / 2016  
**Transaction ID : 7911895**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph R Hsu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2816 Hedgewyk Pl  
 City Charlotte State NC Zip Code 28211-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2016  
**Transaction ID : 7911899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Daryll C Dykes MD, JD, Ph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4840 Park Ave S.  
 City Minneapolis State MN Zip Code 55417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7913486**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Ronald G Hayter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 Gulf to Bay Blvd  
 City Clearwater State FL Zip Code 33755-6423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Knee & Ortho Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7913488**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brian Jeffrey Bear MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Roxbury Rd  
 City Rockford State IL Zip Code 61107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7914016**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cassim M Igram MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 NW 130th Street  
 City Clive State IA Zip Code 50325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7914553**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Paul Alan Kammerlocher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2907 NW 40th Pl  
 City Newcastle State OK Zip Code 73065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McBride Clinic Inc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7914555**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nithin C Reddy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5436 Soledad Rd  
 City La Jolla State CA Zip Code 92037-7042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914557**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kyle James Jeray MD**  
 Full Name (Last, First, Middle Initial)  
 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 Greenville Hospital System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914560**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Elliott H Leitman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 135 4745 Ogletown Stanton Rd  
 City Newark State DE Zip Code 19713-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914697**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John Arthur Steubs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7032 Oak Pointe Curve  
 City State Zip Code  
 Bloomington MN 55348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Minnesota Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2016  
**Transaction ID : 7914698**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Joshua S Dines MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Kings Lane  
 City State Zip Code  
 Southampton NY 11968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2016  
**Transaction ID : 7914699**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Anthony Louis Finuoli DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Legends Circle  
 City State Zip Code  
 Melville NY 11747-5301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2016  
**Transaction ID : 7914709**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mark J Lemos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1164 Ocean Blvd  
 City Rye State NH Zip Code 03870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914710**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stephen R Fisher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 658  
 City Gainesville State GA Zip Code 30503-0658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Longstreet Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914711**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dante A Marra MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Eoff St #602  
 City Wheeling State WV Zip Code 26003-6389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MKSC, Inc. Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914713**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mark P Madden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9463 Coral Crest Ln  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914715**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Murray J Goodman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Highland Ave Suite 101  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salem Orthopedic Surgeons, Inc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914716**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**C. Michael R Meisterling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12550 N. 72nd St  
 City Stillwater State MN Zip Code 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics East Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914738**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gerald J Lang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1309 Redan Drive  
 City Verona State WI Zip Code 53593  
 Name of Employer University of Wisconsin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7914912**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gregory Scott DiFelice MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 East 72nd Street Apt 28E  
 City New York State NY Zip Code 10021  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 7914939**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Dirk H Alander MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1302 W Adams Ave  
 City Kirkwood State MO Zip Code 63122  
 Name of Employer St Louis University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 7915035**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. David E Quinn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1367 Washington Ave Ste 200  
 City Albany State NY Zip Code 12206-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 23 / 2016**  
**Transaction ID : 7915049**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**B. Richard A Fankhauser MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 W Broad St Ste 300  
 City Columbus State OH Zip Code 43222-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 23 / 2016**  
**Transaction ID : 7915053**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. James B MacDougall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38608 128th St  
 City Aberdeen State SD Zip Code 57401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Avera Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2016**  
**Transaction ID : 7915054**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Evan K Bash MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2016 <b>Transaction ID : 7915055</b>
Mailing Address 113 Dauphin Drive		Amount of Each Receipt this Period 250.00
City Media	State PA	Zip Code 19063-1456
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Premier Ortho & Sports Med Assoc	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sanford E Emery MD, MBA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2016 <b>Transaction ID : 7915056</b>
Mailing Address 3958 Eastlake Dr		Amount of Each Receipt this Period 250.00
City Morgantown	State WV	Zip Code 26508
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer West Virginia University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. John Robert Starynski MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2016 <b>Transaction ID : 7915057</b>
Mailing Address 8118 Northern Rd		Amount of Each Receipt this Period 250.00
City Minocqua	State WI	Zip Code 54548-9103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Frederick T Lohr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Talbot Blvd  
 Suite W  
 City Chestertown State MD Zip Code 21620-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 02 / 23 / 2016  
**Transaction ID : 7915060**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Gregory S McDowell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2900 12th Ave N Ste 140W  
 City Billings State MT Zip Code 59101-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoMontana  
 Occupation 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  
 02 / 23 / 2016  
**Transaction ID : 7915061**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Alan Dacre MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Country Acres Road  
 City Riverton State WY Zip Code 82501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoMontana  
 Occupation 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  
 02 / 23 / 2016  
**Transaction ID : 7915062**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John S Jackson DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 741 Gary Ln  
 City El Paso State TX Zip Code 79922-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7915064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Scott A Protzman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Murchison Drive  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7915065**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Andrew J Palafox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 Crown Point Drive  
 City El Paso State TX Zip Code 79912-4805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 7915066**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. E Bruce Bynum DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4292 SW Agate Ave  
 City Corvallis State OR Zip Code 97333-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Corvallis Clinic PC Occupation 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  
 02 / 24 / 2016  
**Transaction ID : 7915140**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Edward R McDevitt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3116 Drogue Ct  
 City Annapolis State MD Zip Code 21403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Area Orthopaedics Occupation 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  
 02 / 25 / 2016  
**Transaction ID : 7915151**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Kenneth R Catalozzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 216 East Shore Road  
 City Jamestown State RI Zip Code 02835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation 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  
 02 / 25 / 2016  
**Transaction ID : 7917280**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James William Barber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Shirley Avenue  
 City Douglas State GA Zip Code 31533-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon  
 Self Employed  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : 7918085**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Thomas C Barber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 EL Caminito  
 City Orinda State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : 7918687**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. K William Kumer MD, MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 Ridgewood Dr  
 City Maysville State KY Zip Code 41056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lifepoint Hospitals, Inc. Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : 7919152**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kenneth D. Polivy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Gordon Rd  
 City Waban State MA Zip Code 02468-1227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 27 / 2016  
**Transaction ID : 7919154**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Andrew David Bries MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3126 Westminster Rd  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 27 / 2016  
**Transaction ID : 7919155**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Thomas S Muzzonigro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5017 Karrington Dr  
 City Gibsonia State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 02 / 28 / 2016  
**Transaction ID : 7919192**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Louis E Murdock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5012 N Quail Summit Way  
 City Boise State ID Zip Code 83703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Luke's Regional Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 7919194**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Wayne Z Burkhead Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9301 N Central Expy Ste 400  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Carrell Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 7919197**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. William B Stetson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 429 24th St  
 City Hermosa Beach State CA Zip Code 90254-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 7919497**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gerald R Williams Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 859 Lesley Rd  
 City Villanova State PA Zip Code 19085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 7919874**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. David R Morawski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 Kaneville Rd  
 City Geneva State IL Zip Code 60134-2578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fox Valley Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : 7920306**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. David Huang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 Harrison St  
 City Wichita Falls State TX Zip Code 76308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : 7920307**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Michael A Mont MD**

Mailing Address 3 Grenadier Ct

City Owing Mills State MD Zip Code 21117

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

Name of Employer Sinai Hospital of Baltimore Occupation 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  
 02 / 26 / 2016  
**Transaction ID : 7920341**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Paul Strawn Sherbondy MD**

Mailing Address 507 Beaumont Drive

City State College State PA Zip Code 16801

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

Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 7920871**

Amount of Each Receipt this Period  
84.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. James L Rungee MD**

Mailing Address 2802 Pavilion Pl

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Tennessee Ortho Alliance Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7920872**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1184.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 216 OF 349  
(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**

