

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		679294.67
(b) Cash on Hand at Beginning of Reporting Period.....	332315.40	
(c) Total Receipts (from Line 19)	71944.75	1158923.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	404260.15	1838218.09
7. Total Disbursements (from Line 31).....	91866.31	1525824.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	312393.84	312393.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	63998.41	986141.81
(ii) Unitemized	2946.34	110617.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	66944.75	1096759.21
(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)	66944.75	1096759.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	21717.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	35125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5321.45
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)).....▶	71944.75	1158923.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	71944.75	1158923.42

DETAILED SUMMARY PAGE
of Disbursements

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	1366.31	24050.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1366.31	24050.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90500.00	1112218.75
24. Independent Expenditures (use Schedule E)	0.00	24730.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	14825.00
(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)).....	0.00	14825.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	350000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91866.31	1525824.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91866.31	1525824.25

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66944.75	1096759.21
34. Total Contribution Refunds (from Line 28(d))	0.00	14825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66944.75	1081934.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1366.31	24050.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	21717.76
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1366.31	2332.74

**SCHEDULE A (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 77
	<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. Craig, William, Lewis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Arbor Rd
 City Winston Salem State NC Zip Code 27104-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9846858
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cassidy, Carter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Alton Road c/o KOS
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9846859
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Reed, Lori, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9846860
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 7 OF 77
	<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. Bailey, James, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9846861
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mather, Richard, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9849604
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Uppal, Renny, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9849605
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 77
<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. Davidson, Randall, L, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 N James Campbell Blvd Ste 200
 City Columbia State TN Zip Code 38401-2754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9849607
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cameron, Craig, Dunwoody, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 Big Holley Drive
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DD Eisenhower Army Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9849663
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Attarian, David, E, , MD, FACS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Hunt St Unit 504
 City Durham State NC Zip Code 27701-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9849878
 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 9 OF 77
	<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. Crutcher, James, P, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 39th Ave E
 City Seattle State WA Zip Code 98112-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proliance Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850097
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Pullekines, Joseph, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 589 Kirkwood Dr
 City London State KY Zip Code 40744-6457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Southeast Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850099
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Megariotis, Evangelos, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Ravona St
 City Clifton State NJ Zip Code 07012-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clifton Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850101
 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 10 OF 77
<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. Coppes, Mark, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1227 Shannock Rd
 City Charlestown State RI Zip Code 02813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South County Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850102
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Glassman, Andrew, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850103
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Collier, Andrew, Joseph, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 Bartram Rd
 City Moorestown State NJ Zip Code 08057-1871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850104
 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 77
<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. Clarke, Theodore, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25149 Hwy 40
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) COPIC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850105
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Moseley, Claiborne, Lake, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1607 Castle Drive
 City Jonesboro State AR Zip Code 72401-5100
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850106
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cirrincione, Ciro, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 S Meadow Ct
 City South Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Barrington Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850107
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 77
<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. Edgerton, Bradley, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4124 Minnesota Ave
 City Duluth State MN Zip Code 55802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2018
Transaction ID : 9850108
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Casey, Brett, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 Country Club Dr
 City Houma State LA Zip Code 70360-7576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2018
Transaction ID : 9850229
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wyatt, Ronald, W B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2018
Transaction ID : 9850407
 Amount of Each Receipt this Period
 100.00
 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 13 OF 77
<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. Stulberg, Bernard, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7470 Waterfall Trail
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Vincent Charity Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850450
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Roberts, Karl, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Pinecrest SE
 City Grand Rapids State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Michigan Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850451
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Chang, Jonathan, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9850452
 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 14 OF 77
	<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. Rud, Paul, T, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15684 Birchwood Ln

City Brainerd	State MN	Zip Code 56401
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

Transaction ID : 9850460

Amount of Each Receipt this Period
250.00

Memo Item

B. Marino, Anthony, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Jenkins Rd

City Bedford	State NH	Zip Code 03110-5042
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

Transaction ID : 9850461

Amount of Each Receipt this Period
500.00

Memo Item

C. Moore, James, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 Hampton Rd
14

City Southampton	State NY	Zip Code 11968
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Southampton Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

Transaction ID : 9850462

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 15 OF 77
	<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. Schniegenberg, Gary, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4641 Stoneworth Dr

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer (for Individual) Institute for Orthopaedic Surgery	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

