Image# 201810199125631513			_		PAGE 1 / 77
FEC AI	EPORT OF R ND DISBURS Other Than An Autho	EMENT	s	Office	Use Only
	PE OR PRINT ▼	Example: If typir	ng, type		
COMMITTEE (in full)		over the lines.	L	12FE4M5	
Political Action Committee	e of the American As	sociation of (Orthopaed	lic SurgeonsF	PAC of AAOS
ADDRESS (number and street)	17 Massachusetts Ave., N.E.				
Check if different	st Floor				
than previously reported. (ACC)	Washington			DC 2000	02
2. FEC IDENTIFICATION NUME	BER V CITY	•	S		ZIP CODE ▲
C C00343137	3. IS T REF	~	NEW N) OR	AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Year Only)
April 15	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10	
Quarterly Report (Q1)	(C) 12-Day PRE-Election	Primary (12P	²) x	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3)	Election of	n 11	06	2018	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300		Runoff (30R)	Special (30S)
Termination Report	Report for the:				
(TER)	Election of	on			in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2018	through	10		018
	Report and to the best of my Lundy, W, , Douglas, MD, MBA		belief it is true	e, correct and compl	ete.
Type or Print Name of Treasurer					
Signature of Treasurer	, Douglas, MD, MBA	[Electronically	y Filed] Da		9 / Y Y Y Y 2018
NOTE: Submission of false, erroneous	s, or incomplete information m	ay subject the pers	son signing this	s Report to the pena	Ities of 52 U.S.C. § 3010
Office Use Only				FE	C FORM 3X Rev. 05/2016

10/19/2018 08 : 11

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From:	10 / D D / Y Y Y Y 10 01 / 2018 To	b: 10 / D = D / Y = Y = Y = Y 10 17 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Political Action Committee of the Amer		
Report Covering the Period: From:	01 2018	To: 10 / 17 / 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	02000 44	
(i) Itemized (use Schedule A)	63998.41	986141.81
(ii) Unitemized	2946.34	110617.40
(iii) TOTAL (add		45 45 145
Lines 11(a)(i) and (ii)	66944.75	1096759.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	66944.75	1096759.21
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	21717.76
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	5000.00	35125.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	5321.45
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	472 472 482	4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	71944.75	1158923.42
Total Federal Receipts		

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

1158923.42

71944.75

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4	
II. Disbursements	COLUMN A Total This Period	COLUMN B	
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(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))► Transfers to Affiliated/Other Party	1366.31	24050.50	
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	90500.00	1112218.75	
Independent Expenditures (use Schedule E)	0.00	24730.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d))			
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
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	
Other Disbursements (Including			
Non-Federal Donations)	0.00	350000.00	
Federal Election Activity (52 U.S.C. § 30101(2)(a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
 (c) Tederal Election Activity Faid Entirely With Federal Funds (c) Total Federal Election Activity (add 	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	91866.31	1525824.25	
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

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00/2010/

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

	-		-	66944.75
	7		-	0.00
	7		7	66944.75
				1266.21
	 7	 	7	1366.31
	 -7	 	7	0.00
. L	-7-			1366.31

- Г							1096759.21
12		÷	-7	÷	÷	-7-	1030733.21
			-	_			14825.00
- E							1081934.21
- 5			-7			- 1	
- [24050.50
			7			- 7	1 1 /85 1
- E				1			21717.76
	1		7	1	1	-7	
- Г							2332.74

COLUMN B

Calendar Year-to-Date



Image# 201810199125631518

SCHEDULE A (FEC Form 3X)

to schodula(s)

FOR LINE NUMBER:

PAGE 6 OF

77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Craig, William, Lewis, , MD	iitial) or Full O	rganization Name	Date of Receipt
Mailing Address 423 Arbor Rd			10 01 2018
City Winston Salem	State NC	Zip Code 27104-2019	Transaction ID : 9846858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) OrthoCarolina		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle In Cassidy, Carter, , , MD	iitial) or Full O	rganization Name	Date of Receipt
Mailing Address 815 Alton Road c/o KOS			10 / Y Y Y Y Y 10 01 2018
City Danville	State KY	Zip Code 40422	Transaction ID : 9846859 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) University of Kentucky Res Program		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]
Full Name of Individual (Last, First, Middle In C. Reed, Lori, K, , MD	iitial) or Full O	rganization Name	Date of Receipt
Mailing Address 107 Klaas Boulevard			10 01 2018
City Madison	State MS	Zip Code 39110	Transaction ID : 9846860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) University of Mississippi Medical Cent		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00]
SUBTOTAL of Receipts This Page (optional)			419.00

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

100

FOR LINE NUMBER: PAGE 7 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Bailey, James, R, , MD Mailing Address 10439 Blue Summit Court City San Diego		Zip Code 92131	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 462.00	42.00 Memo Item
Full Name of Individual (Last, First, Middle Mather, Richard, C, , III, MD Mailing Address 115 Watts St City Durham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State NC C Occ Ort	Zip Code 27701-2034 upation (for Individual) nopaedic Surgeon Year-to-Date V 504.00	Date of Receipt
Full Name of Individual (Last, First, Middle C. Uppal, Renny, , , MD Mailing Address 1730 Sharpe Hill Circle City Reno FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State NV C	Zip Code 89523-3924 upation (for Individual) opaedic Surgeon 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

FOR LINE NUMBER:

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	IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
	nformation copied from such Reports and Sta commercial purposes, other than using the n			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) olitical Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
A	ll Name of Individual (Last, First, Middle Initia vavidson, Randall, L, , Jr, MD ailing Address 1050 N James Campbell Blvd Si	Date of Receipt		
Cit	y olumbia	State	Zip Code 38401-2754	10 02 2018 Transaction ID : 9849607
FE	EC ID number of contributing deral political committee.	C	36401-2734	Amount of Each Receipt this Period
Se	ume of Employer (for Individual) If Employed ecceipt For:	Orth	pation (for Individual) opaedic Surgeon Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼	Aggregate	1000.00	
вС	II Name of Individual (Last, First, Middle Initia ameron, Craig, Dunwody, , DO ailing Address 717 Big Holley Drive	l) or Full Oi	ganization Name	Date of Receipt
Cit M	y artinez	State GA	Zip Code 30907	10 02 2018 Transaction ID : 9849663 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		1000.00
DD	ame of Employer (for Individual) D Eisenhower Army Medical Center		ipation (for Individual) opaedic Surgeon	Memo Item
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
C A	ll Name of Individual (Last, First, Middle Initia Attarian, David, E, , MD, FACS	l) or Full O	ganization Name	Date of Receipt
Ma Cit	ailing Address 400 Hunt St Unit 504	State	Zip Code	10 / 02 / 2018 Transaction ID : 9849878
	urham C ID number of contributing	NC	27701-3380	Amount of Each Receipt this Period
feo	deral political committee.	C	pation (for Individual)	1000.00
Du	Ike Orthopaedics	Ortho	paedic Surgeon Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
SUB	TOTAL of Receipts This Page (optional)			2250.00
тот	AL This Period (last page this line number on	ly)		

rata schadula(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	Statements may not be sold or used by any p he name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Crutcher, James, P, , Jr, MD Mailing Address 1000 39th Ave E City Seattle FEC ID number of contributing federal political committee. Name of Employer (for Individual) Proliance Surgeons Receipt For: Other (specify) ▼	Initial) or Full Organization Name State Zip Code WA 98112-5028 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle B. Pullekines, Joseph, W, , MD Mailing Address 589 Kirkwood Dr	Date of Receipt	
City London FEC ID number of contributing federal political committee. Name of Employer (for Individual) Baptist Southeast Orthopaedics Receipt For: Primary General Other (specify) ▼	State Zip Code KY 40744-6457 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID : 9850099 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Megariotis, Evangelos, , , MD Mailing Address 21 Ravona St City Clifton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Clifton Orthopedic Associates Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code NJ 07012-1521 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1500.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Coppes, Mark, A, , MD Mailing Address 1227 Shannock Rd City Charlestown FEC ID number of contributing federal political committee. Name of Employer (for Individual) South County Orthopedics Receipt For: Primary General	State RI C Occu Orth	Irganization Name Zip Code 02813 Upation (for Individual) hopaedic Surgeon Year-to-Date ▼	Date of Receipt 10 02 2018 Transaction ID : 9850102 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name of Individual (Last, First, Middle	e Initial) or Full O	2000.00 rganization Name	
B. Glassman, Andrew, H, , MD Mailing Address 126 North Drexel Avenue City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ohio State University Wexner Medical C Receipt For:	Orth	Zip Code 43209 upation (for Individual) nopaedic Surgeon Year-to-Date ▼	Date of Receipt Tansaction ID : 9850103 Amount of Each Receipt this Period Memo Item
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle C. Collier, Andrew, Joseph, , Jr, N Mailing Address 550 Bartram Rd	1D	-	Date of Receipt 10 / Y Y Y Y 2018
City Moorestown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Orth	Zip Code 08057-1871	Transaction ID : 9850104 Amount of Each Receipt this Period 500.00 Memo Item
federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General	Occu Orth Aggregate	opaedic Surgeon Year-to-Date ▼ 500.00	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi A. Clarke, Theodore, J, , MD Mailing Address 25149 Hwy 40 City Golden FEC ID number of contributing federal political committee. Name of Employer (for Individual) COPIC Receipt For: Other (specify)	ial) or Full Organization Name State Zip Code C 80401 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initi B. Moseley, Claiborne, Lake, , MD Mailing Address 1607 Castle Drive		Date of Receipt
City Jonesboro FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AR 72401-5100 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Transaction ID : 9850106 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name of Individual (Last, First, Middle Initi C. Cirrincione, Ciro, , , MD Mailing Address 19 S Meadow Ct City South Barrington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Barrington Orthopedics Receipt For: Primary General Other (specify)	ial) or Full Organization Name State Zip Code IL 60010 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1600.00

FOR LINE NUMBER:

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ITEMIZED RECEIPT	S	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (,	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (La A. Edgerton, Bradley, C,	ast, First, Middle Initial) or Full O MD	rganization Name	Date of Receipt
Mailing Address 4124 Min	nesota Ave	10 / Y Y Y Y 2018	
City Duluth	State MN	Zip Code 55802	Transaction ID : 9850108 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		250.00
Name of Employer (for Ind Self Employed	,	upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 250.00]
B. Casey, Brett, Edwar Mailing Address 249 Coun		rganization Name	Date of Receipt
	,	Zin Onde	10 02 2018
City Houma	State LA	Zip Code 70360-7576	Transaction ID : 9850229 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		250.00
Name of Employer (for Ind Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 250.00	1
Full Name of Individual (Li C. Wyatt, Ronald, W I	ast, First, Middle Initial) or Full O	rganization Name	
Mailing Address 533 Carle		Date of Receipt	
City	State	Zip Code	Transaction ID : 9850407
Alamo	CA	94507-2863	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	s.		100.00
Name of Employer (for Inc Kaiser Permanente	· ·	upation (for Individual) opaedic Surgeon	Memo Item
Receipt For:		Year-to-Date ▼	
Other (specify)	neral	1000.00]
SUBTOTAL of Receipts This	Page (optional)		600.00

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

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

1.