**A. Richard C Mather III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Watts St  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7920873**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. John S Early MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8210 Walnut Hill Ln Ste 130  
 City Dallas State TX Zip Code 75231-4418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7921406**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Louis M Kwong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W Carson Street, Box 422  
 City Torrance State CA Zip Code 90509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : 7921425**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1335.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Renny Uppal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 Sharpe Hill Circle  
 City Reno State NV Zip Code 89523-3924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reno Orthopedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : 7921427**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Wagdy S Rizk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3542 Smith Rd  
 City Beaumont State TX Zip Code 77713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : 7925998**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ronald W B Wyatt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Carleton Way  
 City Alamo State CA Zip Code 94507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 7926222**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Stephen G J Eckrich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5511 Shooting Star Trail  
 City State Zip Code  
 Rapid City SD 57702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orthopaedic & Spine Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : 7926223**  
 Amount of Each Receipt this Period  
 83.50  
 Memo Item

**B. Chad A Krueger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 Sundew Court  
 City State Zip Code  
 Southern Pines NC 28387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Army Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : 7926224**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Erick Manuel Santos MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2638 Debra Ln  
 City State Zip Code  
 Corpus Christi TX 78418-2704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Central TX Bone & Joint Center, Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : 7940715**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	667.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Elizabeth A Arendt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ortho Surgery  
 2512 S 7th St Ste 200  
 City Minneapolis State MN Zip Code 55454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Minnesota Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 7941335**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Karl E Rathjen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Orthopaedics  
 2222 Welborn St  
 City Dallas State TX Zip Code 75219-3993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Scottish Rite Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 7941364**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Neal D Lintecum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 789 N 1500 Road  
 City Lawrence State KS Zip Code 66049-9194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : 7941607**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark Michael Allard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 Cortney Circle  
 City State Zip Code  
 Siloam Springs AR 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : 7941608**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. David A Abrutyn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Pitney Court  
 City State Zip Code  
 Basking Ridge NJ 07920-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Summit Medical Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016  
**Transaction ID : 7941609**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. David J Mansfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Murchison  
 City State Zip Code  
 El Paso TX 79902-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 El Paso Orthopaedic Surg Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2016  
**Transaction ID : 7942044**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 221 OF 349  
(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**

**A. Robert H Brophy MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Self Employed 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  
 03 / 06 / 2016  
**Transaction ID : 7942046**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Paul Joseph Beauvais MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Cedar Grove Road  
 City Southbury State CT Zip Code 06488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 06 / 2016  
**Transaction ID : 7942048**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Hospital for Special Surgery Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2016  
**Transaction ID : 7942049**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1425.00  
**TOTAL** This Period (last page this line 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 222 OF 349  
(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**

**A. Christopher Zingas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7944773**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Richard T Perry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7944774**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Christopher Lawrence Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7944775**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Glenn J Minster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7944776**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Eric M Stehly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 661 Knights Way  
 City Coppell State TX Zip Code 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Texas Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7944779**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. David P Rudman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 490 Clinton Ave  
 City Wyckoff State NJ Zip Code 07481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Specialty Orthopedics of NJ Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7944792**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Barry S Kraushaar MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Divot PI

City Suffern State NY Zip Code 10901

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

Name of Employer Northeast Orthopaedics Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7944795**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Tarsem Garg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1929 E High St

City Springfield State OH Zip Code 45505-1227

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 7944796**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Ayman Ahmad Daouk MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Poinsettia Ave

City Orlando State FL Zip Code 32804

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

Name of Employer Physician Associates Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7944797**

Amount of Each Receipt this Period  
 250.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffery D Angel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Virginia Dr Ste C  
 City Batesville State AR Zip Code 72501-7331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : 7944916**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. James P Jamison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7092 Killdeer Dr  
 City Canfield State OH Zip Code 44406-9181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Youngstown Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : 7944918**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Howard R Epps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1936 Wroxton Road  
 City Houston State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baylor College of Medicine Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 29 / 2016  
**Transaction ID : 7945098**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William J Maloney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Broadway  
 Mail Code 6342  
 City Redwood City State CA Zip Code 94063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stanford University Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 02 / 29 / 2016  
**Transaction ID : 7945099**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Richard F Kyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ortho Dept  
 701 Park Ave South G2  
 City Minneapolis State MN Zip Code 55415-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hennepin County Med Ctr Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 02 / 29 / 2016  
**Transaction ID : 7945101**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. John T Gill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4153 Hyer #7  
 City Dallas State TX Zip Code 75205-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dallas Sports Medicine Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 02 / 29 / 2016  
**Transaction ID : 7945102**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2010.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 349
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Graham Newson**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Massachusetts Ave NE  
1st Floor

City Washington State DC Zip Code 20002-5769

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

Name of Employer American Academy of Orthopaedic Surg Occupation Director, Office of Government Relation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : 7945108**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Stephen R Southworth MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Quail Creek

City Tupelo State MS Zip Code 38801

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2016

**Transaction ID : 7945597**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Patricia A Kolowich MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 20570 Woodcreek Blvd

City Northville State MI Zip Code 48167

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

Name of Employer Henry Ford Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2016

**Transaction ID : 7945598**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Juliet M De Campos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9400 University Pkwy Ste 309  
 City Pensacola State FL Zip Code 32514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945599**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bonhomme Joseph Prud'homme MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Medical Center Drive P.O. Box 9196  
 City Morgantown State WV Zip Code 26508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945600**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kirk Hutton MD**  
 Full Name (Last, First, Middle Initial)  
 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 OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945601**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dudley S Burwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2781 C T Switzer Sr Dr  
 Ste 402  
 City Biloxi State MS Zip Code 39531  
 Name of Employer Advanced Orthopedic Centers Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945603**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brian G Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 N Farms Rd  
 City Avon State CT Zip Code 06001  
 Name of Employer Yale University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945604**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Ronald A MacBeth Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 37  
 800 Austin Drive  
 City Demorest State GA Zip Code 30535  
 Name of Employer Habersham County Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945607**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 349
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945629**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Michael C Thompson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21925 Stanford Circle  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945630**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Thomas Patrick Ferlic MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Nebraska Ortho Assoc  
 2725 S 144th St Ste 110  
 City Omaha State NE Zip Code 68144-5253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945631**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John D Galligan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 S 166th St  
 City Omaha State NE Zip Code 68118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : 7945632**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Mark E Goebel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 South 251st Street  
 City Waterloo State NE Zip Code 68069-4678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : 7945633**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Steven X Goebel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5316 Izard St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : 7945634**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Steven V Hagan MD**

Mailing Address 2629 S 96 Circle

City Omaha	State NE	Zip Code 68124
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoWest	Occupation 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  
 03 / 08 / 2016  
**Transaction ID : 7945635**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Craig Leonard Hansen MD**

Mailing Address 21919 Meadowview Pkwy

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

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

Name of Employer OrthoWest	Occupation 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  
 03 / 08 / 2016  
**Transaction ID : 7945636**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Randall Dean Neumann MD**

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 OrthoWest	Occupation 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  
 03 / 08 / 2016  
**Transaction ID : 7945637**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

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

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945638**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Samar Kumar Ray MD**  
 Full Name (Last, First, Middle Initial)  
 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 OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945639**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Scott B Reynolds MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1408 N. 187th St.  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945640**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William Stuart Singer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10410 N 84th St  
 City Omaha State NE Zip Code 68122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945641**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945642**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jonathan E Buzzell MD**  
 Full Name (Last, First, Middle Initial)  
 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 OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945643**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James T Canedy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 South 82nd St  
 City Omaha State NE Zip Code 68114-4408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945644**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ian D Crabb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9737 Fieldcrest Dr  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945645**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. David E Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15617 Woolworth Ave  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945646**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Nicholas Benjamin Bruggeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22626 Atwood Ave  
 City Elkhorn State NE Zip Code 68022-3147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : 7945647**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : 7945688**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