Transaction ID : 9850463

Amount of Each Receipt this Period
100.00

Memo Item

B. Santore, Richard, F, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 7016

City Rancho Santa Fe	State CA	Zip Code 92067-7016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : 9850868

Amount of Each Receipt this Period
84.00

Memo Item

C. Mosley, Emmett, Wayne, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Upland Crest Ct

City Gulf Breeze	State FL	Zip Code 32563-3727
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : 9850869

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 77
(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. Smith, Eric, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9850870
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Jennings, Randall, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Roosevelt St
 City North Bend State OR Zip Code 97459-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Bend Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9850871
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Dalury, David, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8322 Bellona Ave Ste 200
 City Baltimore State MD Zip Code 21204-2076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towson Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9850913
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1168.00
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 77
<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. McCluskey, Leland, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 Hilton Ave
 City Columbus State GA Zip Code 31906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Francis Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9850920
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lintecum, Neal, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 9851360
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Nelson, Daniel, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 9851361
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	534.00
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 77
<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. Kamps, Bryan, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9851432
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Petsche, Timothy, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41W207 Lenz Rd
 City Campton Hills State IL Zip Code 60124-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Valley Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9851434
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dangles, Chris, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Gibson Area Hospital Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 9851435
 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 19 OF 77
<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. Heydemann, Jacob, Samuel, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 858 River Oaks

City El Paso	State TX	Zip Code 79912-3420
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : 9851438

Amount of Each Receipt this Period
250.00

Memo Item

B. Lawson, Rodolfo, E, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7431 Monaco St

City Coral Gables	State FL	Zip Code 33143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : 9851439

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wilson, John, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 12th Ave N St 100E

City Billings	State MT	Zip Code 59101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : 9851440

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 20 OF 77
<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. Manson, Theodore, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Muirfield Close
 City Bel Air State MD Zip Code 21015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 9852089
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hamlin, Brian, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3169 Beechwood Drive
 City Allison Park State PA Zip Code 15101-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magee-Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 9852090
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dunn, Albert, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11109 Nicoles Way
 City Chardon State OH Zip Code 44024-9383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Precision Orthopaedic Specialties, Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 9852092
 Amount of Each Receipt this Period 250.00
 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 21 OF 77
<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. Paschal, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7115 Greenville Ave Ste 310
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2018
Transaction ID : 9852291
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Green, Daniel, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 07 / 2018
Transaction ID : 9852327
 Amount of Each Receipt this Period 175.00
 Memo Item

c. Maender, Christopher, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4509 Turtle Bay
 City Springfield State IL Zip Code 62711-7891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 07 / 2018
Transaction ID : 9852329
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 22 OF 77
	<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. Kiner, Dirk, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 07 / 2018
Transaction ID : 9852330
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gagliano, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2435 Briarwood Dr
 City Boulder State CO Zip Code 80305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boulder Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2018
Transaction ID : 9852616
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Keenen, Timothy, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19260 SW 65th Ave Ste 270
 City Tualatin State OR Zip Code 97062-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Spine Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 08 / 2018
Transaction ID : 9852617
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
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 23 OF 77
	<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, Jeremy, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 805 Green Leaf Circle

City Madisonville	State LA	Zip Code 70447-3236
----------------------	-------------	------------------------

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

Name of Employer (for Individual) DISC of Louisiana	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2018

Transaction ID : 9852618

Amount of Each Receipt this Period
100.00

Memo Item

B. Rosenzweig, Scott, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 Palisades Dr Ste 516

City Pacific Palisades	State CA	Zip Code 90272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2018

Transaction ID : 9852780

Amount of Each Receipt this Period
500.00

Memo Item

C. Savage, Perry, Lauren, , Jr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 US Highway 11

City Birmingham	State AL	Zip Code 35235
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alabama Orthopedic, Spine & Sport Medi	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2018

Transaction ID : 9853053

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 24 OF 77
	<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. Clain, Michael, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Rd

City Riverside	State CT	Zip Code 06878-2403
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2018

Transaction ID : 9853626

Amount of Each Receipt this Period
84.00

Memo Item

B. Rawlings, John, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Whitaker Way N

City Richmond Hill	State GA	Zip Code 31324-6914
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Madigan Healthcare System	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2018

Transaction ID : 9853627

Amount of Each Receipt this Period
25.00

Memo Item

C. Braaton, Paul, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1335 Coffee Rd Ste 100

City Modesto	State CA	Zip Code 95355-3192
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2018