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements may not be sold or used by any pe ame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia A. Stulberg, Bernard, N, , MD Mailing Address 7470 Waterfall Trail City Chagrin Falls FEC ID number of contributing federal political committee. Name of Employer (for Individual) St Vincent Charity Medical Center Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code OH 44022 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 2000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia B. Roberts, Karl, C, , MD Mailing Address 1118 Pinecrest SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer (for Individual) West Michigan Orthopaedics Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code MI 49506 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia C. Chang, Jonathan, L, , MD Mailing Address 1456 Oak Crest Ave City South Pasadena FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	I) or Full Organization Name State Zip Code C 91030 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00 1500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2000.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 77	
	for each category of the Detailed Summary Page	(check only one) Image: Markov field of the second secon	
Any information copied from such Reports and or for commercial purposes, other than using th			
		paedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir A. Rud, Paul, T, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 15684 Birchwood Ln	State Zip Code	10 02 2018 Transaction ID : 9850460	
Brainerd	MN 56401	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify)	500.00		
Full Name of Individual (Last, First, Middle Ir B. Marino, Anthony, R, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 128 Jenkins Rd		10 / D D / Y Y Y Y 2018	
City Bedford	State Zip Code NH 03110-5042	Transaction ID : 9850461	
		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00	
Name of Employer (for Individual) New Hampshire Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼	, , 500.00		
Full Name of Individual (Last, First, Middle Ir c. Moore, James, A, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 425 Hampton Rd	14		
City Southampton	State Zip Code NY 11968	Transaction ID : 9850462	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Southampton Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)	►	1000.00	
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
✓ Full Name of Individual (Last, First, Middle Init A. Schniegenberg, Gary, M, , MD Mailing Address 4641 Stoneworth Dr City Hilliard FEC ID number of contributing federal political committee. Name of Employer (for Individual) Institute for Orthopaedic Surgery Receipt For: □ Primary □ General ○ther (specify) ▼	ial) or Full Organization Name State Zip Code OH 43026 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1100.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init B. Santore, Richard, F, , MD Mailing Address PO Box 7016	ial) or Full Organization Name	Date of Receipt
City Rancho Santa Fe FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92067-7016 Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00	Transaction ID : 9850868 Amount of Each Receipt this Period 84.00 Memo Item
Full Name of Individual (Last, First, Middle Init C. Mosley, Emmett, Wayne, , MD Mailing Address 1309 Upland Crest Ct City Gulf Breeze FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	ial) or Full Organization Name State Zip Code FL 32563-3727 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		268.00

S	CHEDULE A (FEC Form 3X)	[Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 OF 77
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta			erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	e to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
	Folitical Action Committee of the	America		spaeule SurgeonsFAC of AAOS
<u> </u>	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	
Α.	Smith, Eric, Louis, , MD	Date of Receipt		
	Mailing Address 1573 Beacon St	10 04 2018		
	City	State	Zip Code	Transaction ID : 9850870
	Waban	MA	02468-1507	Amount of Each Receipt this Period
	FEC ID number of contributing	С		84.00
	federal political committee.	0		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Boston Medical Clinic	Orth	opaedic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	_ · · ·	588.00	
_				
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	
В.	Jennings, Randall, W, , MD			Date of Receipt
	Mailing Address 1925 Roosevelt St			10 04 2018
	City	State	Zip Code	Transaction ID : 9850871
	North Bend	OR	97459-1819	Amount of Each Receipt this Period
	FEC ID number of contributing	84.00		
	federal political committee.	C		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	North Bend Medical Center		opaedic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V		588.00	
~	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	
C.	Dalury, David, F, , MD Mailing Address 8322 Bellona Ave Ste 200			Date of Receipt
	Walling Address 8322 Bellona Ave Ste 200			10 04 2018
	City	State	Zip Code	Transaction ID : 9850913
	Baltimore	MD	21204-2076	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	-		
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Towson Orthopaedic Associates Receipt For:	1	opaedic Surgeon	_
	Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)		1000.00	
				1168.00
S	SUBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••	

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

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FOR LINE NUMBER: PAGE 17 OF

77

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) Image: 11 transform 11 transf	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma name and ac	y not be sold or used by any pe ddress of any political committee	to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS	
A.	Full Name of Individual (Last, First, Middle Initia McCluskey, Leland, C, , MD Mailing Address 1910 Hilton Ave	l) or Full Or	ganization Name	Date of Receipt	
	City	State	Zip Code	10 04 2018	
	Columbus	GA	31906	Transaction ID : 9850920 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual)		pation (for Individual)	Memo Item	
	St Francis Hospital	Orth	opaedic Surgeon		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼		500.00		
B	Full Name of Individual (Last, First, Middle Initia Lintecum, Neal, D, , MD	l) or Full Or	ganization Name	Date of Receipt	
υ.	Mailing Address 789 N 1500 Road			10 05 2018	
	City	State	Zip Code	Transaction ID : 9851360	
	Lawrence	KS	66049-9194	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼		, 600.00		
с.	Full Name of Individual (Last, First, Middle Initia Nelson, Daniel, Richard, , MD	l) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 654 W Sawgrass Trail			10 / D D / Y Y Y Y 10 05 2018	
	City Dakota Dunes	State SD	Zip Code 57049-5206	Transaction ID : 9851361 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) CNOS		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00		
F	UBTOTAL of Receipts This Page (optional)		· ·	534.00	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 77 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using the	Statements may not be sold or used by any per he name and address of any political committee		
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Kamps, Bryan, Scott, , MD Mailing Address 3741 Monarch Dr NE	Initial) or Full Organization Name	Date of Receipt	
City	State Zip Code MI 49525	10 04 2018 Transaction ID : 9851432	
Grand Rapids FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Spectrum Health Medical Group Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name of Individual (Last, First, Middle I Petsche, Timothy, S, , MD Mailing Address 41W207 Lenz Rd	nitial) or Full Organization Name	Date of Receipt	
City Campton Hills	StateZip CodeIL60124-8633	10 04 2018 Transaction ID : 9851434 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Fox Valley Orthopaedic Institute Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Dangles, Chris, John, , MD			
Mailing Address 1107 W University Ave	State Zip Code	10 04 2018 Transaction ID : 9851435	
Champaign FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Gibson Area Hospital Orthopaedics Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00		
SUBTOTAL of Receipts This Page (optional).		1350.00	
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of	Orthopaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Heydemann, Jacob, Samuel, , MD Mailing Address 858 River Oaks City El Paso FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code TX 79912-3420 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt this Period Date of Receipt th	
Full Name of Individual (Last, First, Middle In B. Lawson, Rodolfo, E, , MD Mailing Address 7431 Monaco St City Coral Gables FEC ID number of contributing	itial) or Full Organization Name State Zip Code FL 33143	Date of Receipt	
federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.	Memo Item	
C. Full Name of Individual (Last, First, Middle Ir Wilson, John, R, , MD Mailing Address 2900 12th Ave N St 100E City Billings	Mailing Address 2900 12th Ave N St 100E City State Zip Code		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 500.0	00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

FOR LINE NUMBER:

PAGE 20 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	f the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
A. Manson, Theodore, Thomas, , MD	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1401 Muirfield Close	Mailing Address 1401 Muirfield Close			
City Bel Air	State MD	Zip Code 21015	Transaction ID : 9852089 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual) University of Maryland		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1	
Full Name of Individual (Last, First, Middle B. Hamlin, Brian, R, , MD Mailing Address 3169 Beechwood Drive	e Initial) or Full O	rganization Name	Date of Receipt	
	01-1-	7.0.1	10 / D D / Y Y Y Y 10 05 2018	
City Allison Park	State PA	Zip Code 15101-1159	Transaction ID : 9852090 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual) Magee-Women's Hospital		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]	
Full Name of Individual (Last, First, Middle C. Dunn, Albert, , , DO	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 11109 Nicoles Way			10 05 / Y Y Y Y 2018	
City Chardon	State OH	Zip Code 44024-9383	Transaction ID : 9852092	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
Name of Employer (for Individual) Precision Orthopaedic Specialties, Inc		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional	I)		2250.00	

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

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

1.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 21 OF 77 (check only one)		
	EMIZED RECEIPTS		1	for each category of the Detailed Summary Page	(check of 11a 13	niy one) 11b 11c 12 14 15 16 17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
<u> </u>	NAME OF COMMITTEE (In Full) Political Action Committee of the						
A.	Full Name of Individual (Last, First, Middle Initia Paschal, Scott, , , MD	al) or Full C	Drga	nization Name	Date	of Receipt	
	Mailing Address 7115 Greenville Ave Ste 310					M / D D / Y Y Y Y Y 06 2018	
	City Dallas	State TX		Zip Code 75231		nsaction ID : 9852291	
			_	75231	Amou	int of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	_			1000.00	
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	- U I	Memo Item	
	Self Employed Receipt For:		•	aedic Surgeon			
	Primary General	Aggregate	Yea	ar-to-Date 🔻			
	Other (specify)		-	1000.00			
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Green, Daniel, William, , MD			Date	of Receipt		
	Mailing Address 535 E 70th St			10			
	City	State		Zip Code	Trar	saction ID : 9852327	
	New York	NY	_	10021-4823	Amou	int of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			175.00		
	Name of Employer (for Individual) Hosp for Special Surgery		cupation (for Individual) hopaedic Surgeon		יםך	Memo Item	
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻			
	<pre>Primary General Other (specify) ▼</pre>		,	1750.00			
	Full Name of Individual (Last, First, Middle Initia Maender, Christopher, W, , MD	al) or Full C	Drga	nization Name	Date	of Receipt	
-	Mailing Address 4509 Turtle Bay			10			
	City	State		Zip Code	Trai	nsaction ID : 9852329	
	Springfield	IL	_	62711-7891	Amou	int of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С				250.00	
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon				Memo Item	
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date ▼			
	Other (specify)	750.00					
s	UBTOTAL of Receipts This Page (optional)			······		1425.00	

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

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PAGE 22 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Kiner, Dirk, W, , MD Mailing Address 438 Oliver Street City Chattanooga FEC ID number of contributing federal political committee. Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37405-4020 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 756.00 756.00	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Gagliano, Jeffrey, R, , MD Mailing Address 2435 Briarwood Dr City Boulder FEC ID number of contributing federal political committee. Name of Employer (for Individual) Boulder Bone and Joint Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code CO 80305 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Full Name of Individual (Last, First, Middle In C. Keenen, Timothy, L, , MD Mailing Address 19260 SW 65th Ave Ste 270 City Tualatin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pacific Spine Specialists Receipt For: Primary General Other (specify)		Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		384.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 77 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
/			ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I James, Jeremy, R, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 805 Green Leaf Circle	State	Zip Code	10 08 2018 Transaction ID : 9852618
Madisonville	LA	70447-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) DISC of Louisiana		upation (for Individual) lopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name of Individual (Last, First, Middle I B. Rosenzweig, Scott, L, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 528 Palisades Dr Ste 516			M M / D D / Y Y Y Y 10 08 2018
City Pacific Palisades	State CA	Zip Code 90272	Transaction ID : 9852780 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle I CSavage, Perry, Lauren, , Jr, MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1801 US Highway 11			10 08 / Y Y Y Y 2018
City Birmingham	State AL	Zip Code 35235	Transaction ID : 9853053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5000.00
Name of Employer (for Individual) Alabama Orthopedic, Spine & Sport Medi		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			5600.00
TOTAL This Period (last page this line numbe	er only)		

S	CHEDULE A (FEC Form 3X)	[Lloo poperato pobertula(a)	FOR LINE NUMBER: PAGE 24 OF 77
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta			person for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and a	ddress of any political committe	e to solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full)	Amoria	n Accordiation of Orth	oppodie Surgeone BAC of AAOS
/	Folitical Action Committee of the	America	an Association of Ofth	opaedic SurgeonsPAC of AAOS
<u>v</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
Α.	Clain, Michael, R, , MD			Date of Receipt
	Mailing Address 9 Indian Head Rd			10 09 2018
	City	State	Zip Code	Transaction ID : 9853626
	Riverside	СТ	06878-2403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item
	Self Employed		opaedic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General			
	Other (specify) ▼		840.00	
в.	Full Name of Individual (Last, First, Middle Initia Rawlings, John, M, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 89 Whitaker Way N			M M / D D / Y Y Y Y
				10 09 2018
	City Richmond Hill	State GA	Zip Code 31324-6914	Transaction ID : 9853627
			31324-0914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Madigan Healthcare System		upation (for Individual) opaedic Surgeon	Memo Item
			Year-to-Date 🔻	
Primary General Other (specify) ▼			250.00	1
			250.00	1
с.	Full Name of Individual (Last, First, Middle Initia Braaton, Paul, J, , MD	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 1335 Coffee Rd Ste 100			10 09 2018
	City	State	Zip Code	Transaction ID : 9853628
	Modesto	CA	95355-3192	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	Self Employed		ppaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		840.00	1
			apa anga anga anga anga anga anga anga a	4
Г				
s	UBTOTAL of Receipts This Page (optional)			193.00