**C. Michael R Clain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Indian Head Rd  
 City Riverside State CT Zip Code 06878-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ONS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 09 / 2016**  
**Transaction ID : 7945689**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>668.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 349		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. John Charles Kofoed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 Seminole Ct  
 City State Zip Code  
 Fairfield CA 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sutter Medical Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 7946097**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Bruce T Faure MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6849 W Ridgeview Dr  
 City State Zip Code  
 Mequon WI 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 7946098**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. David A Pomierski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 12th St  
 City State Zip Code  
 Meridian MS 39301-4158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : 7946099**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1084.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael D Hossack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Old Colony Rd  
 City Hartsdale State NY Zip Code 10530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montefiore Medical Center Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7946101**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Jeffrey A Mogerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Stevenson Road  
 City Waverly State PA Zip Code 18471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne Memorial Hospital Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7946103**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Jamil Jacobs-EI MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 5110  
 City River Forest State IL Zip Code 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Dreyer Occupation 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  
 03 / 01 / 2016  
**Transaction ID : 7946104**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bryan T Edwards MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 River Ford Drive  
 City Davidson State NC Zip Code 28036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novant Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946105**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Matthew John Weresh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6001 Westown Pkwy Attn: Mike Tebo  
 City West Des Moines State IA Zip Code 50266-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gerard Mark Benecki MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4388 Legarto Court  
 City Silverdale State WA Zip Code 98315-9525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946108**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kathleen Anne Hogan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 659  
 City Windham State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NH Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7946109**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Christopher George Furey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18900 South Woodland Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7946111**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Jeffrey R Cusmaru MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 494 Lake Colony Way  
 City Birmingham State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Sports Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : 7946112**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ariel Goldman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Woodbine Rd  
 City Roslyn Heights State NY Zip Code 11577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwell Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946113**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Christian T Royer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5159 Stillwater Trail  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Texas Provider Network Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946114**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. James Allen O'Leary MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Rivermist Court  
 City Irmo State SC Zip Code 29063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946118**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daniel L Zimet MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 North Commerce Ave Ste 260  
 City Front Royal State VA Zip Code 22630  
 Name of Employer Valley Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946119**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Christopher Langdon Ihle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 N 130  
 City Omaha State NE Zip Code 68154  
 Name of Employer Community Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946120**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Andrew G Urquhart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9222 Northpointe Rd.  
 City Brighton State MI Zip Code 48114  
 Name of Employer Univ of Michigan Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946121**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Alan S Routman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 SE 9th St  
 City Fort Lauderdale State FL Zip Code 33316-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoFlorida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : 7946122**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bruce J Sangeorzan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Ortho 325 Ninth Ave Box 359798  
 City Seattle State WA Zip Code 98104-2499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7946159**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Eugene B Pendleton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 parkview place  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatric Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7946160**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mark J Ghilarducci MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2221 Wankel Way  
 City Oxnard State CA Zip Code 93030  
 Name of Employer Ventura Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7946188**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Wilford K Gibson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4003 Arrowhead Point Ct  
 City Virginia Beach State VA Zip Code 23455  
 Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7946190**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Johnathan Bernard MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20843 Medix Run Pl  
 City Ashburn State VA Zip Code 20147-2861  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : 7946230**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1335.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeff Eric Schulman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3851 Barcroft Ln  
 City Alexandria State VA Zip Code 22312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Fairfax Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : 7946716**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Steven J Triantafyllou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 Country Manor Drive  
 City York State PA Zip Code 17408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSS Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7948564**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Drew A Brady MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 North Buckridge Drive  
 City Greenville State DE Zip Code 19807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 12 / 2016  
**Transaction ID : 7948769**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2250.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 349		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Bryan Scott Moon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Split Elm Drive  
 City Missouri City State TX Zip Code 77459-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2016  
**Transaction ID : 7948781**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Ryan Patrick Dunlay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Avenue #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 13 / 2016  
**Transaction ID : 7948782**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Francis G Alberta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 539 Bennington Terrace  
 City Ridgewood State NJ Zip Code 07450-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2016  
**Transaction ID : 7948783**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Frederick Suh Song MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Beechtree Ln  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Princeton Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 13 / 2016  
**Transaction ID : 7948785**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : 7949262**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Fredrick Huang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4448 138th Ave SE  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951501**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William G DeLong Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 344 Kings Hwy East  
 City Haddonfield State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Lukes Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951502**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Guy Rutledge Fogel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Candelaria  
 City Helotes State TX Zip Code 78023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951503**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Frank R Noyes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10663 Montgomery Rd 1st Fl  
 City Cincinnati State OH Zip Code 45242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercer Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951504**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kevin Charles Lutta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12561 Cerromar Place  
 City State Zip Code  
 Fairfax VA 22030-6654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoVirginia Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951516**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. John W Adkison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 N 16th Ave  
 City State Zip Code  
 Yakima WA 98902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopedics Northwest 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  
 03 / 11 / 2016  
**Transaction ID : 7951573**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Jeffrey M Nakano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 699 Cascade Dr  
 City State Zip Code  
 Grand Junction CO 81506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rocky Mountain Ortho Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951574**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Adolph J Yates Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Mallard Dr  
 City Pittsburgh State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Pittsburgh Med Ctr Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951576**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Jerry W Van Meter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 Pensacola St  
 City Honolulu State HI Zip Code 96814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HPKG Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951577**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Edward S Homan Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 St Augustine Ave  
 City Tampa State FL Zip Code 33617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951578**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jonathan L Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1456 Oak Crest Ave  
 City South Pasadena State CA Zip Code 91030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Ortho Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951581**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Frederick C Flandry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6262 Veterans Pkwy P.O. Box 9517  
 City Columbus State GA Zip Code 31908-9517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951582**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Roland H Winter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5660 E Acorn Ct  
 City Stockton State CA Zip Code 95212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alpine Orthopaedic Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951583**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Warren R Bourgeois III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10025 Hyde PI  
 City River Ridge State LA Zip Code 70123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951584**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. David Richmond Whiddon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 Soundview Dr.  
 City Palm Harbor State FL Zip Code 34683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Associates of West Florida Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951585**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. George DeLoach DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Bypass Ln Ste 112  
 City Livingston State TX Zip Code 77351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951587**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John H Chidester MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 W Lancaster Ave Ste 2  
 City Malvern State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951588**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Samuel Edwin Murrell III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3946 Grandview Avenue  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoMemphis Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951589**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Michael S Aronow MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Braintree Dr  
 City West Hartford State CT Zip Code 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopedic Association of Hartford Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951590**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles M Davis III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Hope Dr EC089  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milton S. Hershey Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951591**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Daniel J Gallagher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4633 Wichers Dr Ste 100  
 City Marrero State LA Zip Code 70072-3096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951594**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. John S Kirkpatrick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 Craftsman W Ave  
 City Celebration State FL Zip Code 34747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Florida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951595**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles J Matuszak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10473 Saint Andrews Road  
 City Boynton Beach State FL Zip Code 33436-4419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951596**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Ricardo J Rodriguez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6666 Pikes Lane  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baton Rouge Orthopaedic Clinic 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  
 03 / 11 / 2016  
**Transaction ID : 7951624**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. William M Granberry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3615 Bellefontaine  
 City Houston State TX Zip Code 77025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bone & Joint Clinic 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  
 03 / 11 / 2016  
**Transaction ID : 7951625**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph R Locker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2240 SW 76th Ln  
 City Ocala State FL Zip Code 34476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951627**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. William L Ritchie IV, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Cedar SE Ste 6600  
 City Albuquerque State NM Zip Code 87106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951629**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Amir Alex Jahangir MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Loring Ct  
 City Nashville State TN Zip Code 37220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951630**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James A Keeney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Virginia Avenue