Transaction ID : 9853628

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	193.00
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 25 OF 77
	<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. Carter, Denny, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 Pine Marsh Drive
 City Brunswick State GA Zip Code 31525-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853757
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bacilla, Phillip, R, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 399 Cattle Drive
 City Opelousas State LA Zip Code 70570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Opelousas Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853760
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dimar, John, R, , II, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 East Gray Street Suite 900
 City Louisville State KY Zip Code 40202-3905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norton Leatherman Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853761
 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 26 OF 77
<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. Capozzi, James, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Winthrop Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853762
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Frankle, Mark, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Mooring Circle
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Ortho Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853773
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hoffman, Eric, Duniway, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Garden Way
 City Falmouth State ME Zip Code 04105-1986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853774
 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 27 OF 77
	<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. Maki, Neil, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 St Mary St
 City Thibodaux State LA Zip Code 70301-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853775
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gallentine, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2636 High St
 City Lincoln State NE Zip Code 68502-5030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nebraska Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853782
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gidumal, Ramesh, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NYU Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9853783
 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 28 OF 77
	<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. O'Connor, Mary, I, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Howard Avenue
 City New Haven State CT Zip Code 06519-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale New Haven Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018
Transaction ID : 9876990
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Tracy, Sean, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W211 N5455 Carters Crossing Circle
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018
Transaction ID : 9881038
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gill, John, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Lane Suite 708
 City Dallas State TX Zip Code 75231-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2018
Transaction ID : 9881704
 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 29 OF 77
	<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. Garner, Richard, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 E Chester Heights Circle
 City Anchorage State AK Zip Code 99504-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 11 / 2018
Transaction ID : 9881705
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Balach, Tessa, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 N Aberdeen Street Apt 3S
 City Chicago State IL Zip Code 60607-2090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Chicago Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2018
Transaction ID : 9881706
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Cohen, Nathaniel, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Rosalie Court
 City Los Gatos State CA Zip Code 95032-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2018
Transaction ID : 9881707
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.00
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 30 OF 77
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zehr, Robert, J, , MD		Date of Receipt
Mailing Address 4851 Bonita Bay Blvd 1702		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2018"/>
City Bonita Springs	State FL	Zip Code 34134-1623
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9882222
Name of Employer (for Individual) Zehr Center for Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pushkarewicz, Michael, J, , MD, FACS		Date of Receipt
Mailing Address 1510 Braken Ave		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Wilmington	State DE	Zip Code 19808-4399
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9882276
Name of Employer (for Individual) First State Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="42.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Walden, Justin, K, , MD		Date of Receipt
Mailing Address 532 Grand Point Drive Apt B6		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Hot Springs National Park	State AR	Zip Code 71901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9883099
Name of Employer (for Individual) CHI St Vincent Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="150.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1192.00"/>
TOTAL 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 31 OF 77
	<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. Krueger, Chad, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1084.00

Date of Receipt 10 / 13 / 2018
Transaction ID : 9883281
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ellis, Henry, Bone, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 13 / 2018
Transaction ID : 9883282
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Angel, Jeffery, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501-9276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 13 / 2018
Transaction ID : 9883283
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 77
<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. Greenwald, Alan, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14780 Tieton Dr
 City Yakima State WA Zip Code 98908-8498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2018
Transaction ID : 9883287
 Amount of Each Receipt this Period 850.00
 Memo Item

B. Courtney, Paul, Maxwell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2018
Transaction ID : 9883288
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Hoffman, Gregor, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Fairway Dr
 City New Orleans State LA Zip Code 70124-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Ortho Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 9884283
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
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 77
<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. L'Insalata, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 Wooddale Ave
 City Staten Island State NY Zip Code 10301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Surgical Consultant Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 9889259
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Roberts, Richard, Mills, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1324
 City Grapevine State TX Zip Code 76099-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 9889263
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hussain, Suleman, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 53rd Street Suite #100
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889266
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
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 34 OF 77
<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. Weinstein, Richard, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Long Pond Rd
 City Armonk State NY Zip Code 10504-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889267
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Olin, Matthew, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889268
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jamison, James, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7092 Killdeer Drive
 City Canfield State OH Zip Code 44406-9181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889269
 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 35 OF 77
<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. Smith, Jeffrey, Mark, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 San Elijo St

City San Diego	State CA	Zip Code 92106-3414
-------------------	-------------	------------------------