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

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

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS			ose separate schedule(s) for each category of the Detailed Summary Page	(check o 11a 13	í ní	11c	12 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the						g contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic	Surgeo	nsPA	C of AAOS
A.	Full Name of Individual (Last, First, Middle Initia Carter, Denny, , , MD Mailing Address 906 Pine Marsh Drive	al) or Full Or	ganization Name		of Receipt		YYYY
				10)9	2018
	City Brunswick	State GA	Zip Code 31525-2151		nsaction ID		
	FEC ID number of contributing federal political committee.	С			int of Each	Receipt t	250.00
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon		Memo Item	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
в.	Full Name of Individual (Last, First, Middle Initia Bacilla, Phillip, R, , Jr, MD	al) or Full Or	ganization Name	Date	of Receipt		
Mailing Address 399 Cattle Drive				10		D / Y)9	2018
	City Opelousas	State LA	Zip Code 70570		nsaction ID		
	FEC ID number of contributing federal political committee.	C			Int of Each		250.00
	Name of Employer (for Individual) Opelousas Orthopaedic Clinic		pation (for Individual) opaedic Surgeon		Memo Item	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
<u> </u>	Full Name of Individual (Last, First, Middle Initi- Dimar, John, R, , II, MD	al) or Full Or	ganization Name	Date	of Receipt		
	Mailing Address 210 East Gray Street Suite 900			10)9 / Y	2018 Y
	City Louisville	State KY	Zip Code 40202-3905		nsaction ID Int of Each		
	FEC ID number of contributing federal political committee.	С		Ē		. ,	500.00
	Name of Employer (for Individual) Norton Leatherman Spine Center		pation (for Individual) opaedic Surgeon		Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)				, ,	9	1000.00
Т	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 26 OF 77	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11b 11c 12 13 14 15 16 17	
	d Statements may not be sold or used by any p the name and address of any political committee		
NAME OF COMMITTEE (In Full)	the American Association of Ortho		
Full Name of Individual (Last, First, Middle A. Capozzi, James, D, , MD	e Initial) or Full Organization Name	Date of Receipt	
Mailing Address 14 Meadow Lane	State Zip Code	10 / 09 / Y Y Y Y 2018 Transaction ID : 9853762	
East Williston	NY 11596	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Winthrop Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00]	
Full Name of Individual (Last, First, Middle B. Frankle, Mark, A, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 915 Mooring Circle		10 09 2018	
City	State Zip Code	Transaction ID : 9853773	
Tampa	FL 33602	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Florida Ortho Institute	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify)	1000.00]	
Full Name of Individual (Last, First, Middle C. Hoffman, Eric, Duniway, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 5 Garden Way		10 / Y Y Y Y 2018	
City Falmouth	State Zip Code ME 04105-1986	Transaction ID : 9853774	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Spectrum Healthcare Partners	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]	
SUBTOTAL of Receipts This Page (optional))	1500.00	
TOTAL This Period (last page this line numb	ber only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 OF 77 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt
Mailing Address 525 St Mary St	State Zip Code	10 / D D / Y Y Y Y 10 09 2018
Thibodaux	LA 70301-2627	Transaction ID : 9853775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, Middle In Gallentine, James, W, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2636 High St		10 09 2018
City Lincoln	State Zip Code NE 68502-5030	Transaction ID : 9853782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Nebraska Ortho & Sports Med	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle II Gidumal, Ramesh, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 300 East 74th Apt 2G	State Zip Code	
City New York	NY 10021	Transaction ID : 9853783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) NYU	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	· 1	1250.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X	()	Lleo constato schodulo(s)	FOR LINE NUMBER: PAGE 28 OF 77
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. O'Connor, Mary, I, , MD	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 800 Howard Avenue			10 / Y Y Y Y 2018
City New Haven	State CT	Zip Code 06519-1369	Transaction ID : 9876990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Yale New Haven Health	Orth	nopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middle B. Tracy, Sean, C, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address W211 N5455 Carters Cros	sing Circle		10 10 2018
City	State	Zip Code	Transaction ID : 9881038
Menomonee Falls	WI	53051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Midwest Orthopedic Specialty Hospital		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, Middle C. Gill, John, T, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8230 Walnut Hill Lane Suite 708			10 / Y Y Y Y 10 11 2018
City Dallas	State TX	Zip Code 75231-4431	Transaction ID : 9881704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional))		1250.00

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

SCHEDULE A (FEC Form 3X)		Liso congrate schodula(s)	FOR LINE NUMBER: PAGE 29 OF 77
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)	ie name and a	uuress of any political committee	
	ne America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir A. Garner, Richard, W, , MD		rganization Name	Date of Receipt
Mailing Address 7201 E Chester Heights Circ			10 / D D / Y Y Y Y 2018
City	State AK	Zip Code	Transaction ID : 9881705
Anchorage	AN	99504-3563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Anchorage Fracture & Orthopedic Clinic	Orth	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) V		850.00	1
			1
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name	
B. Balach, Tessa, , , MD Mailing Address 27 N Aberdeen Street Apt 35	`		Date of Receipt
Maning Address 27 N Aberdeen Street Apt 33	D		10 11 2018
City	State	Zip Code	Transaction ID : 9881706
Chicago	IL	60607-2090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) The University of Chicago		upation (for Individual) ociate Professor	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		, 250.00]
Full Name of Individual (Last, First, Middle Ir C. Cohen, Nathaniel, P, , MD	hitial) or Full O	rganization Name	Date of Receipt
Mailing Address 231 Rosalie Court			10 11 2018
City	State	Zip Code	Transaction ID : 9881707
Los Gatos	CA	95032-5610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) OrthoNorCal		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)			460.00

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

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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi A. Zehr, Robert, J, , MD Mailing Address 4851 Bonita Bay Blvd 1702 City Bonita Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Zehr Center for Orthopaedics	State FL Occu	ganization Name Zip Code 34134-1623 pation (for Individual) opaedic Surgeon	Date of Receipt 10 11 2018 Transaction ID : 9882222 Amount of Each Receipt this Period 1000.00 1000.00 Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Initi B. Pushkarewicz, Michael, J, , MD, FAC Mailing Address 1510 Braken Ave		ganization Name Zip Code	Date of Receipt
Wilmington FEC ID number of contributing federal political committee. Name of Employer (for Individual) First State Orthopaedics Receipt For: Primary General Other (specify) ▼	DE C Occu Ortho	19808-4399 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 420.00	Transaction ID : 9882276 Amount of Each Receipt this Period 42.00 Memo Item
Full Name of Individual (Last, First, Middle Initi C. Walden, Justin, K, , MD Mailing Address 532 Grand Point Drive <u>Apt B6</u> City Hot Springs National Park	iial) or Full Org	ganization Name Zip Code 71901	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) CHI St Vincent Orthopaedics Receipt For: Primary General Other (specify)	C Occuj Ortho	pation (for Individual) ppaedic Surgeon r/ear-to-Date ▼ 250.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			1192.00

FOR LINE NUMBER:

PAGE 31 OF

77

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Krueger, Chad, A, , MD Mailing Address 11 Seton Dr	Initial) or Full O	rganization Name	Date of Receipt
City Shrewsbury	State MA	Zip Code 01545-5468	10 13 2018 Transaction ID : 9883281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed Receipt For:	Orth	upation (for Individual) nopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1084.00]
Full Name of Individual (Last, First, Middle B. Ellis, Henry, Bone, , Jr, MD Mailing Address 2945 Stanford Ave	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	10 13 2018 Transaction ID : 9883282
Dallas FEC ID number of contributing federal political committee.	С	75225-7802	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Texas Scottish Rite Sports Medicine		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00]
Full Name of Individual (Last, First, Middle C. Angel, Jeffery, D, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 180 Westwood Drive	State	Zip Code	10 / D D / Y Y Y Y 2018
City Batesville	AR	72501-9276	Transaction ID : 9883283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) White River Health System Receipt For:	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼	Memo Item
Other (specify)		672.00]
SUBTOTAL of Receipts This Page (optional)			252.00
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OF 77
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A . Greenwald, Alan, G, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14780 Tieton Dr	State Zip Code	10 / 13 / 2018 Transaction ID : 9883287
Yakima	WA 98908-8498	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	850.00
Name of Employer (for Individual) Orthopedics Northwest	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle B. Courtney, Paul, Maxwell, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 902 S Front St		10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State Zip Code PA 19147-4304	Transaction ID : 9883288
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Rothman Institute	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	420,00]
Full Name of Individual (Last, First, Middle C. Hoffman, Gregor, J, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 224 Fairway Dr		10 / D D / Y Y Y Y 2018
City New Orleans	State Zip Code LA 70124-1019	Transaction ID : 9884283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Southern Ortho Specialists	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	·	1184.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:

PAGE 33 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any period of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In L'Insalata, John, C, , MD Mailing Address 495 Wooddale Ave City Staten Island FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopaedic Surgical Consultant Receipt For: Primary General Other (specify) ▼	NY Zip Code NY 10301 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 10 15 2018 Transaction ID : 9889259 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In B. Roberts, Richard, Mills, , MD Mailing Address PO Box 1324 City Grapevine FEC ID number of contributing federal political committee. Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76099-1324 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle In C. Hussain, Suleman, M, , MD Mailing Address 2300 53rd Street Suite #100 City Bettendorf FEC ID number of contributing federal political committee. Name of Employer (for Individual) ORA Receipt For: Primary General Other (specify)	nitial) or Full Organization Name	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) TOTAL This Period (last page this line number	-	1334.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 OF 77	
ITEMIZED RECEIPTS			for each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and Sta			person for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and a	ddress of any political committe	e to solicit contributions from such committee.	
$ \rangle$	NAME OF COMMITTEE (In Full)	Amorica	on Accordiation of Orth	oppodie Surgoope BAC of AAOS	
\mathbb{V}		AMENC	an Association of Ofth	opaedic SurgeonsPAC of AAOS	
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		
Α.	Weinstein, Richard, N, , MD	Date of Receipt			
	Mailing Address 21 Long Pond Rd	10 16 2018			
	City	State	Zip Code	Transaction ID : 9889267	
	Armonk	NY	10504-2626	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual)	Occupation (for Individual)		Memo Item	
	Self Employed	Orthopaedic Surgeon			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General			1	
	Other (specify) v		1000.00	1	
— R	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Olin, Matthew, David, , MD			Date of Receipt	
	Mailing Address 605 Sunset Dr				
		10 16 2018			
	City Greensboro	State NC	Zip Code 27408-6412	Transaction ID : 9889268	
	FEC ID number of contributing		27400-0412	Amount of Each Receipt this Period	
	federal political committee.	С		250.00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼	· · · ·	1000.00	1	
			4	-	
C.	Full Name of Individual (Last, First, Middle Initia Jamison, James, P, , MD	Date of Receipt			
	Mailing Address 7092 Killdeer Drive	10 16 Y Y Y Y 10 16 2018			
	City	State	Zip Code	Transaction ID : 9889269	
	Canfield	ОН	44406-9181	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
	Self Employed	Orth	opaedic Surgeon		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify)	· · · ·	1000.00	1	
		<u> </u>		-	
s	UBTOTAL of Receipts This Page (optional)			750.00	

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

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: 11 a model 12 a model 12 a model 13 model 14 model 15 model 11 a model 11 a model 12 a model 13 a model
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	n Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Smith, Jeffrey, Mark, , MD Mailing Address 610 San Elijo St City	State	Zip Code	Date of Receipt 10 / 16 / 2018 Transaction ID : 9889270
San Diego FEC ID number of contributing federal political committee.	CA	92106-3414	Amount of Each Receipt this Period
Name of Employer (for Individual) UNITE Orthopaedics Foundation Receipt For: Primary General Other (specify) ▼	Aggregate Y	pation (for Individual) opaedic Surgeon /ear-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle B. Snyder, Matthew, J, , MD Mailing Address 14912 Chopine Pass	Initial) or Full Or	ganization Name	Date of Receipt
City Roanoke FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Receipt For:	Orth	Zip Code 46783-9308 pation (for Individual) opaedic Surgeon	Transaction ID : 9889271 Amount of Each Receipt this Period 85.00 Memo Item
Other (specify) ▼		Year-to-Date ▼ 850.00]
C. Full Name of Individual (Last, First, Middle Grimm, Matthew, R, , MD Mailing Address 920 Avenue B	Date of Receipt		
City Marrero FEC ID number of contributing	State LA	Zip Code 70072-3112	Transaction ID : 9889272 Amount of Each Receipt this Period 84.00
federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Ortho	pation (for Individual) ppaedic Surgeon Year-to-Date ▼ 840.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			419.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 OF 77
ITEMIZED RECEIPTS			Use separate schedule(s for each category of the Detailed Summary Page	
	information and ind from such Decade and Ob			13 14 15 16 17
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the	Americ	an Association of O	rthopaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Suk, Michael, , , MD	Date of Receipt		
	Mailing Address 1059 Limestoneville Rd	10 / D D / Y Y Y Y 10 16 / 2018		
	City	State PA	Zip Code	Transaction ID : 9889273
	Milton		17847-8064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Self Employed	Orth	hopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		1000.00	·
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Battaglia, Michael, Jacob, , MD			Date of Receipt
	Mailing Address 1641 Windermere Dr E	10 16 2018		
	City	State	Zip Code	Transaction ID : 9889274
	Seattle	WA	98112-3737	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Bellevue Bone & Joint Physicians		cupation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General			
	Other (specify)			
С.	Full Name of Individual (Last, First, Middle Initia Rungee, James, L, , MD	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2802 Pavilion Pl	10 / Y Y Y Y 10 16 2018		
	City	State	Zip Code	Transaction ID : 9889275
	Murfreesboro	TN	37129-0828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Tennessee Orthopedic Alliance		upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify)	L	1000.00	
s	UBTOTAL of Receipts This Page (optional)			600.00