City Columbia State MO Zip Code 65212

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

Name of Employer University of Missouri Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951631**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Frank V Aluisio MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Nolen Ct

City Greensboro State NC Zip Code 27408-3184

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

Name of Employer Greensboro Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951632**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Steven Bennett Weinfeld MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 York Ave Apt 8B

City New York State NY Zip Code 10128-7809

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

Name of Employer Mt. Sinai Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951638**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Andrew J Palafox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 Crown Point Drive  
 City El Paso State TX Zip Code 79912-4805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951641**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Mark A Snyder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7229 Overton Way  
 City Maineville State OH Zip Code 45039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TriHealth Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951642**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Austin Thomas Fragomen MD**  
 Full Name (Last, First, Middle Initial)  
 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 Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951646**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen W Rodrigue MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Arborside Drive  
 City Falmouth State ME Zip Code 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Practice Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951653**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Andrew Wilson Ryan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2537 Larkin Rd  
 City Lexington State KY Zip Code 40503-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoKentucky Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951654**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Henry A Backe Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 100 75 Kings Highway Cutoff  
 City Fairfield State CT Zip Code 06824-5358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951658**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Gary T Brock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Pinehill Lane  
 City Houston State TX Zip Code 77019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 03 / 11 / 2016  
**Transaction ID : 7951660**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Daniel Thomas Davis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 4116  
 City Pawleys Island State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 03 / 11 / 2016  
**Transaction ID : 7951661**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. George M Botelho MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5456 Grand Park Place  
 City Boca Raton State FL Zip Code 33486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 03 / 11 / 2016  
**Transaction ID : 7951665**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Scott J Dunitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4802 S 109 E Ave  
 City Tulsa State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tulsa Bone & Joint Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951666**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Joshua Port MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University Orthopedics  
 3000 Fairway Dr  
 City Altoona State PA Zip Code 16602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951668**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Steven Scott Goldberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5867 Whisperwood Ct  
 City Naples State FL Zip Code 34110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7951669**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hassan Riaz Mir MD, MBA, F**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3619 W Cleveland St  
 City Tampa State FL Zip Code 33609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951670**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wade P McAlister MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4899 Montrose Blvd #1206  
 City Houston State TX Zip Code 77006-6168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951672**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Wade P McAlister MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4899 Montrose Blvd #1206  
 City Houston State TX Zip Code 77006-6168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7951673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Alex B Bodenstab MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Fawn Lane  
 City Chadds Ford State PA Zip Code 19317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951674**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. John Brian Sims MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4100 Paramount Blvd  
 City Amarillo State TX Zip Code 79109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951675**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Lawrence S Halperin MD**  
 Full Name (Last, First, Middle Initial)  
 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 Orlando Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : 7951676**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 264 OF 349  
(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**

**A. William O Shaffer MD, BS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Market St Unit 510  
 City State Zip Code  
 Des Moines IA 50309-4766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Academy of Orthopaedic Surg 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  
 03 / 11 / 2016  
**Transaction ID : 7951677**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Jason L Koh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Woodley Road  
 City State Zip Code  
 Winnetka IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Shore Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951678**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. J Bohannon Mason MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 Hermitage Rd  
 City State Zip Code  
 Charlotte NC 28207-1841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoCarolina Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951679**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert Allen Butler II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Yorkshire Rd  
 City Starkville State MS Zip Code 39759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951681**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mark E Carlson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 Spring Creek Rd  
 City Rockford State IL Zip Code 61107-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951682**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ronald Emilio Delanois MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Brookfield Garth  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sinai Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951683**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Herbert L Kunkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 Hawksworth Dr  
 City Oxford State PA Zip Code 19363-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951688**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Michael T Diment MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7448 Oak Hill Drive  
 City Sylvania State OH Zip Code 43560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Promedica Hospital 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  
 03 / 11 / 2016  
**Transaction ID : 7951689**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Robert H Blotter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 W Fair Ave Ste 190  
 City Marquette State MI Zip Code 49855-2693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advanced Center for Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : 7951690**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John Thomas Killian MD, BOC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 Sterrett Ave  
 City Birmingham State AL Zip Code 35209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7951731**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Brian R Hamlin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3169 Beechwood Drive  
 City Allison Park State PA Zip Code 15101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UPMC 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  
 03 / 11 / 2016  
**Transaction ID : 7952760**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Jonathan James Clabeaux MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1413 3rd Ave West  
 City Seattle State WA Zip Code 98119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vlrgina Mason Medical Center 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  
 03 / 11 / 2016  
**Transaction ID : 7952761**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jorge E Tijmes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6209  
 City State Zip Code  
 Mc Allen TX 78502-6209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern Bone & Joint Center 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  
 03 / 11 / 2016  
**Transaction ID : 7952763**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. John R Denton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333A North Ave  
 PMB 434  
 City State Zip Code  
 New Rochelle NY 10804-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 11 / 2016  
**Transaction ID : 7952766**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Thomas Griffin Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite A  
 323 E Hawkins Parkway  
 City State Zip Code  
 Longview TX 75605-7905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Longview Orthopaedic Clinic 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  
 03 / 11 / 2016  
**Transaction ID : 7952767**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Raymond W Liu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 22925 Shelburne Road

City Shaker Heights State OH Zip Code 44122

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

Name of Employer University Hospitals Medical Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7952768**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Bryan Scott Kamps MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3741 Monarch Dr NE

City Grand Rapids State MI Zip Code 49525

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

Name of Employer Spectrum Health Medical Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7952769**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Joseph A Abboud MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 726 Conestoga Rd

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 7952954**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Milan M Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3836 Sidestreet  
 City Atlanta State GA Zip Code 30341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 7952969**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Scott Gunnar Quisling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3275 Bransley Way  
 City Duluth State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 795278**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Mark Wesley Hanna MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1193 Angelo Ct  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7955464**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Glenn J Jonas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3155 Arden Rd  
 City Atlanta State GA Zip Code 30305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7955608**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Pierre Andre Bruneau MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Cross River Road  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 7956153**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wen Shen MD**  
 Full Name (Last, First, Middle Initial)  
 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 Ortho Assoc of Dutchess County Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 7956154**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Michael Shay Womack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Oakmont Circle  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 7956285**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kaveh Robert Sajadi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2133 Woodmont Dr  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 7956287**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Todd A Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 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 Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : 7956288**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David R Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Middle Plantation Ln  
 City State Zip Code  
 Gulf Breeze FL 32561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 03 / 21 / 2016  
**Transaction ID : 7956289**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Jeffrey P Beckenbaugh DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Scenic View Drive SW  
 City State Zip Code  
 Rochester MN 55902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Olmsted Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 21 / 2016  
**Transaction ID : 7956290**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Basil R Besh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6135 Clubhouse Dr  
 City State Zip Code  
 Pleasanton CA 94566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 03 / 21 / 2016  
**Transaction ID : 7956291**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael J Taunton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5045 Connemara Drive NE  
 City Rochester State MN Zip Code 55906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Foundation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : 7956293**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Angelo DiFelice Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15410 Treyburn Manor View  
 City Milton State GA Zip Code 30004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2016  
**Transaction ID : 7956309**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. William H Spellman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Central Montgomery Ortho  
 1011 S Broad St  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Montgomery Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7957629**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gerard G Adler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Woodland Ln  
 City Oconomowoc State WI Zip Code 53066-2734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Wilkinson Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 7957630**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Robert S Adelaar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10414 Cherokee Rd  
 City Richmond State VA Zip Code 23235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical College of Virginia Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 7957637**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