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

Name of Employer (for Individual) UNITE Orthopaedics Foundation	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9889270

Amount of Each Receipt this Period
250.00

Memo Item

B. Snyder, Matthew, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14912 Chopine Pass

City Roanoke	State IN	Zip Code 46783-9308
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9889271

Amount of Each Receipt this Period
85.00

Memo Item

C. Grimm, Matthew, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Avenue B

City Marrero	State LA	Zip Code 70072-3112
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9889272

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 36 OF 77
	<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. Suk, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1059 Limestoneville Rd
 City Milton State PA Zip Code 17847-8064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889273
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Battaglia, Michael, Jacob, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Bone & Joint Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889274
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rungee, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2802 Pavilion Pl
 City Murfreesboro State TN Zip Code 37129-0828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9889275
 Amount of Each Receipt this Period 100.00
 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 37 OF 77
<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. Lemley, J, Alan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5488 Golden Heights Dr
 City Fayetteville State NY Zip Code 13066-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 10 / 16 / 2018
Transaction ID : 9892789
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Izant, Timothy, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8227 Meadowview Court
 City Manlius State NY Zip Code 13104-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syracuse Orthopedic Specialists, PC 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
 10 / 16 / 2018
Transaction ID : 9892790
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. DiStefano, Richard, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6773 Serah Ln
 City Jamesville State NY Zip Code 13078-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 10 / 16 / 2018
Transaction ID : 9892791
 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 38 OF 77
<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. Duwelius, Paul, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16925 Scott Ct

City Lake Oswego	State OR	Zip Code 97034
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic & Fracture Specialists	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9892792

Amount of Each Receipt this Period
1000.00

Memo Item

B. Wieking, Daniel, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2898 New Hope Rd

City Grants Pass	State OR	Zip Code 97527-9028
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Asante Physician Partners	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9892793

Amount of Each Receipt this Period
250.00

Memo Item

C. Stroud, Charles, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1878 Sutton Pl

City Troy	State MI	Zip Code 48098-4320
--------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : 9892798

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 39 OF 77
	<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. Newman, P, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Syracuse Orthopedist Specialties Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892809
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rieger, Mark, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1382
 City Morristown State NJ Zip Code 07962-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocare The Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892810
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Murphy, Paul, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8929 University Center Lane Ste 20
 City San Diego State CA Zip Code 92122-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Murphy Sports Medicine Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892811
 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 40 OF 77
<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. Everding, Nathan, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4823 Hepplewhite Dr
 City Manlius State NY Zip Code 13104-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syracuse Orthopedic Specialists Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892812
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Greenky, Brett, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 N Medical Center Dr
 City Fayetteville State NY Zip Code 13066-6636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Medical Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892813
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Greenky, Seth, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Buchmans Close Circle
 City Fayetteville State NY Zip Code 13066-6680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syracuse Orthopedics Specialists Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892815
 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 41 OF 77
<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. Rosenbaum, Donald, H, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Dodge County Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892816
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Macey, Theodore, I, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Twin Bay Dr
 City Fort Walton Beach State FL Zip Code 32547-1887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892817
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Capecci, Frank, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Pheasant Run
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892828
 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 42 OF 77
	<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. Mariorenzi, Louis, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Bay View Drive
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892829
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Salyers, Steve, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 Rossvie Rd
 City Clarksville State TN Zip Code 37043-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892830
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Russell, George, V, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892831
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2085.00
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 77
<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. Kean, Bret, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6542 SE Lake Road
 Suite 201
 City Milwaukie State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastside Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892833
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Maggitti, Michael, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3107 Drury Lane
 City Fayetteville State NC Zip Code 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 9892834
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Green, Andrew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Keene St
 City Providence State RI Zip Code 02906-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ Ortho Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2018
Transaction ID : 9892845
 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 44 OF 77
	<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. Baker, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3698 Plass Road
 City Festus State MO Zip Code 63028-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Orthopaedics Occupation (for Individual) 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
 10 / 12 / 2018
Transaction ID : 9892846
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Parsons, Ira, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Shearwater Street
 City Durham State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seacoast Orthopedics Occupation (for Individual) 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
 10 / 12 / 2018
Transaction ID : 9892847
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mayor, Rowland, Brook, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Lantern Hill Ln
 City Guilford State CT Zip Code 06437-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2018
Transaction ID : 9892901
 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 45 OF 77
	<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. Kwok, Moody, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9892912
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Coates, Kevin, E, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5651 Goldenberry Ct
 City Winston Salem State NC Zip Code 27106-9840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9892913
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Lewis St
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9893131
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	584.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 77
	<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. Lopez, David, Vincent, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 01 / 2018
Transaction ID : 9893134
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Newson, Graham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ste 100 317 Massachusetts Ave NE
 City Washington State DC Zip Code 20002-5769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Orthopaedic Surg Occupation (for Individual) Director, Office of Government Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2018
Transaction ID : 9893135
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Hagstrom, Lindsey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 W Beech St Unit 1809
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 9893140
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 77
<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. Sheehan, John, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9893141
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Harrison, Alicia, Karin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Knob Hill Ln
 City Excelsior State MN Zip Code 55331-8062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9893147
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kayal, Robert, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 9893148
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 48 OF 77
	<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. Cannada, Lisa, K, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14357 Cottage Lake Road