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

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 OF 77
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e Americ	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Lemley, J, Alan, , MD	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5488 Golden Heights Dr	10 / Y Y Y Y 10 16 2018		
	City	State NY	Zip Code 13066-9690	Transaction ID : 9892789
	Fayetteville		13000-9090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Syracuse Orthopedic Specialists	Orth	nopaedic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	11
				*
В.	Full Name of Individual (Last, First, Middle Initi Izant, Timothy, H, , MD	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 8227 Meadowview Court	M M / D D / Y Y Y Y 10 16 2018		
	City	State	Zip Code	Transaction ID : 9892790
	Manlius	NY	13104-9659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Syracuse Orthopedic Specialists, PC		upation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	1
с.	Full Name of Individual (Last, First, Middle Initi DiStefano, Richard, J, , MD	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6773 Serah Ln			10 / D D / Y Y Y Y 10 16 2018
	City Jamesville	State NY	Zip Code 13078-9690	Transaction ID : 9892791
			13070-3030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Syracuse Orthopedic Specialists		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00

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

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 OF 77 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p the name and address of any political committee	ee to solicit contributions from such committee.	
		opaedic SurgeonsPAC of AAOS	
A. Full Name of Individual (Last, First, Middle Duwelius, Paul, J, , MD Mailing Address 16925 Scott Ct	e Initial) or Full Organization Name	Date of Receipt	
City	State Zip Code	M M / D D / Y	
Lake Oswego	OR 97034	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Orthopedic & Fracture Specialists	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]	
Full Name of Individual (Last, First, Middle B. Wieking, Daniel, , , MD	e Initial) or Full Organization Name	Date of Receipt	
Mailing Address 2898 New Hope Rd	10 16 Y Y Y Y 10 16 2018		
City	State Zip Code OR 97527-9028	Transaction ID : 9892793	
Grants Pass FEC ID number of contributing federal political committee.	OR 97527-9028	Amount of Each Receipt this Period	
Name of Employer (for Individual) Asante Physician Partners	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	350.00]	
Full Name of Individual (Last, First, Middle C. Stroud, Charles, C, , MD	e Initial) or Full Organization Name	Date of Receipt	
Mailing Address 1878 Sutton Pl	Mailing Address 1878 Sutton PI		
City Troy	StateZip CodeMI48098-4320	Transaction ID : 9892798 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]	
SUBTOTAL of Receipts This Page (optiona)	1500.00	
TOTAL This Period (last page this line num	ber only)		

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FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
Ar or	for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Init Newman, P, James, , MD	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 5824 Widewaters Parkway	10 / Y Y Y Y 10 16 / 2018		
	City East Syracuse	State NY	Zip Code 13057	Transaction ID : 9892809 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Syracuse Orthopedist Specialties		upation (for Individual) lopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
В.	Full Name of Individual (Last, First, Middle Init Rieger, Mark, A, , MD	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address PO Box 1382		7.0.1	10 / D D / Y Y Y Y 10 16 2018
	City Morristown	State NJ	Zip Code 07962-1382	Transaction ID : 9892810 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Advocare The Orthopedic Center		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
C.	Full Name of Individual (Last, First, Middle Init Murphy, Paul, C, , MD		rganization Name	Date of Receipt
	Mailing Address 8929 University Center Lane S			10 / Y Y Y Y 10 16 / 2018
	City San Diego	State CA	Zip Code 92122-1008	Transaction ID : 9892811 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Murphy Sports Medicine Ctr		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		•	1500.00

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

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 OF 77 (check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In Everding, Nathan, G, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 4823 Hepplewhite Dr	10 / Y Y Y Y 10 16 2018			
City Manlius	State NY	Zip Code 13104-9435	Transaction ID : 9892812	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Syracuse Orthopedic Specialists	Orth	nopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		1	
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name		
Greenky, Brett, B, , MD Mailing Address 4115 N Medical Center Dr			Date of Receipt	
City	State	Zip Code	10 / 16 / 2018	
Fayetteville	NY	13066-6636	Transaction ID : 9892813 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer (for Individual) Northeast Medical		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		500.00]	
Full Name of Individual (Last, First, Middle II Greenky, Seth, S, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 124 Buchmans Close Circle			10 / D D / Y Y Y Y 10 16 2018	
City Fayetteville	State NY	Zip Code 13066-6680	Transaction ID : 9892815 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer (for Individual) Syracuse Orthopedics Specialists		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]	
SUBTOTAL of Receipts This Page (optional)			1000.00	

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

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

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	f the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Midd A. Rosenbaum, Donald, H, , DO Mailing Address 118 Shadowood Dr City Warner Robins FEC ID number of contributing federal political committee. Name of Employer (for Individual) Dodge County Hospital Receipt For: Primary General Other (specify) ▼	State GA C Occ Orth	Zip Code 31088 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 350.00	Date of Receipt
Full Name of Individual (Last, First, Midd B. Macey, Theodore, I, , MD Mailing Address 1212 Twin Bay Dr City Fort Walton Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	State FL C Occ Ort	Zip Code 32547-1887 upation (for Individual) nopaedic Surgeon Year-to-Date V 2000.00	Date of Receipt
Full Name of Individual (Last, First, Midd C. Capecci, Frank, , , MD Mailing Address 56 Pheasant Run City Kinnelon FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State NJ C Occ Orth	Zip Code 07405 upation (for Individual) iopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt 10 16 2018 Transaction ID : 9892828 Amount of Each Receipt this Period 1000.00 Memo Item
Self Employed Receipt For: Primary General	Aggregate	opaedic Surgeon Year-to-Date ▼ 1000.00	1750.00

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Mariorenzi, Louis, J, , MD Mailing Address 84 Bay View Drive City Jamestown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopedic Associates Receipt For: Primary General Other (specify)	State RI C Occ Orth	Zip Code 02835 upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 2000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Salyers, Steve, G, , MD Mailing Address 1060 Rossview Rd City Clarksville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Premier Orthopaedics Receipt For: Primary General Other (specify) ▼	State TN C Occ Ort	Zip Code 37043-1908	Date of Receipt
Full Name of Individual (Last, First, Middle Russell, George, V, , Jr, MD Mailing Address 102 Hawthorne Vale City Ridgeland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Univ of Mississippi Med Ctr Receipt For: Primary General Other (specify)	State MS C Occ Orth	Drganization Name Zip Code 39157 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 680.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			2085.00

FOR LINE NUMBER:

PAGE 43 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	f the American	Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Kean, Bret, T, , MD Mailing Address 6542 SE Lake Road	e Initial) or Full Orga State OR	Zip Code 97222	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupa	ation (for Individual)	Amount of Each Receipt this Period 500.00 Memo Item
Eastside Orthopaedics & Sports Medicin Receipt For: Primary General Other (specify) ▼	Aggregate Ye	aedic Surgeon ar-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle B. Maggitti, Michael, J, , MD Mailing Address 3107 Drury Lane	Date of Receipt		
City Fayetteville FEC ID number of contributing federal political committee.	State NC	Zip Code 28303	Transaction ID : 9892834 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Southeastern Regional Medical Center Receipt For: Primary General Other (specify) ▼		ation (for Individual) baedic Surgeon ar-to-Date 250.00	Memo Item
C. Full Name of Individual (Last, First, Middle Green, Andrew, , , MD Mailing Address 22 Keene St	e Initial) or Full Orga	anization Name	Date of Receipt
City Providence	State RI	Zip Code 02906-1521	Transaction ID : 9892845 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Univ Ortho Inc Receipt For: Primary General Other (specify)		ation (for Individual) aedic Surgeon ar-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num			1750.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 OF 77 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: 10 million 11 million	
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ii Baker, Matthew, , , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 3698 Plass Road		10 / Y Y Y Y Y 10 12 2018	
City Festus	StateZip CodeMO63028-4606	Transaction ID : 9892846 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer (for Individual) Mercy Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]	
Full Name of Individual (Last, First, Middle In Parsons, Ira, M, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 19 Shearwater Street	Mailing Address 19 Shearwater Street		
City Durham	State Zip Code NH 03824	Transaction ID : 9892847 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer (for Individual) Seacoast Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]	
Full Name of Individual (Last, First, Middle In C. Mayor, Rowland, Brook, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 12 Lantern Hill Ln	Mailing Address 12 Lantern Hill Ln		
City Guilford	State Zip Code CT 06437-2067	Transaction ID : 9892901 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1	
SUBTOTAL of Receipts This Page (optional)	·	1500.00	
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS			Ose separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Kwok, Moody, , , MD Mailing Address 708 Presidential Dr	al) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	10 17 2018 Transaction ID : 9892912
	Horsham	PA	19044-1110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	1
В.	Full Name of Individual (Last, First, Middle Initi Coates, Kevin, E, , MD, MBA	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 5651 Goldenberry Ct	ling Address 5651 Goldenberry Ct		
	City	State	Zip Code	Transaction ID : 9892913
	Winston Salem	NC	27106-9840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Wake Forest Baptist Medical Center		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initi Waddell, Bradford, Sutton, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 97 Lewis St			10 01 / Y Y Y Y
	City Greenwich	State CT	Zip Code 06830	Transaction ID : 9893131 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Ochsner Clinic		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00	1
s	UBTOTAL of Receipts This Page (optional)			584.00
Т	OTAL This Period (last page this line number o	nly)		

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FOR LINE NUMBER: PAGE 46 OF

77

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16		
			person for the purpose of soliciting contri e to solicit contributions from such comm		
NAME OF COMMITTEE (In Full) Political Action Commit	ttee of the America	an Association of Orth	opaedic SurgeonsPAC of	AAOS	
Full Name of Individual (Last, Firs A. Lopez, David, Vincent, , MD	st, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 27 Courtney Ct					
City Freehold	State NJ	Zip Code 07728	Transaction ID : 9893134 Amount of Each Receipt this Peri	od	
FEC ID number of contributing federal political committee.	C			34.00	
Name of Employer (for Individual) Orthopaedic & Sports Medicine Sp		upation (for Individual) Iopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00]		
B. Newson, Graham, , , Mailing Address Ste 100	· · ·	Date of Receipt	Y Y		
317 Massachuse City	State	Zip Code	10 02 2018 Transaction ID : 9893135		
Washington	DC	20002-5769	Amount of Each Receipt this Peri	od	
FEC ID number of contributing federal political committee.	C		25	50.00	
Name of Employer (for Individual American Academy of Orthopaedic	′ -	upation (for Individual) ector, Office of Government Relat	io Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]		
Full Name of Individual (Last, Firs C. Hagstrom, Lindsey, , , M		rganization Name	Date of Receipt		
Mailing Address 300 W Beech St Unit 1809			10 / Y Y 2018	Y Y	
City _San Diego	State CA	Zip Code 92101	Transaction ID : 9893140 Amount of Each Receipt this Peri	od	
FEC ID number of contributing federal political committee.	C			34.00	
Name of Employer (for Individual) Hand Center of San Antonio		upation (for Individual) opaedic Surgeon	Memo Item		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 336]		
SUBTOTAL of Receipts This Page	(optional)		41	18.00	
TOTAL This Period (last page this	line number only)			-	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 OF 77 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Sheehan, John, P, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 6621 Cuming St	State Zip Code	10 09 2018 Transaction ID : 9893141	
Omaha	NE 68132	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Boys Town	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		
Full Name of Individual (Last, First, Middle Ir B. Harrison, Alicia, Karin, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 1451 Knob Hill Ln	Mailing Address 1451 Knob Hill Ln		
City	State Zip Code MN 55331-8062	Transaction ID : 9893147	
Excelsior FEC ID number of contributing federal political committee.	MN 55331-8062	Amount of Each Receipt this Period 84.00	
Name of Employer (for Individual) Univ of Minnesota	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
Full Name of Individual (Last, First, Middle Ir C. Kayal, Robert, A, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 1044 Dogwood Trail			
City Franklin Lakes	StateZip CodeNJ07417	Transaction ID : 9893148 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)	·	. 1168.00	
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 OF 77	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and			person for the purpose of soliciting contributions	
or for commercial purposes, other than using th	e name and a	ddress of any political committe	e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	o Amoria	on Accordiation of Orth	oppodic Surgoons BAC of AAOS	
		an Association of Ofth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name		
A. Cannada, Lisa, K, , MD			Date of Receipt	
Mailing Address 14357 Cottage Lake Road	10 09 2018			
City	State	Zip Code	Transaction ID : 9893149	
Jacksonville	FL	32224-0849	Amount of Each Receipt this Period	
FEC ID number of contributing	С		84.00	
federal political committee.	U			
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Univ of Florida College of Medicine	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		1176.00	1	
			-	
Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name	Date of Receipt	
B. Sudduth, William, D, , MD				
Mailing Address 4517 Southlake Parkway	Mailing Address 4517 Southlake Parkway			
City	State	Zip Code	10 10 2018 Transaction ID : 9893154	
Hoover	AL	35244-3280	Amount of Each Receipt this Period	
FEC ID number of contributing	С		1000.00	
federal political committee.				
Name of Employer (for Individual)		upation (for Individual)	Memo Item	
Southernlake Orthopaedics	Orth	nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	_	
Other (specify) V		1000.00		
Full Name of Individual (Last, First, Middle In C. Sajadi, Kaveh, Robert, , MD	itial) or Full O	rganization Name		
Mailing Address 2133 Woodmont Dr			Date of Receipt	
			10 15 2018	
City	State	Zip Code	Transaction ID : 9893157	
Lexington	KY	40502	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
·				
Name of Employer (for Individual)		upation (for Individual)	Memo Item	
Self Employed Receipt For:		opaedic Surgeon	_	
Primary General	Aggregate	Year-to-Date ▼		
Other (specify)		350.00		
SUBTOTAL of Descripto This Dags (antique)			1334.00	
SUBTOTAL of Receipts This Page (optional)		······)		