**C. Randall J Ruark MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Broken Rock Road  
 City Hamilton State GA Zip Code 31811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 7957652**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David M Lindgren MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8001 Chesshire Ln N  
 City State Zip Code  
 Maple Grove MN 55311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairview Health Services 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  
 03 / 18 / 2016  
**Transaction ID : 7957653**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. George V Russell Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hawthorne Vale  
 City State Zip Code  
 Ridgeland MS 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UMMC Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 7957655**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. John Patrick Reilly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Copperflagg Ln  
 City State Zip Code  
 Staten Island NY 10304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 18 / 2016  
**Transaction ID : 7957656**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1335.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Nicholas P Grosso MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7957658**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Spiro N Papas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Delafield Rd Ste 1040  
 City Pittsburgh State PA Zip Code 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7957660**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. F Thomas Davies Kaplan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11542 Willow Springs Dr  
 City Zionsville State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Indiana Hand to Shoulder Center Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : 7963013**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Darrell Kevin Scales MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Tee Dr  
 City State Zip Code  
 Braselton GA 30517-4078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 23 / 2016  
**Transaction ID : 7963304**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Langdon A Hartsock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 188 Tradd Street  
 City State Zip Code  
 Charleston SC 29401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical University of South Carolina Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016  
**Transaction ID : 7964394**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. David R Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Spurs Ln Ste 300  
 City State Zip Code  
 San Antonio TX 78240-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sports Med Assoc of San Antonio 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  
 03 / 23 / 2016  
**Transaction ID : 7965032**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1184.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 OF 349 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen O Berthelsen MD</b> Mailing Address 2010 Knollwood Dr <hr/> City State Zip Code Fairmont MN 56031 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation Self Employed Orthopaedic Surgeon <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="text" value="250.00"/>	Date of Receipt <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2016"/> <b>Transaction ID : 7965033</b> <hr/> Amount of Each Receipt this Period <input type="text" value="250.00"/> <input type="checkbox"/> Memo Item
--	--

Full Name (Last, First, Middle Initial) <b>B. Wayne M Goldstein MD</b> Mailing Address 2887 Lexington Ln <hr/> City State Zip Code Highland Park IL 60035 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation Self Employed Orthopaedic Surgeon <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="text" value="1000.00"/>	Date of Receipt <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2016"/> <b>Transaction ID : 7965034</b> <hr/> Amount of Each Receipt this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Memo Item
---	---

Full Name (Last, First, Middle Initial) <b>C. Kathryn A Caulfield MD</b> Mailing Address 409 Major Run <hr/> City State Zip Code Cramerton NC 28032 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation CaroMont Medical Group Orthopaedic Surgeon <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="text" value="500.00"/>	Date of Receipt <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2016"/> <b>Transaction ID : 7965035</b> <hr/> Amount of Each Receipt this Period <input type="text" value="500.00"/> <input type="checkbox"/> Memo Item
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<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Craig C Callewart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4911 Shadywood Ln  
 City Dallas State TX Zip Code 75209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2016  
**Transaction ID : 7965054**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. Noah S Finkel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Bouton Rd  
 City Huntington State NY Zip Code 11743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ProHealth Care 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  
 03 / 23 / 2016  
**Transaction ID : 7965055**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Jesse G Eisler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Sunset Farm Rd  
 City West Hartford State CT Zip Code 06107-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2016  
**Transaction ID : 7965056**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Anthony V Mollano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Galloping Hill Rd  
 City State Zip Code  
 Contoocook NH 03229-3401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Concord Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2016  
**Transaction ID : 7965068**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Luis M Espinoza MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Savannah Ridge Lane  
 City State Zip Code  
 Metairie LA 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 23 / 2016  
**Transaction ID : 7965069**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Gary W Pushkin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 Greenway  
 City State Zip Code  
 Baltimore MD 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cohen & Pushkin, MD, PA 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  
 03 / 23 / 2016  
**Transaction ID : 7965070**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. David Matthew Pope MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Suite 200  
7301 Hennessy Blvd

City Baton Rouge State LA Zip Code 70808

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 23 / 2016  
**Transaction ID : 7965087**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Edward Scott Yerger MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 805 Woodvale Ave

City LaFayette State LA Zip Code 70503-4143

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 23 / 2016  
**Transaction ID : 7965088**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Malcolm J Stubbs MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 118 English Gardens Pkwy

City LaFayette State LA Zip Code 70503-5678

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 23 / 2016  
**Transaction ID : 7965089**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert Easton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 South Lakeshore Drive

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7965090**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Frank P Giammattei MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Woodbrook Rd

City Swarthmore State PA Zip Code 19081

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 25 / 2016  
**Transaction ID : 7965774**

Amount of Each Receipt this Period 83.33

Memo Item

**C. Christopher A Wills MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 South Main Street Suite 200

City Orange State CA Zip Code 92868

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : 7965775**

Amount of Each Receipt this Period 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1167.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rafael M Fernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 800809  
 City Coto Laurel State PR Zip Code 00780-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : 7965776**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Michael Suk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1095 Limestoneville Road  
 City Milton State PA Zip Code 17847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : 7965778**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Robert H Blotter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 W Fair Ave Ste 190  
 City Marquette State MI Zip Code 49855-2693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Center for Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : 7965779**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel E Gelb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 Greenway  
 City Baltimore State MD Zip Code 21218-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966698**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mark S Topolski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Olympic Drive  
 City Onalaska State WI Zip Code 54650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gunderson Lutheran Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966699**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gregg A Ferrero MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8865 Locust Grove Drive  
 City Port Tobacco State MD Zip Code 20677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966700**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 286 OF 349  
(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 (Last, First, Middle Initial)  
**A. Leslie P Dean MD**

Mailing Address 11556 Tanglewood Lakes Circle

City Anchorage State AK Zip Code 99516

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

Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966701**

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Kenneth C Thomas MD**

Mailing Address 6021 Craig Creek Circle

City Anchorage State AK Zip Code 99507-6904

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

Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966703**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Michael P Grant MD**

