24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Sc	hedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48	_	
	NAME OF COMMITTEE (In Full)				
	olitical Action Committee of the American Assocutions and Assocution (Control of AAOS)	C C00343137]		
Check if 24-hour report					
	Full Name of Payee Gumbinner & Davies Communications		Date of Public Distribution/Dissemination	7	
	Mailing Address 3430 Connecticut Avenue NW, 11813		10 19 2022 Amount	_	
ŀ	City State	Zip Code	5704.20	٦	
	Washington DC	20008	Transaction ID : 11428762 Date of Disbursement or Obligation		
	Purpose of Expenditure Printing/Production/Shipping, Postage and List	Category/ Type 003	10 19 / 2022]	
ı	Name of Federal Candidate	x Support	Office Sought: X House District: 08		
	Schrier, Kim, , Rep., MD	Oppose	President Senate State: WA		
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: Primary General 2022 Gther (specify) ▶	.I	
ı	Full Name of Payee		Date of Public Distribution/Dissemination		
١			M = M / D = D / Y = Y = Y	٦	
	Mailing Address		Amount		
	City State	Zip Code			
١			Date of Disbursement or Obligation		
	Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y		
١	Name of Federal Candidate	Support	Office Sought: House District:		
		Oppose	President Senate State:	_	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	ıl	
				\exists	
(a) SUBTOTAL of Itemized Independent Expenditures					
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures		5704.20]	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Igram, M, , Cassim, MD,FAAOS [Electronic Signature]	ically Filed] Date	10 19 / 2022		