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

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
			Detailed Summary Faye	13 14 15 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				
\square	NAME OF COMMITTEE (In Full)				_
	Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS	5
A.	Full Name of Individual (Last, First, Middle Initi Levine, William, N, , MD	al) or Full O	rganization Name	Date of Receipt	
	Mailing Address 220 Riverside Blvd Apt 3N			10 15 / Y Y Y Y 10 15	
	City	State	Zip Code	Transaction ID : 9893159	
	New York	NY	10069	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item	
	Columbia University	Orth	opaedic Surgeon		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		4035.00		
	Other (specify)		4035.00		
_	Full Name of Individual (Last, First, Middle Initi		rganization Name	Data of Descipt	
в.	Bushnell, Brandon, Dubose, , MD, M	IDA		Date of Receipt	
	Mailing Address 60 Fallen Branch Circle SE			10 15 2018	
	City	State	Zip Code	Transaction ID : 9893161	
	Rome	GA	30161	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M		upation (for Individual) nopaedic Surgeon	Memo Item	
	Receipt For:		Year-to-Date ▼		
	Primary General	riggrogato			
	Other (specify)		1000.00		
с.	Full Name of Individual (Last, First, Middle Initi Kuhn, John, E, , MD	al) or Full O	rganization Name	Date of Receipt	
	Mailing Address 3724 Richland Ave			10 15 / Y Y Y Y 10 15	
	City	State	Zip Code	Transaction ID : 9893162	
	Nashville	TN	37205	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual) Vanderbilt Univ Med Ctr		upation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For:		Year-to-Date ▼		
	Primary General				
	Other (specify)	<u> </u>	1250.00		
s	UBTOTAL of Receipts This Page (optional)		▶	2500.00]
Т	OTAL This Period (last page this line number of	only)	••••••		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 OF 77	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
Any information copied from such Reports and s or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In Srikumaran, Umasuthan, , , MD, MBA	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 12195 Hayland Farm Way			M M / D D / Y Y Y Y 10 15 2018	
City Ellicott City	State MD	Zip Code 21042-6014	Transaction ID : 9893167 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		5000.00	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Johns Hopkins	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	_	
Other (specify) V		5000.00]	
Full Name of Individual (Last, First, Middle In Gramstad, Gregory, D, , MD	itial) or Full O	rganization Name	Date of Receipt	
Mailing Address 6702 SW Canyon Crest Dr			M M / D D / Y Y Y Y Y	
City	State	Zip Code	10 15 2018 Transaction ID : 9893172	
Portland	OR	97225-3617	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery		upation (for Individual) nopaedic Surgeon	Memo Item	
	Aggregate	Year-to-Date ▼		
Other (specify)		250.00]	
Full Name of Individual (Last, First, Middle In Biama, Richard, A, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1566 Edgehill Ln			10 17 Y Y Y Y	
City	State	Zip Code	Transaction ID : 9893309	
Redlands	CA	92373-6523	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)		Year-to-Date 1000.00]	
SUBTOTAL of Receipts This Page (optional)			6250.00	

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

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FOR LINE NUMBER:

PAGE 51 OF

77

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Kelly, Robert, A, , MD Mailing Address 3084 W Roxboro Rd NE	l) or Full Oi	rganization Name	Date of Receipt
		04-44-	7.0.1.	10 17 2018
	City Atlanta	State GA	Zip Code 30324-2922	Transaction ID : 9893310 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Resurgens Orthopaedics		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
B R	Full Name of Individual (Last, First, Middle Initia Beaty, James, H, , MD	l) or Full O	ganization Name	Date of Receipt
0.	Mailing Address 464 Goodwyn St			10 17 2018
	City Memphis	State TN	Zip Code 38111-2309	Transaction ID : 9893311 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		Ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ , , , 416.70]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Bettin, Clayton, Charles, , MD	l) or Full O	ganization Name	Date of Receipt
	Mailing Address 5047 Shady Hall Ct			10 17 2018
	City Memphis	State TN	Zip Code 38117	Transaction ID : 9893312 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70]
	UBTOTAL of Receipts This Page (optional)			1083.34

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 OF 77 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of th	e name and address of any political committee	
Full Name of Individual (Last, First, Middle Ini Calandruccio, James, H, , MD Mailing Address Campbell Clinic 1400 S Germantown Rd City Germantown FEC ID number of contributing federal political committee.	tial) or Full Organization Name State Zip Code TN 38138-2205	Date of Receipt 10 17 2018 Transaction ID : 9893313 Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 416.70	Memo Item
Full Name of Individual (Last, First, Middle Ini Cannon, David, L, , MD Mailing Address 2639 Fox Hill Circle East City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	tial) or Full Organization Name State Zip Code TN 38139 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini C. Crockarell, John, R, , Jr, MD Mailing Address 1458 W Poplar Ave Ste 100 City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)		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

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

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Ford, Marcus, Christopher, , MD Mailing Address 116 Isle Creek Dr City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State Zip Code TN 38103 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 208.40	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Grear, Benjamin, J, , MD Mailing Address 219 LaGrange Creek Dr		Date of Receipt 10 17 2018
City Eads FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	State TN Zip Code 38028-8015 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 416.70	Transaction ID : 9893319 Amount of Each Receipt this Period 41.67 Memo Item
Full Name of Individual (Last, First, Middle In Guyton, James, L, , MD Mailing Address 6422 Massey Estates Cove City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State Zip Code TN 38120 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 416.70 416.70	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) TOTAL This Period (last page this line numbe		104.18

SCHEDULE A (FEC Form 3	3X)	FOR LINE NUMBER: PAGE 54 OF 77
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions
or for commercial purposes, other than usi	ing the name and address of any political commit	
NAME OF COMMITTEE (In Full) Political Action Committee (of the American Association of Ort	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Mid A. Harkess, James, W, , MD	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1458 W Poplar #100		10 / Y Y Y Y 10 17 2018
City	State Zip Code TN 38017	Transaction ID : 9893322
Collierville	TN 38017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Campbell Clinic	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	416.70	
Full Name of Individual (Last, First, Mid B. Heck, Robert, Kurt, , Jr, MD	ldle Initial) or Full Organization Name	Dete of Deceint
Mailing Address Campbell Clinic		Date of Receipt
1211 Union Ave Ste 50	0	10 17 2018
City	State Zip Code	Transaction ID : 9893323
Memphis	TN 38104-6656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	416.70	
Full Name of Individual (Last, First, Mid C. Ishikawa, Susan, N, , MD	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 488 Wolf View Cove		10 17 2018
City Cordova	StateZip CodeTN38018-7629	Transaction ID : 9893324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (option	nal)	125.01

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

FOR LINE NUMBER:

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77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	f the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl A. Kelly, Derek, Michael, , MD Mailing Address 256 Brenrich Cove City	e Initial) or Full O	rganization Name	Date of Receipt 10 17 2018 Transaction ID : 9893325
Memphis FEC ID number of contributing federal political committee.	TN C	38117	Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 416.70	Memo Item
Full Name of Individual (Last, First, Middl B. LaVelle, David, Glen, , MD Mailing Address 2957 Mallard Lane	e Initial) or Full O	rganization Name	Date of Receipt
City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General	Orth	Zip Code 38138	Transaction ID : 9893326 Amount of Each Receipt this Period 41.67 Memo Item
C. Mascioli, Anthony, , , MD Mailing Address 226 W Goodwyn	e Initial) or Full O	rganization Name	Date of Receipt
City Memphis FEC ID number of contributing federal political committee.	State TN	Zip Code 38111	Transaction ID : 9893328 Amount of Each Receipt this Period 20.83
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 208.30	Memo Item
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num			104.17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 OF 77
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and a	address of any political committe	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Mauck, Benjamin, Matthew, , MD	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2742 Central Ave			10 / Y Y Y Y Y 2018
	City Memphis	State TN	Zip Code 38111	Transaction ID : 9893329
	·		30111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Campbell Clinic	Orth	hopaedic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		208.30	1
			-192 - 192 -	1
в.	Full Name of Individual (Last, First, Middle Initia Mihalko, Marc, J, , MD	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 8974 Bridge Forest Drive	M M / D D / Y Y Y Y		
		10 17 2018		
	City Germantown	State TN	Zip Code 38138	Transaction ID : 9893330
			30130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		cupation (for Individual) thopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		416.70	1
_	Full Name of Individual (Last, First, Middle Initia Miller, Robert, H, , III, MD	al) or Full C	Drganization Name	Date of Receipt
С.	Mailing Address 37 St Albams Fairway			
				10 17 2018
	City	State	Zip Code	Transaction ID : 9893331
	Memphis	TN	38111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) Campbell Clinic		cupation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	<u> </u>		1
Г				
s	UBTOTAL of Receipts This Page (optional)			112.50

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

S	CHEDULE A (FEC Form 3X)		Lloo opporate cabadula/a)	FOR LINE NUMBER: PAGE 57 OF 77		
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
			Detailed Summary Page	× 11a 11b 11c 12 13 14 15 16 17		
Ar	ny information copied from such Reports and Sta	atements ma	av not be sold or used by any r			
	for commercial purposes, other than using the					
\backslash	NAME OF COMMITTEE (In Full)					
$ \rangle$	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
Ľ	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			
Α.			.gaa	Date of Receipt		
	Mailing Address Campbell Clinic			M = M / D = D / Y = Y = Y		
	1400 S Germantown Rd	State	Zip Code			
	City Germantown	TN	38138-2205	Transaction ID : 9893332		
	FEC ID number of contributing			Amount of Each Receipt this Period		
	federal political committee.	С		41.67		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item		
	Campbell Clinic		opaedic Surgeon			
	Receipt For:		Year-to-Date ▼	-		
	Primary General	00 - 9		1		
	Other (specify) v		416.70	1		
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			
В.	Perez, Edward, , , MD			Date of Receipt		
	Mailing Address 370 Saint Nick Dr	10 17 2018				
	City	State Zip Code				
	City Memphis	TN	38117-4118	Transaction ID : 9893334 Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	С		41.67		
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item		
	Campbell Clinic		nopaedic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) v		416.70	1		
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			
C.	Phillips, Barry, B, , MD		-	Date of Receipt		
	Mailing Address 8681 Windrush					
	City	State	Zip Code	10 17 2018 Transaction ID : 9893335		
	Memphis	TN	38125	Amount of Each Receipt this Period		
	FEC ID number of contributing	C				
	federal political committee.	С		20.83		
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item		
	Campbell Clinic		opaedic Surgeon			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Other (specify)	· · · ·	208.30	1		
		<u> </u>		1		
Γ						
s	UBTOTAL of Receipts This Page (optional)			104.17		
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TOTAL This Period (last page this line number only)......

1.