Mailing Address 75 Springdale Place

City Longmont State CO Zip Code 80504

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

Name of Employer Estes Park Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016  
**Transaction ID : 7966704**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Niels J Linschoten MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11428 Center Court Blvd  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 25 / 2016  
**Transaction ID : 7967068**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bert C Callahan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 S. University Ave. Suite 150  
 City Beaver Dam State WI Zip Code 53916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Beaven Dam Community Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2016  
**Transaction ID : 7967069**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Roshan P. Shah MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 West 110th Street Apt 3E  
 City New York State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2016  
**Transaction ID : 7967081**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bernard G Kirol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Buckthorn Circle  
 City Elgin State SC Zip Code 29045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : 7967082**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Carolyn Hettrich MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2983 Oliver Lane NE  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Iowa Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : 7967083**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ronald Anthony Navarro MD**  
 Full Name (Last, First, Middle Initial)  
 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 Southern California Permanente Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : 7967085**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 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 Tufts Medical Center Occupation Orthopaedic Surgeon  
 Self Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : 7967088**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Eric Louis Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 Beacon St  
 City Newton State MA Zip Code 02468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : 7967089**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Joshua Layne Gary MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Fannin St Suite 1700  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : 7967090**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Mark E Easley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Duke Medicine  
 4709 Creekstone Drive  
 City Durham State NC Zip Code 27703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 28 / 2016  
**Transaction ID : 7967091**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. A Philip Fontanetta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Hunt Ln  
 City Manhasset State NY Zip Code 11030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 28 / 2016  
**Transaction ID : 7967092**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Gregory Francis Carolan MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 28 / 2016  
**Transaction ID : 7967093**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Akbar Aly Hussaini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3604 Balcones Drive  
 City Austin State TX Zip Code 78731-5804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seton Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : 7967807**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Richard F McKay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3203 S. Ong  
 City Amarillo State TX Zip Code 79109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : 7969344**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Francis J Lamberta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1926 Clover Drive  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970881**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Timothy A Garvey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Twin Cities Spine Center  
 913 E 26th St Ste 600  
 City Minneapolis State MN Zip Code 55404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 7970882**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. William A Tyndall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Brittany Ln  
 City Hollidaysburg State PA Zip Code 16648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Orthopedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 7970884**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Gary W Misamore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10430 Hickory Ridge  
 City Zionsville State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : 7970885**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Charles A Bush-Joseph MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 N Lincoln  
 City Hinsdale State IL Zip Code 60521-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970886**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Daniel R Orcutt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2670 Emerald Dr  
 City Jonesboro State GA Zip Code 30236-5232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970905**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Harry E Rubash MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Harvard Affl Hospitals  
 55 Fruit St YAW 3700  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970906**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. William P Carney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 The By Way  
 City Ridgewood State NJ Zip Code 07450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 30 / 2016  
**Transaction ID : 7970908**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Joshua M Hickman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 S Renaissance Towne Dr Ste 400  
 City Bountiful State UT Zip Code 84010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 30 / 2016  
**Transaction ID : 7970925**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Bradley J Nelson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6820 Valley View Road  
 City Edina State MN Zip Code 55439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Minnesota Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 30 / 2016  
**Transaction ID : 7970926**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. E Jeffrey Donner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Linden Lake Road  
 City Fort Collins State CO Zip Code 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970928**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stefan Kreuzer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 Pinehaven Dr  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7970930**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Thomas M Florack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2083 Lost Dauphin Rd  
 City De Pere State WI Zip Code 54115-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prevea Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : 7971766**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. S Glen Neale MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Rams Roc Rd  
 City Elmore State VT Zip Code 05661  
 Name of Employer North County Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : 7971768**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jeffrey R Ginther MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13827 Driftwood Dr  
 City Carmel State IN Zip Code 46033-8511  
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 8018423**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

**C. Eric J Lindberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 E Hale Pkwy Ste 550  
 City Denver State CO Zip Code 80220-3900  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : 8018424**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 349  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A.** Full Name (Last, First, Middle Initial)  
**Frank M Chang MD**

Mailing Address 13123 E 16th Ave

City Aurora State CO Zip Code 80045-7106

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : 8018425**

Amount of Each Receipt this Period  
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	450357.83

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 298 OF 349
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="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 (Last, First, Middle Initial)  
**A. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1629.51

Date of Receipt  
01 / 21 / 2016  
**Transaction ID : 7804558**

Amount of Each Receipt this Period  
1629.51

Memo Item

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)  
**B. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4916.97

Date of Receipt  
02 / 19 / 2016  
**Transaction ID : 7914571**

Amount of Each Receipt this Period  
3287.46

Memo Item

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)  
**C. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8358.00

Date of Receipt  
03 / 24 / 2016  
**Transaction ID : 7966716**

Amount of Each Receipt this Period  
3441.03

Memo Item

Refund of bank fees from affiliated organization

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8358.00
<b>TOTAL</b> This Period (last page this line number only).....	8358.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7639576**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7800622**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7800623**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 7874618**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 7909272**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 7909299**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7909301**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7909302**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7909303**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7919030**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7919031**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946870**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946871**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946872**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946877**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946878**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946879**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7946880**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7964396**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7964397**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7964398**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7964399**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees refunded

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7964400**

Amount of Each Disbursement this Period

Memo Item  
Bank fees refunded

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7967808**

Amount of Each Disbursement this Period

Memo Item  
Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fee deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7979303**

Amount of Each Disbursement this Period

Memo Item  
Bank fee deducted from account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 M	/	D D D	/	Y Y Y Y Y
01		27		2016

Mailing Address 320 First Street, SE

**Transaction ID : 7828670**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2016 Dues

011
Category/ Type

Memo Item  
2016 Dues

Candidate Name

**National Republican Congressional Comm.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2016

Mailing Address 425 Second Street NE

**Transaction ID : 7828671**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2016 Dues

011
Category/ Type

Memo Item  
2016 Dues

Candidate Name

**National Republican Senatorial Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: 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
01		27		2016

Mailing Address 120 Maryland Avenue, NE

**Transaction ID : 7828700**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2016 Dues

011
Category/ Type

Memo Item  
2016 Dues

Candidate Name

**Democratic Senatorial Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

45000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Mailing Address 430 S Capitol St SE  
2nd Floor

**Transaction ID : 7828701**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2016 Dues

011
Category/ Type

Memo Item  
2016 Dues

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Daniel Webster for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Mailing Address 3400 Old Winter Garden Road

**Transaction ID : 7882699**

City Orlando State FL Zip Code 32805

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

011
Category/ Type

Memo Item

Candidate Name

**Daniel Webster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 08

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Mailing Address 175 S West Temple  
Suite 650

**Transaction ID : 7882700**

City Salt Lake City State UT Zip Code 84101

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Hatch's LPAC

011
Category/ Type

Memo Item  
Hatch's LPAC

Candidate Name

**ORRINPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Renee Ellmers for Congress Committee**

Mailing Address P.O. Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Renee Ellmers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903913**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903915**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joe Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903917**

Amount of Each Disbursement this Period

1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/Type

Candidate Name

**Gene Green**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903919**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Full House PAC**

Mailing Address P.O. Box 530520

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Rep Joe Heck's LPAC

011

Category/Type

Candidate Name

**Full House PAC**

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903920**

Amount of Each Disbursement this Period

1000.00

Memo Item

Rep Joe Heck's LPAC

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address P.O. Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/Type

Candidate Name

**John Shimkus**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903921**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/Type

Candidate Name

**Lynn Jenkins**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

**Transaction ID : 7903922**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jeb Hensarling**

Mailing Address P.O. Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/Type

Candidate Name

**Jeb Hensarling**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911527**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Martha Roby for Congress**

Mailing Address P.O. Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement

011

Category/Type

Candidate Name

**Martha Roby**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911528**

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Castor for Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Candidate Name

**Kathy Castor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911529**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Buck for Colorado**

Mailing Address P.O. Box 338018

City Greeley State CO Zip Code 80633

Purpose of Disbursement

011

Candidate Name

**Kenneth Buck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911530**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pompeo for Congress Inc**

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement

011

Candidate Name

**Michael Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911531**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joe Barton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911533**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIEW PAC**

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Annual Contribution

011

Category/  
Type

Candidate Name

**VIEW PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911536**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Annual Contribution

Full Name (Last, First, Middle Initial)

**C. Thornberry for Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mac Thornberry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911537**

Amount of Each Disbursement this Period

1250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Thornberry for Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mac Thornberry**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911538**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kay Granger**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911539**

Amount of Each Disbursement this Period

4250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill PAC**

Mailing Address 412 S Capitol St

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Flores' LPAC

011

Category/  
Type

Candidate Name

**Bill PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911541**

Amount of Each Disbursement this Period

2500.00

Memo Item

Flores' LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Ryan for Congress, Inc.**