City Jacksonville	State FL	Zip Code 32224-0849
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Florida College of Medicine	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2018

Transaction ID : 9893149

Amount of Each Receipt this Period
84.00

Memo Item

B. Sudduth, William, D, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4517 Southlake Parkway

City Hoover	State AL	Zip Code 35244-3280
----------------	-------------	------------------------

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

Name of Employer (for Individual) Southernlake Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2018

Transaction ID : 9893154

Amount of Each Receipt this Period
1000.00

Memo Item

c. Sajadi, Kaveh, Robert, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2133 Woodmont Dr

City Lexington	State KY	Zip Code 40502
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

Transaction ID : 9893157

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (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 77
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Levine, William, N, , MD			Date of Receipt
Mailing Address 220 Riverside Blvd Apt 3N			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City New York	State NY	Zip Code 10069	Transaction ID : 9893159
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Columbia University		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4035.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bushnell, Brandon, Dubose, , MD, MBA			Date of Receipt
Mailing Address 60 Fallen Branch Circle SE			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Rome	State GA	Zip Code 30161	Transaction ID : 9893161
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kuhn, John, E, , MD			Date of Receipt
Mailing Address 3724 Richland Ave			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Nashville	State TN	Zip Code 37205	Transaction ID : 9893162
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Vanderbilt Univ Med Ctr		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2500.00"/>
TOTAL 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 50 OF 77
<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. Srikumaran, Umasuthan, , , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12195 Hayland Farm Way
 City Ellicott City State MD Zip Code 21042-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 9893167
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Gramstad, Gregory, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 9893172
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Biama, Richard, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1566 Edgehill Ln
 City Redlands State CA Zip Code 92373-6523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893309
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 51 OF 77
	<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. Kelly, Robert, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3084 W Roxboro Rd NE
 City Atlanta State GA Zip Code 30324-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893310
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Beaty, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 Goodwyn St
 City Memphis State TN Zip Code 38111-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893311
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Bettin, Clayton, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893312
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.34
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 77
	<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. Calandrucchio, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893313
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Cannon, David, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2639 Fox Hill Circle East
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893316
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Crockarell, John, R, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Ste 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893317
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.34
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 53 OF 77
<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. Ford, Marcus, Christopher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Isle Creek Dr
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893318
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Grear, Benjamin, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr
 City Eads State TN Zip Code 38028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893319
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Guyton, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893320
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.18
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 77
	<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. Harkess, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893322
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Heck, Robert, Kurt, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1211 Union Ave Ste 500
 City Memphis State TN Zip Code 38104-6656
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893323
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Ishikawa, Susan, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 488 Wolf View Cove
 City Cordova State TN Zip Code 38018-7629
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893324
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 55 OF 77
	<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. Kelly, Derek, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Brenrich Cove

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893325

Amount of Each Receipt this Period
41.67

Memo Item

B. LaVelle, David, Glen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2957 Mallard Lane

City Germantown	State TN	Zip Code 38138
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893326

Amount of Each Receipt this Period
41.67

Memo Item

C. Mascioli, Anthony, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Goodwyn

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893328

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
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 56 OF 77
<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. Mauck, Benjamin, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Central Ave
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893329
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Mihalko, Marc, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8974 Bridge Forest Drive
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893330
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Miller, Robert, H, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893331
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 112.50
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 77
	<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. Murphy, Garnett, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893332
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Perez, Edward, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893334
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Phillips, Barry, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8681 Windrush
 City Memphis State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893335
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
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 58 OF 77
(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. Richardson, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893336
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Rudloff, Matthew, Ian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893337
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Sawyer, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893338
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 125.01
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 59 OF 77
	<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. Sheffer, Benjamin, West, , MD