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PAGE 58 OF

ITEMIZ	ED RECEIPTS		ose separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	OF COMMITTEE (In Full) ical Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A. Richa	ame of Individual (Last, First, Middle Initial ardson, David, R, , MD Address 636 Center Dr) or Full O	rganization Name	Date of Receipt
Maining	Address 636 Center Di			10 17 2018
City		State	Zip Code	Transaction ID : 9893336
Memp	his	TN	38112	Amount of Each Receipt this Period
	D number of contributing political committee.	С		41.67
Name	of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
Campb	pell Clinic	Orth	opaedic Surgeon	_
Receip	t For:	Aggregate	Year-to-Date V	
	Primary General			
	Other (specify) ▼		416.70	
	ame of Individual (Last, First, Middle Initial off, Matthew, Ian, , MD) or Full O	rganization Name	Date of Receipt
	Address 10211 Ramblewood Dr			
		10 17 2018		
City		State	Zip Code	Transaction ID : 9893337
Arlingt	on	TN	38002	Amount of Each Receipt this Period
	D number of contributing political committee.	С		41.67
	of Employer (for Individual) ell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receip		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) V		416.70	
	ame of Individual (Last, First, Middle Initial yer, Jeffrey, R, , MD) or Full O	rganization Name	Date of Receipt
Mailing	Address 4450 Chickasaw Road			10 17 2018
City		State	Zip Code	Transaction ID : 9893338
Memp	his	TN	38117	Amount of Each Receipt this Period
	D number of contributing political committee.	С		41.67
Name	of Employer (for Individual)	upation (for Individual)	Memo Item	
	pell Clinic		opaedic Surgeon	
Receip	t For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		416.70	
SUBTOT	AL of Receipts This Page (optional)		•••••	125.01
TOTAL 1	This Period (last page this line number on	ly)		

FOR LINE NUMBER:

PAGE 59 OF

77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of C	Orthopaedic SurgeonsPAC of AAOS
✓ Full Name of Individual (Last, First, Middle Init A. Sheffer, Benjamin, West, , MD Mailing Address 281 Ben Avon Way City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code TN 38111-7702 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 416.7(Date of Receipt Date of Receipt 10 17 2018 Transaction ID : 9893339 Amount of Each Receipt this Period 41.67 Memo Item
Full Name of Individual (Last, First, Middle Init B. Thompson, Norfleet, Buckner, , MD Mailing Address 3784 Highland Park Place	al) or Full Organization Name	Date of Receipt
City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TN 38111 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Transaction ID : 9893340 Amount of Each Receipt this Period 41.67 Memo Item
Full Name of Individual (Last, First, Middle Init C. Throckmorton, Thomas, Ward, , M Mailing Address 4901 Fairfield Circle City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)		Date of Receipt Date of Receipt 10 17 2018 Transaction ID : 9893341 Amount of Each Receipt this Period 41.67 Memo Item
SUBTOTAL of Receipts This Page (optional)		125.01

FOR LINE NUMBER:

PAGE 60 OF

77

IT	EMIZED RECEIPTS		Ose separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▼ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Warner, William, C, , Jr, MD Mailing Address 215 East Cherry Circle	l) or Full O	rganization Name	Date of Receipt
		-1		10 17 2018
	City	State TN	Zip Code 38117	Transaction ID : 9893342
	Memphis		30117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Campbell Clinic	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		416.70	1
В.	Full Name of Individual (Last, First, Middle Initia Weinlein, John, C, , MD	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 145 Greenbriar Dr			10 17 2018
	City	State	Zip Code	Transaction ID : 9893343
	Memphis	TN	38117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		416.70]
с.	Full Name of Individual (Last, First, Middle Initia Whittle, A, Paige, , MD	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 836 Harbor Isle Circle East			10 / D D / Y Y Y Y 10 17 2018
	City Memphis	State TN	Zip Code 38103	Transaction ID : 9893344 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70]
⊢	UBTOTAL of Receipts This Page (optional)			125.01

FOR LINE NUMBER:

PAGE 61 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Si or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Init A. Williams, Keith, D, , MD Mailing Address 2336 Pinnacle Creek Dr City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For:	tial) or Full Organization Name State Zip Code TN 38138 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼	416.70	
Full Name of Individual (Last, First, Middle Init B. <u>Chase, John, R, , MD</u> Mailing Address 813 Suwanee Court	iial) or Full Organization Name	Date of Receipt
City Maitland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Jewett Orthopaedic Clinic Receipt For: Primary General	State Zip Code FL 32751 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date	Transaction ID : 9893712 Amount of Each Receipt this Period 250.00 Memo Item
Cther (specify) ▼ Full Name of Individual (Last, First, Middle Init C. Mailing Address	tial) or Full Organization Name	Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		291.67 63998.41

FOR LINE NUMBER:

PAGE 62 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) 11a 11b 11c 12 13 14 15 ¥ 16 17
	nd Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Julio Gonzalez For Congress Mailing Address 133 South Harbor Drive City Venice FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: 2018 Primary X General	e Initial) or Full Organization Name State Zip Code FL 34285 C C00671537 Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle	5000.00	Refund of contribution
B. Mailing Address	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Aggregate Year-to-Date	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	a Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)	5000.00

		B (FEC For	-			F	OR	LINE	NUM	BER:			PA	GE	63 OF	77		
ITEMI	ZED DIS	SBURSEME	NTS	for each	arate schedule(s) category of the Summary Page	(c	che X	ck only 21b 28a		22 28b	23	, [26 29		27 30b			
					not be sold or use lress of any politica			y pers	on for	the	purpose	e of s	olicitin		ntributions	3		
\ \		AITTEE (In Full)	ee of the	Americar	n Association	of	Or	thop	aed	ic S	urge	ons	PA	Сc	of AAO	s		
A. Nor	thern Tr	First, Middle Initial								M	Disbur:	D	nt / Y		YYY			
Mailin	g Address	50 S La Salle St								10		01		_20	18			
City Chica Purpo	igo ose of Disbu	irsement		State IL	Zip Code 60603					-	entificati	ion N	umber	_	-			
Bank		ted from account					001			Tra	nsactio				this Perio	d		
Office	Sought:	House	Disbur	sement For:		Cat T	egc Jype			nouni			5001561		169.96			
Chata		Senate President		Primary Other (spe	General cify) ▼					Me	mo Item		nk fees	ded	ucted fron	n accoi		
_	lame (Last,	District: First, Middle Initial							Da	ate of	Disbur	seme	nt					
Mailin	g Address	50 S La Salle St							10 / D D / Y Y Y Y 2018									
City Chica Purpo	ago ose of Disbu	irsement		State IL	Zip Code 60603				FE		entificati	ion N	umber	_				
	k fees deduc idate Name	cted from account			001 Category/ Type					Transaction ID : 9850435 Amount of Each Disbursement this Perio								
Office	Sought:	House Senate President	Disbur	sement For: Primary Other (spe	General ccify)		<u> </u>	<u> </u>	Bank fees deducted from a Memo Item									
	lame (Last,	District: First, Middle Initial	,						Da		Disbur		nt					
		50 S La Salle St							N	10	/ D	03	/ Y		918			
	se of Disbu			State IL	Zip Code 60603			_	FE		entificati	ion N	umber		7			
	Bank fees deducted from account Candidate Name							ory/	Transaction ID : 9850436 Amount of Each Disbursement this Period									
	Sought:	House Senate President	Disbur	sement For: Primary Other (spe	General ccify) ▼	1	ÿpe	,		Me	mo Item		nk fees	ded	61.60 ucted fror	n acco		
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SCHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)				UMBER:			PA	GE 64 OF 77				
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NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association	of (Orth	iopa	edic S	Surgeo	ns	PA	C of AAOS				
Full Name (Last, First, Middle Initial) A. Northern Trust Company Mailing Address 50 S La Salle St						Date of		eme 03	nt / Y	2018				
City Chicago	State	Zip Code 60603				FEC Ide	entificatio	on N	umber					
Purpose of Disbursement Bank fees deducted from account			C	001		C	nsactior	חו י	· 9850	437				
Candidate Name				egory ype	/					nent this Period				
Office Sought: House Disbu	rsement For: Primary Other (sp	General ecify) ▼				Me	mo Item	Bar	nk fees	deducted from ac				
State: District: Full Name (Last, First, Middle Initial) A. Northern Trust Company Mailing Address 50 S La Salle St						Date of		eme 09	nt / Y	2018				
City Chicago Purpose of Disbursement	State IL	Zip Code 60603		_	+	FEC Ide	entificatio	on N	umber					
Bank fees deducted from account			Cate	001 egory ype	/	Transaction ID : 9882221 Amount of Each Disbursement this Period								
Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (sp	General ecify)		ype		Ме	mo Item	Bar	nk fees	224.02 deducted from ac				
Full Name (Last, First, Middle Initial)	rnal Reve	nue Service				Date of	Disburs	eme	nt					
Mailing Address 1500 Pennsylvania Avenue, N	V					M M 10		D 15	/ Y	2018				
City Washington Purpose of Disbursement	State DC	Zip Code 20220	_	_	_	FEC Ide	entificatio	on N	umber					
Federal income tax on interest income Candidate Name			Cate	01 egory ype	/	Tra	insaction of Each			255 ment this Period				
Office Sought: House Disbu	rsement For: Primary Other (sp	General ecify) ▼		, , , , , , , , , , , , , , , , , , ,		Me	mo Item		deral ir ome	313.45				
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A. N	Northern T	First, Middle Initial) rust Company 50 S La Salle St								Date of		eme 15	ent / Y		018]		
CI	ity hicago			State IL	Zip Code 60603				1.0	_	entificatio	on N	umber		_			
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O	ffice Sought:	House	Disburse	ement For:		T	Γy	gory/ pe		iniouni		I Dis	sourser	nem	303.19			
St	tate:	President District:		Primary Other (spe	General cify) ▼					Me	mo Item	Bar	nk fees	ded	lucted fro	om accoui		
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_		50 S La Salle St			1				10 15 2018									
C Pu	ity hicago urpose of Disbu			State IL	Zip Code 60603		_	_	FEC Identification Number C Transaction ID : 9884114 Amount of Each Disbursement this Period									
_	Bank fees dedu andidate Name	cted from account				Cat		01 gory/ pe										
	ffice Sought: tate:	House Senate President District:	Disburse	ement For: Primary Other (spe	General Cify)				55.00 Bank fees deducted from a Memo Item									
Γι C.	ull Name (Last,	First, Middle Initial)								Date of	Disburs					_		
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	ity urpose of Disb	ursement		State	Zip Code				1.0		entificatio	on N	lumber	_	_			
	andidate Name					Cat	te	gory/ pe		mount	of Each	n Dis	burser	ment	t this Pe	riod		
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SCHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 66 OF 77
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check onl 21b 28a	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican	Association	of Orthop	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Carper For Senate Mailing Address PO Box 2882				Date of Disbursement
City Wilmington	State DE	Zip Code 19805		FEC Identification Number
Purpose of Disbursement		19803	011	C C00349217 Transaction ID : 9852005
Candidate Name Carper, Thomas, , , Office Sought: House Disburser	ment For: 2	2018	Category/ Type	Amount of Each Disbursement this Period
State: DE District:	Primary Other (spec	X General		Memo Item
Full Name (Last, First, Middle Initial) B. Andy Barr For Congress, Inc. Mailing Address PO Box 2059				Date of Disbursement
	State KY	Zip Code 40588		FEC Identification Number
Candidate Name Barr, Andy, , ,			011 Category/ Type	Transaction ID : 9852007 Amount of Each Disbursement this Period
Senate	ment For: 2 Primary Other (spec	X General		3500.00 Memo Item
Full Name (Last, First, Middle Initial) C. SAC PAC				Date of Disbursement
Mailing Address PO Box 83142				10 05 2018
Gaithersburg Purpose of Disbursement Matsui LPAC Candidate Name	State MD	Zip Code 20883	011 Category/ Type	FEC Identification Number C C00165548 Transaction ID : 9852008 Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼		Matsui LPAC Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			F	7000.00