Mailing Address P.O. Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911542**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of John McCain**

Mailing Address P.O. Box 16118

City State Zip Code  
Arlington VA 22215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John McCain**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911543**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address P.O. Box 9639

City State Zip Code  
Bowling Green KY 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7911544**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Frederick Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	6

**Transaction ID : 7911545**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Frank Pallone**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	6

**Transaction ID : 7911546**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hudson for Congress**

Mailing Address P.O. Box 5053

City State Zip Code  
Concord NC 28027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Richard Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	6

**Transaction ID : 7911547**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Marsha Blackburn for Congress, Inc.**

Mailing Address P.O. Box 3750  
Suite 4916

City State Zip Code  
Brentwood TN 37027

Purpose of Disbursement

011

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

**Transaction ID : 7911548**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Rush**

Mailing Address P. O. Box 7292

City State Zip Code  
Chicago IL 60680

Purpose of Disbursement

011

Candidate Name

**Bobby Rush**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

**Transaction ID : 7911549**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Henry Hank Johnson**

Mailing Address 4262 Clausell Court  
Suite A

City State Zip Code  
Decatur GA 30035

Purpose of Disbursement

011

Candidate Name

**Rep. Hank Johnson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : 7914564**

Amount of Each Disbursement this Period

2500.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. STAPAC (Stand Tall America)**

Mailing Address P.O. Box 2382

City Amarillo State TX Zip Code 79105

Purpose of Disbursement  
Thornberry's LPAC

011

Category/  
Type

Candidate Name

**STAPAC (Stand Tall America)**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914565**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Thornberry's LPAC

Full Name (Last, First, Middle Initial)

**B. Kelly PAC**

Mailing Address 499 S. Capitol St. SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Ayotte's LPAC

011

Category/  
Type

Candidate Name

**Kelly PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914566**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Ayotte's LPAC

Full Name (Last, First, Middle Initial)

**C. Matsui for Congress**

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Doris Matsui**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914567**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 320 OF 349

21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

### A. Graves for Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City                  State MO                  Zip Code 64108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Samuel Graves**

Office Sought:  House  
 Senate  
 President

State: MO      District: 06

Disbursement For: 2016  
 Primary     General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914568**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. McHenry for Congress

Mailing Address P.O. Box 1406

City Hickory                          State NC                  Zip Code 28603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick McHenry**

Office Sought:  House  
 Senate  
 President

State: NC      District: 10

Disbursement For: 2016  
 Primary     General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914572**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Dutch Ruppensberger for Congress Committee

Mailing Address 22 W. Padonia Road

City Timonium                        State MD                  Zip Code 21093

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**C.A. Dutch Ruppensberger**

Office Sought:  House  
 Senate  
 President

State: MD      District: 02

Disbursement For: 2016  
 Primary     General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914573**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Majority Committee PAC--MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
McCarthy's LPAC

011

Category/  
Type

Candidate Name

**Majority Committee PAC--MC PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914574**

Amount of Each Disbursement this Period

2500.00

Memo Item  
McCarthy's LPAC

Full Name (Last, First, Middle Initial)

**B. George Holding for Congress Inc.**

Mailing Address P.O. Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George Holding**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914575**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walters for Congress**

Mailing Address 300 Spectrum Center Dr. #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mimi Walters**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914576**

Amount of Each Disbursement this Period

1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Kristi for Congress**

Mailing Address P.O. Box 852

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Kristi Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : 7914577**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address P.O. Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Bill Flores**

Office Sought:  House  
 Senate  
 President  
State: TX District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : 7914578**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Murphy for Congress**

Mailing Address P.O. Box 24551  
Suite 420

City State Zip Code  
Pittsburgh PA 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Tim Murphy**

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : 7914579**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Shelby for U.S. Senate**

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Richard Shelby**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: AL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	6

**Transaction ID : 7914580**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Bishop for Congress**

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Michael Bishop**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	6

**Transaction ID : 7914581**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jeff Denham**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	6

**Transaction ID : 7914582**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Yarmuth for Congress**

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement

011

Candidate Name

**John Yarmuth**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914583**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Boozman for Arkansas**

Mailing Address P.O. Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Candidate Name

**Sen. John Boozman**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914584**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Visclosky for Congress**

Mailing Address P.O. Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement

011

Candidate Name

**Peter Visclosky**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914585**

Amount of Each Disbursement this Period

4650.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Tuesday Group PAC**

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Annual Contribution

011

Category/  
Type

Candidate Name

**Tuesday Group PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914586**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Annual Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Raja for Congress**

Mailing Address P.O. Box 681202

City Schamburg State IL Zip Code 60168

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Raja Krishnamoorthy**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914587**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address P.O. Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914588**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pat Meehan for Congress**

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/Type

Candidate Name

**Patrick Meehan**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914589**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lone Star PAC**

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Burgess' LPAC

011

Category/Type

Candidate Name

**Lone Star PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914590**

Amount of Each Disbursement this Period

5000.00

Memo Item

Burgess' LPAC

Full Name (Last, First, Middle Initial)

**C. Julia Brownley for Congress**

Mailing Address P.O. Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914591**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Walz for U.S. Congress**

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Timothy Walz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

**Transaction ID : 7914592**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tammy for Illinois**

Mailing Address P.O. Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

**Transaction ID : 7914593**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ben Lujan Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

**Transaction ID : 7914594**

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	.	0	0
---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Simpson for Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Candidate Name

**Michael Simpson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914595**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

**Michael C. Burgess**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914596**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Eye of the Tiger PAC**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Scalise's LPAC

011

Candidate Name

**The Eye of the Tiger PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914597**

Amount of Each Disbursement this Period

2500.00

Memo Item

Scalise's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. PETE PAC**

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Sessions' LPAC

011

Category/  
Type

Candidate Name  
**PETE PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 7914598**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Sessions' LPAC

Full Name (Last, First, Middle Initial)

**B. Mark Takai for Congress**

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Mark Takai**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2016

**Transaction ID : 7917687**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LaHood for Congress**

Mailing Address P.O. Box0735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Darin LaHood**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2016

**Transaction ID : 7917688**

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. New Democrat Coalition PAC (NDC PAC)**

Mailing Address 233 Pennsylvania Ave SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Annual Contribution

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC (NDC PAC)**

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
02	/	26	/	2016

**Transaction ID : 7917689**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item  
Annual Contribution

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Thune's LPAC

011

Category/  
Type

Candidate Name

**Heartland Values PAC**

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
02	/	26	/	2016

**Transaction ID : 7917690**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item  
Thune's LPAC

Full Name (Last, First, Middle Initial)

**C. Blue Dog PAC, The**

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Annual Dues

011

Category/  
Type

Candidate Name

**Blue Dog PAC, The**

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
02	/	26	/	2016

**Transaction ID : 7917691**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item  
2016 Annual Dues

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Republican Main Street Partnership**

Mailing Address 1220 L Street, NW  
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Annual Dues

011

Category/  
Type

Candidate Name

**Republican Main Street Partnership**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	6

**Transaction ID : 7917692**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item  
2016 Annual Dues

Full Name (Last, First, Middle Initial)

**B. Buddy Carter for Congress**

Mailing Address 200 E St Julian St. Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Earl Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	6

**Transaction ID : 7917693**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGPAC**

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Cardin's LPAC

011

Category/  
Type

Candidate Name

**LEGPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	6

**Transaction ID : 7917694**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item  
Cardin's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Roy Blunt**

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Roy Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2016