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

Mailing Address 281 Ben Avon Way

City Memphis	State TN	Zip Code 38111-7702
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : 9893339

Amount of Each Receipt this Period
41.67

Memo Item

B. Thompson, Norfleet, Buckner, , MD

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

Mailing Address 3784 Highland Park Place

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : 9893340

Amount of Each Receipt this Period
41.67

Memo Item

C. Throckmorton, Thomas, Ward, , MD

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

Mailing Address 4901 Fairfield Circle

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : 9893341

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
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 60 OF 77
	<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. Warner, William, C, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893342
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893343
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Whittle, A, Paige, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2018
Transaction ID : 9893344
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 125.01
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 61 OF 77
	<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. Williams, Keith, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : 9893345
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Chase, John, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 Suwanee Court
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Jewett Orthopaedic Clinic 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
 10 / 17 / 2018
Transaction ID : 9893712
 Amount of Each Receipt this Period
 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	291.67
TOTAL This Period (last page this line number only).....▶	63998.41

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 77
<input 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 checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Julio Gonzalez For Congress

Mailing Address 133 South Harbor Drive

City Venice	State FL	Zip Code 34285
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00671537

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2018

Transaction ID : 9893647

Amount of Each Receipt this Period
5000.00

Memo Item

Refund of contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9848326

Amount of Each Disbursement this Period

[REDACTED] 169.96

Bank fees deducted from account

Memo Item

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9850435

Amount of Each Disbursement this Period

[REDACTED] 113.29

Bank fees deducted from account

Memo Item

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9850436

Amount of Each Disbursement this Period

[REDACTED] 61.60

Bank fees deducted from account

Memo Item

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

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

[REDACTED] 344.85

[REDACTED]

**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"/> 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9850437

Amount of Each Disbursement this Period

[REDACTED] 125.80

Bank fees deducted from account

Memo Item

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9882221

Amount of Each Disbursement this Period

[REDACTED] 224.02

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Department of the Treasury-Internal Revenue Service

Mailing Address 1500 Pennsylvania Avenue, NW

City
Washington

State
DC

Zip Code
20220

Purpose of Disbursement
Federal income tax on interest income

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9882255

Amount of Each Disbursement this Period

[REDACTED] 313.45

Federal income tax on interest income

Memo Item

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

[REDACTED] 663.27

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

[REDACTED]

**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"/> 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

C

Transaction ID : 9884113

Amount of Each Disbursement this Period

303.19

Bank fees deducted from account

Memo Item

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

C

Transaction ID : 9884114

Amount of Each Disbursement this Period

55.00

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

358.19

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

1366.31

**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"/> 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. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement

011

Category/Type

Candidate Name

Carper, Thomas, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2018

FEC Identification Number

C00349217

Transaction ID : 9852005

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/Type

Candidate Name

Barr, Andy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2018

FEC Identification Number

C00467571

Transaction ID : 9852007

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SAC PAC

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement Matsui LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2018

FEC Identification Number

C00165548

Transaction ID : 9852008

Amount of Each Disbursement this Period

2500.00

Matsui LPAC

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Congressional Black Caucus Pac (cbc-pac)

Mailing Address 227 Massachusetts Ave, Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement Annual Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00147512

Transaction ID : 9852010

Amount of Each Disbursement this Period

Annual Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011
Category/
Type

Candidate Name
Kelly, Robin, , Rep.,

Office Sought: House Senate President
State: IL District: 02

Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C C00539866

Transaction ID : 9852011

Amount of Each Disbursement this Period

Annual Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Barrasso's LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00442368

Transaction ID : 9852012

Amount of Each Disbursement this Period

Barrasso's LPAC

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)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Kim Schrier For Congress

Mailing Address 3020 Issaquah Pine Lake Rd Se
Box 331

City Sammamish State WA Zip Code 98075

Purpose of Disbursement

Category/
Type

Candidate Name

Schrier, Kim, , ,

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9852017

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Win in 2018

Mailing Address 228 South Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
NRCC JFC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9883268