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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C		only 21b	one)	×	23		26 27						
			Summary Page			210 28a	22 28b		23 28c	-	20 29		27 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the na																
\setminus	NAME OF COMMITTEE (In Full)			_	_						_	-					
	Political Action Committee of the A	American	Associatior	n of (Orth	nopa	aedic S	edic SurgeonsPAC of AAOS									
A.	Full Name (Last, First, Middle Initial) Congressional Black Caucus Pac	(cbc-pac	;)				Date o	f Dis			nt						
	Mailing Address 227 Massachusetts Ave, Ne		10 05 2018														
	City Washington	State DC	Zip Code 20002				FEC Id	entifi	icatio	n Nu	ımber						
	Purpose of Disbursement Annual Contribution		20002	C)11		C C00147512										
	Candidate Name				egory ype	//					9852 ourser		this Pe	eriod			
	Senate	ement For: Primary	General				L.		<u> </u>	Ann	Jal Co	1	5000.00 oution				
	State: District:	Other (spe	cify) 🔻				Me	emo									
B.	Full Name (Last, First, Middle Initial) Robin Kelly For Congress						Date o	f Dis	burse	emer	nt						
	Mailing Address PO Box 6953						м м 10	/		D 5	/ Y		018				
	City Chicago	State IL	Zip Code 60680				FEC Id	entifi	icatio	n Nu	ımber		_				
	Purpose of Disbursement			(011		C C00539866 Transaction ID : 9852011										
	Candidate Name Kelly, Robin, , Rep.,				egory	//	Amoun	this Pe	eriod								
		ement For: ; Primary			ype						-	:	2500.00				
	State: IL District: 02	Other (spec					Me	emo	Item								
— c.	Full Name (Last, First, Middle Initial) Common Values PAC						Date o	f Dis	burse	emer	nt						
	Mailing Address 406 Virginia Ave						м м 10	/	D 0		/ Y) 18				
	City	State	Zip Code				FEC Id	entifi	icatio	n Nu	ımber						
	Alexandria Purpose of Disbursement Barrasso's LPAC	VA	22302)11		С		4423	-							
	Candidate Name			Cate	egory	//					9852 ourser		this Pe	eriod			
		ement For:		· · ·							-	1	2500.00				
	Senate President	Primary Other (spe	General cify) ▼				Ме	emo		Barı	asso's	s LP	AC				
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		Summary Page	21b	22 X 23 26 27 28b 28c 29 30b											
Any information copied from such Reports and St	atements may	not be sold or use	ed by any pers	on for the purpose of soliciting contributions											
or for commercial purposes, other than using the	name and add	dress of any politic	al committee to	o solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)	Amoriaa	Accoriation	of Orthon	andia Surganna DAC of AAOO											
Political Action Committee of the															
Full Name (Last, First, Middle Initial) A. Dr. Kim Schrier For Congress				Date of Disbursement											
Dr. Kim Schner i Grougless															
Mailing Address 3020 Issaquah Pine Lake Rd S Box 331	е			10 05 2018											
City	State	Zip Code		FEC Identification Number											
Sammamish	WA	98075													
Purpose of Disbursement			011	C C00652628											
Candidate Name				Transaction ID : 9852017											
Schrier, Kim, , ,			Category/ Type	Amount of Each Disbursement this Period											
	rsement For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00											
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State: WA District: 08															
Full Name (Last, First, Middle Initial)															
B. Win in 2018				Date of Disbursement											
Mailing Address and Acathetic Martin Control															
Mailing Address 228 South Washington Street Suite 115				10 12 2018											
City	State	Zip Code		FEC Identification Number											
Alexandria Purpose of Disbursement	VA	22314													
NRCC JFC			011	C											
Candidate Name				Transaction ID : 9883268 Amount of Each Disbursement this Period											
			Category/ Type	Amount of Lach Dispursement this Period											
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Senate	Primary	General		NRCC JFC											
President	Other (spe	ecify)		Memo Item											
State: District:															
Full Name (Last, First, Middle Initial)				Data of Disburgement											
C. Perlmutter For Congress				Date of Disbursement											
Mailing Address 3440 Youngfield Street				10 15 2018											
#264															
City	State	Zip Code		FEC Identification Number											
Wheat Ridge	CO	80033													
Purpose of Disbursement Void - Perlmutter for Congress			011	C C00410639											
Candidate Name				Transaction ID : 9884112											
Perlmutter, Edwin, , Rep.,			Category/ Type	Amount of Each Disbursement this Period											
	rsement For:	2018	A1	- 2500.00											
Senate	× Primary	General		Void - Perlmutter for Congres											
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck on	ly one)									
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	y information copied from such Reports and State for commercial purposes, other than using the na														
\setminus	NAME OF COMMITTEE (In Full)														
\sum	Political Action Committee of the A	American	Association	of C	Drtho	paedic SurgeonsPAC of AAOS									
Α.	Full Name (Last, First, Middle Initial) Common Sense Common Solution	n Politica	I Action Com	nmit	tee	Date of Disbursement									
	Mailing Address 901 N Washington St, Suite 102					10 17 2018									
	City	State VA	Zip Code			FEC Identification Number									
	Alexandria Purpose of Disbursement	VA	22314			C C00345058									
	Granger LPAC			0	11	Transaction ID : 9892936									
	Candidate Name				egory/ /pe	Amount of Each Disbursement this Period									
		ment For:				2500.00									
	Senate President	Primary Other (spec	General cify) ▼			Granger LPAC Memo Item									
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в.	Full Name (Last, First, Middle Initial) Buddy PAC					Date of Disbursement									
	Mailing Address 824 S Milledge Avenue Suite 101					10 / D D / Y Y Y Y 10 17 2018									
	City Athens	State GA	Zip Code 30605			FEC Identification Number									
	Purpose of Disbursement Buddy Carter LPAC			0	11	C C00597062									
	Candidate Name			Cate	egory/ /pe	Transaction ID : 9892941 Amount of Each Disbursement this Period									
	Office Sought: House Disburse	ment For:		.,	/po	2500.00									
	Senate	Primary	General			Buddy Carter LPAC									
	State: District:	Other (spec	ciry)			Memo Item									
<u></u> с.	Full Name (Last, First, Middle Initial)					Date of Disbursement									
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	Mailing Address 1253 S. Beretania St., #8888					10 17 2018									
	City Honolulu	State HI	Zip Code 96814			FEC Identification Number									
	Purpose of Disbursement	111	30014	_	_	C C00680918									
	Candidate Name				11 egory/	Transaction ID : 9892944 Amount of Each Disbursement this Period									
	Case, Edward, , ,	mont Fam			/pe	1500.00									
	Office Sought: K House Disburse Senate	ment For: 2 Primary	2018 X General												
	President	Other (spec				Memo Item									
_	State: HI District: 01	-													
s	UBTOTAL of Disbursements This Page (optional).				····· >	6500.00									
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S	CHEDULE B (FEC Form 3X)			F	OR I	INE	NUMBER:	PAGE 70 OF 77						
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck		one) 22 X 23 28b 28c	26 27 29 30b						
	ny information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Associatio	n of (Orth	юра	aedic Surgeons	PAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Friends Of Cheri Bustos						Date of Disburseme	/						
	Mailing Address 1050 17th St Nw Ste 590		10 17	2018										
	City Washington			FEC Identification N	Number									
	Purpose of Disbursement Candidate Name)11		C C00498568 Transaction ID							
	Bustos, Cheri, , Rep., Office Sought: x House Disburse	ement For: 2	2018		egory. ype	/	Amount of Each Dis	sbursement this Period 2000.00						
	Senate President	Primary Other (spe	x General				Memo Item							
В.	State: IL District: 17 Full Name (Last, First, Middle Initial) Mike Miller For Congress						Date of Disburseme	ent						
	Mailing Address 127 West Fairbanks Ave #380						10 17	2018						
	City Winter Park Purpose of Disbursement	State FL	Zip Code 32789	_	_	_	FEC Identification Number							
	Candidate Name Miller, Mike, , , Office Sought: X House Disburse Senate	ement For:	2018 X General	Cate)11 egory ype	/	Transaction ID : 9893093 Amount of Each Disbursement this P 1000.00							
	State: FL District: 07	Other (spe					Memo Item							
C.	Full Name (Last, First, Middle Initial) Elise For Congress						Date of Disburseme							
	Mailing Address PO Box 500						10 / D D 17	/ Y Y Y Y 2018						
	City Glens Falls Purpose of Disbursement	State NY	Zip Code 12801	_			FEC Identification N	Number						
	Candidate Name Stefanik, Elise, , ,			Cate	911 egory ype	/	Transaction ID	sbursement this Period						
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			Summary Page		\square	21b 28a	22 × 28b	23 28c	26		27 30b					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		. .	-	_											
	Political Action Committee of the A	American	Associatior	n of (Ortl	hopa	aedic Su	rgeo	nsP	AC	of AAOS					
Α.	Full Name (Last, First, Middle Initial) Kirkpatrick For Congress						Date of D	isburse	ment							
	Mailing Address PO Box 3015						10 ^M	D 1	D / 7		2018					
	City Tucson	State AZ	Zip Code 85702				FEC Identification Number									
	Purpose of Disbursement			C)11	٦	U	06510	- 1							
	Candidate Name			Cate	egory	v/			ID: 989 Disburs		nt this Period					
	Kirkpatrick, Ann, , ,				ype	,.										
	Senate	ment For: ; Primary	X General				<u> </u>	-	7		1500.00					
	State: AZ District: 02	Other (spe	cify) 🔻				Memo	Item								
Р	Full Name (Last, First, Middle Initial)						Data of D									
в.	Yarmuth For Congress						Date of D									
	Mailing Address 1815 Brownsboro Road, Suite 10	1			10 / D D / Y Y Y Y 10 17 2018											
	City	State	Zip Code				FEC Ident	ificatio	n Numb	er						
	Louisville	KY	40206													
	Purpose of Disbursement				011		C C00419630									
	Candidate Name			1.00					ID: 989		t this Period					
	Yarmuth, John, , ,				egory ype	y/	Amount	Laci	Disbuis	emer						
		ment For:	2018				1000.00									
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	State: KY District: 03	Other (spe	cify)				Memo	Item								
C.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota						Date of D	isburse	ment							
	Mailing Address PO Box 4146						M M 10	D 1			2018					
	City St Paul	State MN	Zip Code 55104				FEC Ident	ificatio	n Numb	er						
	Purpose of Disbursement		33104	_	_		C co	04313	53		-					
	Candidate Name)11		Transaction ID : 9893098 Amount of Each Disbursement this Period									
	Klobuchar, Amy, , ,				egory ype	y/	Amount of	⊏acn	บเรมนาร	emer						
		ment For:	2018		-			-			2500.00					
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SC	HEDULE B (FEC Form 3X)	Use separate schedule(s)				INE N	NUMBER: PAGE 72 OF											
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	y information copied from such Reports and State for commercial purposes, other than using the na																	
\setminus	NAME OF COMMITTEE (In Full)																	
	Political Action Committee of the A	American	Association	of	Orth	nopa	edic S	urg	eor	ısP/	AC	of AAC	DS					
-	Full Name (Last, First, Middle Initial) Larson For Congress						Date of	Disb	ursei	ment								
	Mailing Address PO Box 261172						M M 10	1	D 17			018						
	City Hartford	State CT	Zip Code 06126				FEC Identification Number											
	Purpose of Disbursement			0	11	٦	U	C003	1	- 1	21.01							
	Candidate Name			Cate	egory	/	Transaction ID : 9893101 Amount of Each Disbursement this Period											
	Larson, John, , , Office Sought: x House Disburse	ment For: 2	2018	Ту	ype			_				1500.00	Π.					
	Senate President	Primary Other (spe	General (Cify) ▼					mo Ite	om			484						
	State: CT District: 01	1							em									
В.	Full Name (Last, First, Middle Initial) Comstock For Congress						Date of	Disb	ursei	ment								
	Mailing Address PO Box 831			10 17 Y Y Y Y 2018														
	City Mc Lean	State VA	Zip Code 22101				FEC Identification Number											
	Purpose of Disbursement			0)11	٦	C C00554261											
	Candidate Name			Cate	egory	/	Transaction ID : 9893103 Amount of Each Disbursement this Perio						riod					
	Comstock, Barbara, J., Rep., Office Sought: Y House Disburse	mant Fam		Ту	ype		1500.00											
	Office Sought: X House Disburse Senate	ment For: ; Primary	2018 X General					-				1500.00	_					
	State: VA District: 10	Other (spec					Me	mo Ite	em									
	Full Name (Last, First, Middle Initial)						Date of	Disb	ursei	ment								
	Mailing Address 499 South Capitol Street, SW						м м 10	1	D 17			018	1					
	Suite 422	State	Zip Code				FEC Ide	entific	ation	Numbe	۰r							
	Washington Purpose of Disbursement Othera LPAC	DC	20003	_	_			C003										
	Clyburn LPAC Candidate Name			Cate	egory	1	Transaction ID : 9893105 Amount of Each Disbursement this Period											
	Office Sought: House Disburse	ement For:		IJ	ype							2000.00						
	Senate President	Primary Other (spe	General cify) ▼							Clyburn	LPA	2						
	State: District:	1					IVIE	mo Ite	em									
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 ¥ 23 26 1 28a 28b 28c 29 29								
Detailed Summary Page 210 22 x 23 26 28a 28b 28c 29	707							
	27 30b							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such	contributions							
NAME OF COMMITTEE (In Full)								
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC	of AAOS							
Full Name (Last, First, Middle Initial) A. Friends Of Jim Clyburn Date of Disbursement								
	YYYY							
Mailing Address Post Office Box 12567 10 17								
City State Zip Code FEC Identification Number								
Columbia SC 29211 Purpose of Disbursement C C00255562	-							
011								
Candidate Name Transaction ID : 989310								
Clyburn, James, E., Rep., Ciyburn, James, E., Rep., Amount of Each Disburseme								
Office Sought: K House Disbursement For: 2018	2000.00							
Senate Primary X General								
President Other (specify) ▼ Memo Item State: SC District: 06								
Full Name (Last, First, Middle Initial)								
B. People For Derek Kilmer Date of Disbursement	Date of Disbursement							
	Y Y Y							
	2018							
City State Zip Code FEC Identification Number								
Tacoma WA 98402 Purpose of Disbursement C C00514893	-							
011								
Candidate Name Category/ Amount of Each Disburseme								
Kilmer, Derek, , , Type								
Office Sought: X House Disbursement For: 2018	1000.00							
Senate Primary X General President Other (specify) Manual transmission								
State: WA District: 06								
Full Name (Last, First, Middle Initial)								
C. Kind For Congress Committee Date of Disbursement								
Mailing Address 205 5th Avenue S 10 17	2018							
Room 411 Zip Code EFCO Identification Number								
La Crosse WI 54601 FEC Identification Number								
Purpose of Disbursement C C00312017								
Orgalidate Name	6							
Candidate Name Kind, Ron, , , Amount of Each Disburseme Type	nt this Period							
KINO, RON, , Type Office Sought: x House Disbursement For: 2018	2000.00							
Senate Primary & General	1 40. 1							
President Other (specify) V Memo Item								
State: WI District: 03								
	5000.00							
SUBTOTAL of Disbursements This Page (optional)	0000.00							
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SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 74 OF 77							
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(ch	eck only 21b 28a	y one) 22 ¥ 23 26 27 28b 28c 29 30b							
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NAME OF COMMITTEE (In Full) Political Action Committee of the <i>J</i>	Americar	n Associatior	n of O	orthop	aedic SurgeonsPAC of AAOS							
Full Name (Last, First, Middle Initial) A. Kaine For Virginia					Date of Disbursement							
Mailing Address 1751 Potomac Greens Drive					10 17 2018							
City Alexandria	State VA	Zip Code 22314			FEC Identification Number							
Purpose of Disbursement			01		C C00495358 Transaction ID : 9893163							
Kaine, Tim, , Sen.,	ement For:		Cateo Typ		Amount of Each Disbursement this Period							
X Senate President	Primary Other (spe	X General			2500.00							
State: VA District: Full Name (Last, First, Middle Initial)	_											
B. Mooney for Congress Mailing Address P.O. Box 1863					Date of Disbursement							
City Martinsburg Purpose of Disbursement	Martinsburg WV 25402											
Candidate Name Mooney, Alexander, , , Office Sought: x House Disburse	y, Alexander, , ,			1 gory/ be	Transaction ID : 9893171 Amount of Each Disbursement this Period 2500.00							
Senate Primary X General President Other (specify)					Memo Item							
Full Name (Last, First, Middle Initial) C. Keystone America PAC					Date of Disbursement							
Mailing Address PO Box 58746	Mailing Address PO Box 58746											
City Philadelphia Purpose of Disbursement	State PA	Zip Code 19102			FEC Identification Number							
Casey's LPAC Candidate Name	1 gory/ be	C C00439992 Transaction ID : 9893173 Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President District:	Senate Primary General President Other (specify) ▼											
SUBTOTAL of Disbursements This Page (optional)				▶	6500.00							
TOTAL This Period (last page this line number only	/)			🕨	, ,							