**Transaction ID : 7917695**

Amount of Each Disbursement this Period

4000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Roe's LPAC

011

Category/  
Type

Candidate Name

**Healthcare Freedom Fund**

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
02		26		2016

**Transaction ID : 7917696**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Roe's LPAC

Full Name (Last, First, Middle Initial)

**C. Van Hollen for Congress**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Chris Van Hollen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2016

**Transaction ID : 7963362**

Amount of Each Disbursement this Period

2500.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/Type

Candidate Name

**Lynn Jenkins**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963363**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13th Street, NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/Type

Candidate Name

**Steny Hoyer**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: DC District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963364**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 45244

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rob Portman**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963366**

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Fearless PAC**

Mailing Address 233 Pennsylvania Ave, Se  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Polis' LPAC

Candidate Name  
**Fearless PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963367**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Polis' LPAC

Full Name (Last, First, Middle Initial)

**B. Clarke for Congress**

Mailing Address 111-36 200th Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement

Candidate Name  
**Rep. Yvette Clarke**

Office Sought:  House  Senate  President  
State: NY District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963370**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. David Scott for Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name  
**David Scott**

Office Sought:  House  Senate  President  
State: GA District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963371**

Amount of Each Disbursement this Period

4650.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. David Scott for Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**David Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

**Transaction ID : 7963372**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 33807

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Dennis Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

**Transaction ID : 7963374**

Amount of Each Disbursement this Period

2	5	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Canary Fund**

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Brown's LPAC

011

Category/  
Type

Candidate Name

**Canary Fund**

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	3				2	3		2	0	1	6		

**Transaction ID : 7963376**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Brown's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Price for Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

**Transaction ID : 7963377**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5  
Building 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Louise Slaughter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

**Transaction ID : 7963380**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Luke Messer for Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Luke Messer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

**Transaction ID : 7963381**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Walden for Congress**

Mailing Address P.O. Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement

011

Category/Type

Candidate Name

**Gregory Walden**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963385**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address P.O. Box 14496

City: Poland State: OH Zip Code: 22301

Purpose of Disbursement

011

Category/Type

Candidate Name

**Bill Johnson**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963386**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address P.O. Box 23219  
Suite 301

City: Jefferson State: LA Zip Code: 70183

Purpose of Disbursement

011

Category/Type

Candidate Name

**Steve Scalise**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963388**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Toomey Pennsylvania Victory Fund**

Mailing Address 228 South Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Toomey's Leadership

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7963389**

Amount of Each Disbursement this Period

Memo Item  
Toomey's Leadership

Full Name (Last, First, Middle Initial)

**B. Graves for Congress**

Mailing Address P.O. Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

**Rep. Tom Graves**

Office Sought:  House  Senate  President  
State: GA District: 14

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7963390**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

**Sen. Tim Scott**

Office Sought:  House  Senate  President  
State: SC District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7963391**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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**

Mailing Address 10 G Street  
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

**Transaction ID : 7963392**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

**Transaction ID : 7963394**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Reed for Congress**

Mailing Address P.O. Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

**Transaction ID : 7963395**

Amount of Each Disbursement this Period

3000.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Levin for Congress**

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/Type

Candidate Name

**Sander Levin**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963396**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dold for Congress**

Mailing Address P.O. Box 6312

City Libertyville State IL Zip Code 60093

Purpose of Disbursement

011

Category/Type

Candidate Name

**Robert Dold**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963397**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/Type

Candidate Name

**Erik Paulsen**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7963399**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Lobiondo for Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frank LoBiondo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 7963400

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Friends of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 7963401

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Gene Green's Breakfast Event 12-15-15

011

Category/  
Type

Candidate Name

**Gene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 7964277

Amount of Each Disbursement this Period

350.00
--------

Memo Item

Gene Green's Breakfast Event 12-15-15

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3350.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Collins for Congress**

Mailing Address P.O. Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement  
Void - Collins for Congress

011

Category/  
Type

Candidate Name

**Rep. Christopher Collins**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : 7964385**

Amount of Each Disbursement this Period

-1000.00

Memo Item  
Void - Collins for Congress

Full Name (Last, First, Middle Initial)

**B. Collins for Congress**

Mailing Address P.O. Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Christopher Collins**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

**Transaction ID : 7965116**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Loudermilk for Congress**

Mailing Address P.O. Box 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Barry Loudermilk**

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : 7968239**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pat Meehan for Congress**

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Meehan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : 7968240**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alamo PAC**

Mailing Address 816 Congress Ave, Suite 960  
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Cornyn's LPAC

011

Category/  
Type

Candidate Name

**Alamo PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : 7968241**

Amount of Each Disbursement this Period

2500.00

Memo Item

Cornyn's LPAC

Full Name (Last, First, Middle Initial)

**C. Byrne for Congress**

Mailing Address P.O. Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bradley Byrne**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : 7968242**

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 DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Cramer for Congress**

Mailing Address P.O. Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Cramer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

**Transaction ID : 7968244**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hurd for Congress**

Mailing Address P.O. Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Will Hurd**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

**Transaction ID : 7968245**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address P.O. Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gus Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

**Transaction ID : 7968246**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Womack for Congress Committee**

Mailing Address P.O. Box 508

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Womack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

**Transaction ID : 7968247**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Coffman for Congress Inc.**

Mailing Address 9249 South Broadway Blvd.  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

**Transaction ID : 7968248**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Coffman for Congress Inc.**

Mailing Address 9249 South Broadway Blvd.  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

**Transaction ID : 7968249**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

7	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only).....▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Rohrabacher for Congress**

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dana Rohrabacher**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

**Transaction ID : 7968250**

Amount of Each Disbursement this Period

500.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walberg for Congress**

Mailing Address P.O. Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Timothy Walberg**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

**Transaction ID : 7968453**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Boustany for Senate Inc**

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Charles Boustany**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

**Transaction ID : 7968560**

Amount of Each Disbursement this Period

4000.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Pioneer PAC**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Tiberi's LPAC

Category/  
Type

Candidate Name  
**Pioneer PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7970863**

Amount of Each Disbursement this Period

Memo Item  
Tiberi's LPAC

Full Name (Last, First, Middle Initial)

**B. Friends of Dena**

Mailing Address 3956 Town Center Blvd.  
Suite 457

City Orlando State FL Zip Code 32837

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Dena Minning**

Office Sought:  House  Senate  President  
State: FL District: 09

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7971874**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Jeffrey R Ginther MD, FACS**

Mailing Address 13827 Driftwood Dr

City Carmel State IN Zip Code 46033-8511

Purpose of Disbursement  
Member requested refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7964401**

Amount of Each Disbursement this Period

Memo Item  
Member requested refund

Full Name (Last, First, Middle Initial)

**B. Eric J Lindberg MD**

Mailing Address 4700 E Hale Pkwy Ste 550

City Denver State CO Zip Code 80220-3900

Purpose of Disbursement  
Member requested refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7964402**

Amount of Each Disbursement this Period

Memo Item  
Member requested refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00343137</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mammen Group, Inc</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 22 / 2016</span> </div>
Mailing Address 1901 L Street, N.W.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>
City State Zip Code Washington DC 20036	<b>Transaction ID : 7911588</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 19 / 2016</span> </div>
Purpose of Expenditure Mail Piece    Category/Type <span style="border: 1px solid black; padding: 2px;">011</span>	Name of Federal Candidate Gene Green <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>	Office Sought: <input checked="" type="checkbox"/> House    District: <u>29</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>TX</u> 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="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>
City State Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure    Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">13348.94</span> </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.

*Douglas W Lundy MD, MBA*    [Electronically Filed]    Date 04 / 13 / 2016

Signature \_\_\_\_\_