Amount of Each Disbursement this Period

NRCC JFC

Memo Item

Full Name (Last, First, Middle Initial)

C. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Void - Perlmutter for Congress

Category/
Type

Candidate Name

Perlmutter, Edwin, , Rep.,

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9884112

Amount of Each Disbursement this Period

Void - Perlmutter for Congress

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Common Sense Common Solution Political Action Committee

Mailing Address 901 N Washington St, Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Granger LPAC

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C00345058

Transaction ID : 9892936

Amount of Each Disbursement this Period

2500.00

Granger LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy PAC

Mailing Address 824 S Milledge Avenue Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Buddy Carter LPAC

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C00597062

Transaction ID : 9892941

Amount of Each Disbursement this Period

2500.00

Buddy Carter LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Case For Congress

Mailing Address 1253 S. Beretania St., #8888

City Honolulu State HI Zip Code 96814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Case, Edward, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C00680918

Transaction ID : 9892944

Amount of Each Disbursement this Period

1500.00

Memo Item

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bustos, Cheri, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00498568

Transaction ID : 9893091

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Miller For Congress

Mailing Address 127 West Fairbanks Ave #380

City Winter Park State FL Zip Code 32789

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00648816

Transaction ID : 9893093

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Elise For Congress

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stefanik, Elise, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00547893

Transaction ID : 9893094

Amount of Each Disbursement this Period

1000.00

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"/> 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. Kirkpatrick For Congress

Mailing Address PO Box 3015

City
Tucson

State
AZ

Zip Code
85702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kirkpatrick, Ann, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C C00651042

Transaction ID : 9893095

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road, Suite 101

City
Louisville

State
KY

Zip Code
40206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Yarmuth, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C C00419630

Transaction ID : 9893096

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Klobuchar For Minnesota

Mailing Address PO Box 4146

City
St Paul

State
MN

Zip Code
55104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Klobuchar, Amy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C C00431353

Transaction ID : 9893098

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"/> 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. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2018

FEC Identification Number

C C00330142

Transaction ID : 9893101

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Comstock For Congress

Mailing Address PO Box 831

City
Mc Lean

State
VA

Zip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Comstock, Barbara, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2018

FEC Identification Number

C C00554261

Transaction ID : 9893103

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bridge PAC

Mailing Address 499 South Capitol Street, SW
Suite 422

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Clyburn LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2018

FEC Identification Number

C C00399196

Transaction ID : 9893105

Amount of Each Disbursement this Period

2000.00

Clyburn LPAC

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"/> 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 Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00255562

Transaction ID : 9893108

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00514893

Transaction ID : 9893127

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kind, Ron, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00312017

Transaction ID : 9893136

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**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kaine, Tim, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00495358

Transaction ID : 9893163

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mooney for Congress

Mailing Address P.O. Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mooney, Alexander, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00506774

Transaction ID : 9893171

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Keystone America PAC

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Casey's LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C C00439992

Transaction ID : 9893173

Amount of Each Disbursement this Period

1500.00

Casey's LPAC

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City
Springfield

State
MO

Zip Code
65804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

C C00460063

Transaction ID : 9893174

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

C C00264697

Transaction ID : 9893175

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Deciding Critical Races PAC

Mailing Address PO Box 701

City
Clayton

State
NC

Zip Code
27528

Purpose of Disbursement
Rouzer LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

C C00577288

Transaction ID : 9893176

Amount of Each Disbursement this Period

1000.00

Rouzer LPAC

Memo Item

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City
Melbourne

State
FL

Zip Code
32941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Posey, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

C C00444968

Transaction ID : 9893177

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brindisi For Congress

Mailing Address PO Box 165

City
Utica

State
NY

Zip Code
13503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brindisi, Anthony, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

C C00648725

Transaction ID : 9893178

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address PO Box 25763

City
Albuquerque

State
NM

Zip Code
87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heinrich, Martin, T., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

C C00434563

Transaction ID : 9893179

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christopher Peters for Congress

Mailing Address PO Box 2202

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

Category/
Type

Candidate Name
Peters, Christopher, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: IA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9893180

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Guy for Congress

Mailing Address PO Box 23177

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement

Category/
Type

Candidate Name
Reschenthaler, Guy, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: PA District: 14

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9893185

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Category/
Type

Candidate Name
Bilirakis, Gus, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: FL District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9893283

Amount of Each Disbursement this Period

Memo Item

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

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