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Are information copied from such Reports and Statements may not be sold or used by any period for the purpose of soliciting certifications from such committee NAME OF COMMITTEE (in Fill) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) A. Billy Long For Congress Mailing Address 3246 E Rudgeview St City Springfield Purpose of Diabursement City Springfield Purpose of Diabursement City City State: Other Congress B. Friends Of Sherrod Brown B. Friends Of Sherrod Brown Mailing Address PO Box 15293 City Washington Purpose of Diabursement B. Friends Of Sherrod Brown Mailing Address PO Box 15293 City Other (specify) Vialitation Number Purpose of Diabursement Brown, Sherrod, Sen., Diabursement City City City City City City	ITEMIZ	ED DISBURSEMENTS	for each	category of the	-	eck only	v one) 22 X 23 26 27								
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. Billy Long For Congress Mailing Address 3246 E Ridgeview St City Candidate Name Long, Billy, Office Sought: Yeadout Put Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown Mailing Address PO Box 15293 City Office Sought: Paradent Initial Candidate Name Deate of Disbursement Political Action Number City State: Mailing Address PO Box 15293 City Office Sought: President Disbursement City Washington Purpose of Disbursement President Office Sought: President Disbursement City Candidate Name Candidate Name City City City State: Office Sought: President Other (specify) <td></td> <td></td> <td></td> <td></td> <td></td> <td>ny perso</td> <td>on for the purpose of soliciting contributions</td>						ny perso	on for the purpose of soliciting contributions								
A. Billy Long For Congress Date of Disbursement Mailing Address 3248 E Ridgeview St Tot 2018 City State Zip Code Springlied Mo ES804 Purpose of Disbursement 011 Candidate Name 011 Cong, Billy, , , Disbursement For: 2018 Office Sought: Barate President Disbursement For: 2018 Office Sought: President Office Sought: A House Office Sought: Other (specify) Full Name (Last, First, Middle Initial) B. B. Friends Of Sherrod Brown Date of Disbursement Mailing Address: PO Box 15293 City Office Sought: House Purpose of Disbursement City Claugory State Office Sought: House President District: Brown, Sherrod , Sen., Dibursement For: 2018 Phrmary General Office Sought: House President District: Brown, Clast, First, Middle Initial) Dete of Disbursement City		. ,	American	Association	n of O	rthop	aedic SurgeonsPAC of AAOS								
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Springled MO 65804 Purpose of Disbursement 011 Candidate Name 011 Long, Billy, , , Office Sought: X House Disbursement For: 2018 State: MO Disbursement For: State: MO Disbursement For: State: MO Disbursement Purpose of Disbursement Office Sought: Y House Purpose of Disbursement Office Sought: Y Zo18 FEC Identification Number Office Sought: House Office Sought: House Disbursement For: 2018 Full Name (Last, First, Middle Initial) C Decident State: 10 17 2018 Full Name (Last, First, Middle Initial) C Decident State: 10 17 2018 Full Name (Last, First, Middle Initial) C C Coccococe4697 Cococe4697			State	Zip Code			FEC Identification Number								
Candidate Name Category/ Type Transaction ID : 9993174 Office Sought: I House Senate Disbursement For: 2018 Primary Memo Item State: MO District: 07 Pull Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown Date of Disbursement Mailing Address PO Box 15293 011 01 10 17 2018 City State Dic 2003 FEC Identification Number Cooce4697 Transaction ID : 9993175 Candidate Name 011 Category/ Type Transaction ID : 9993175 Mount of Each Disbursement FEC Identification Number Purpose of Disbursement Disbursement For: 2018 President 011 Category/ Transaction ID : 9993175 State: Office Sought: House Disbursement For: 2018 Memo Item Full Name (Last, First, Middle Initial) C Deciding Critical Races PAC Date of Disbursement Mailing Address PO Box 701 Nc 27528 FEC Identification Number City State Disbursement For: 27528 Fec Identification Number City Senate Disbursement For: 27528 T			МО	65804	04										
Senate Primary General President Other (specify) Memo Item Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown Malling Address PO Box 15293 Date of Disbursement City State DC Purpose of Disbursement Other (specify) Brown, Sherrod, , Sen., Other (specify) Office Sought: House State: Other (specify) State: Other (specify) Malling Address PO Box 701 Category/ City State: Office Sought: House Purpose of Disbursement Disbursement For: Office Sought: House Purpose of Disbursement Other (specify) City State: City State City State City State City State Office Sought: House Disbursement Other (specify) City Category/ City Category/ City Category/ Transaction ID: \$9	Long	, Billy, , ,			Categ	jory/									
State: MO District: 07 Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown Date of Disbursement Mailing Address PO Box 15283 10 17 2018 City State DC 20003 PEC Identification Number Purpose of Disbursement 011 Cadagory' Transaction ID : 9893175 Candidate Name Office Sought: House Disbursement For: 2018 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2018 Memo Item State: OH District: Memo Item Full Name (Last, First, Middle Initial) C Deciding Critical Races PAC Memo Item Mailing Address PO Box 701 NC 27528 FEC Identification Number City State Disbursement For: 011 Category' Office Sought: House Disbursement For: 011 Category' City State Zip Code NC 27528 FEC Identification Number Outer (Specify) State Disbursement For: 011 Category' Transaction ID :	Office	Senate													
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Washington DC 20003 Purpose of Disbursement 011 Candidate Name 011 Brown, Sherrod, , Sen., 011 Office Sought: House President 0ther (specify) State: OH Disbursement Full Name (Last, First, Middle Initial) C. Deciding Critical Races PAC Mailing Address PO Box 701 State City State Clayton NC Purpose of Disbursement For: 011 Category/ Transaction ID : 9893175 Mailing Address PO Box 701 Date of Disbursement City State Zip Code Clayton NC 27528 Purpose of Disbursement 011 Candidate Name Other (specify) Office Sought: House Disbursement For: President Disbursement For: 011 Category/ Type Category/ Type Rouzer LPAC Office Sought: House Disbursement For: 011 President Other (specify) General Rouzer LPAC															
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Clayton NC 27528 Purpose of Disbursement Rouzer LPAC 011 Candidate Name 011 Candidate Name 011 Office Sought: House Disbursement For: 1000.00 Senate Primary President Other (specify) State: District:	Mailing	Address PO Box 701					10 17 2018								
Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: Disbursements This Page (optional)	Claytor Purpos Rouze	e of Disbursement r LPAC			C C00577288 Transaction ID : 9893176										
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			-	•				-			_				
	Political Action Committee of the A	Americar	Association	n of (Orth	nopa	aedic Sur	geo	nsP	AC	ot AAC	DS				
Α.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey		Date of Disbursement													
	Mailing Address P. O. Box 411486							10 17 2018								
	City	State	Zip Code				FEC Identi	ficatio	n Numb	er						
	Melbourne Purpose of Disbursement	FL	32941													
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P	Full Name (Last, First, Middle Initial)						Detroit D	- -								
В.	Brindisi For Congress						Date of Di									
	Mailing Address PO Box 165						10 / D D / Y Y Y Y 10 17 / 2018									
	City	State	Zip Code				FEC Identi	ficatio	n Numh	er						
	Utica Purpose of Disbursement	NY	13503													
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	Candidate Name			1.1			Transa Amount of		ID: 989			iod				
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	State: NY District: 22	Other (spe	cify)				Memo	Item								
C.	Full Name (Last, First, Middle Initial) Martin Heinrich For Senate						Date of Di	sburse	ement							
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	Mailing Address PO Box 25763		10 17 2018													
	City	State	Zip Code				FEC Identi	ficatio	n Numb	er						
	Albuquerque Purpose of Disbursement								63							
	011							C C00434563 Transaction ID : 9893179								
	andidate Name Category/						Amount of		iod							
	Heinrich, Martin, T., Sen.,															
	Office Sought: House Disburse					-	-		1000.00							
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	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	n of (Ortho	opaedic SurgeonsPAC of AAOS							
Α.	Full Name (Last, First, Middle Initial) Christopher Peters for Congress	Date of Disbursement											
	Mailing Address PO Box 2202	01-1-	Zin Onda			10 17 2018							
	City Iowa City Purpose of Disbursement	State IA	Zip Code 52244			FEC Identification Number							
	Candidate Name				11 egory/	C C00613539 Transaction ID : 9893180 Amount of Each Disbursement this Period							
	Peters, Christopher, , , Office Sought: x House Disburse	ement For: ;	2018		/pe	2000.00							
	State: IA District: 02	Memo Item											
В.	Full Name (Last, First, Middle Initial) Guy for Congress	Date of Disbursement											
	Mailing Address PO Box 23177	State	Zip Code			10 17 2018							
	Pittsburgh Purpose of Disbursement	0)11	FEC Identification Number C C00657833 Transaction ID : 9893185									
	Candidate Name Reschenthaler, Guy, , , Office Sought: x House Disburse Senate President Disburse	House Disbursement For: 2018 Senate Primary X			egory/ /pe	Amount of Each Disbursement this Period							
	State: PA District: 14 Full Name (Last, First, Middle Initial)					Memo Item							
C.	Bilirakis For Congress	Date of Disbursement											
	Mailing Address PO Box 606	10 17 2018											
	City Tarpon Springs Purpose of Disbursement	FEC Identification Number											
	Candidate Name Bilirakis, Gus, , ,	11 egory/ /pe											
	Office Sought: House Disburse Senate President State: FL District: 12	ement For: 2 Primary Other (spe	x General			Memo Item							
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