

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

ADDRESS (number and street) 317 Massachusetts Ave., N.E. 1st Floor Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00343137 X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 10 / 15 / 2020 through 11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lundy, W, , Douglas, MD, MBA Type or Print Name of Treasurer

Signature of Treasurer Lundy, W, , Douglas, MD, MBA [Electronically Filed] Date 11 / 30 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="556233.75"/>	<input type="text" value="556233.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="380805.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="81247.45"/>	<input type="text" value="1068854.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="462052.92"/>	<input type="text" value="1625088.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47277.78"/>	<input type="text" value="1210313.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="414775.14"/>	<input type="text" value="414775.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 15 / 2020 To: M M / D D / Y Y Y Y 11 / 23 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71544.79	947900.03
(ii) Unitemized .....	9702.66	111003.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	81247.45	1058903.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	81247.45	1058903.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	8848.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1102.40
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	81247.45	1068854.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	81247.45	1068854.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2277.78	26659.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2277.78	26659.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	816801.20
24. Independent Expenditures (use Schedule E) .....	0.00	90000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1852.00
(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	1852.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	275000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47277.78	1210313.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47277.78	1210313.10

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	81247.45	1058903.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1852.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	81247.45	1057051.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2277.78	26659.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	8848.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2277.78	17811.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Nguyen, Lan, , DO, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1327 La Palma St  
 Unit 2B  
 City San Diego State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10763095**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Arvidson, Eric, B, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Pelham Rd  
 City Salem State NH Zip Code 03079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essex Ortho & Optima Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10763101**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Peterson, Robert, Kay, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5921 Pleasants Valley Rd  
 City Vacaville State CA Zip Code 95688-9021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10763102**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Nepola, James, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Hawkins Dr  
 Dept of Ortho  
 City Iowa City State IA Zip Code 52242-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2020  
**Transaction ID : 10763107**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Yusaf, Michael, Augustine, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1096 Canyon Creek Dr  
 City Rochester Hills State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rochester Knee & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2020  
**Transaction ID : 10763127**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Vrabec, Gregory, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 579 White Tail Ridge Dr  
 City Fairlawn State OH Zip Code 44333-3285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Akron General Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2020  
**Transaction ID : 10763135**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Junius, R, William, , III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Ibis St  
 City New Orleans State LA Zip Code 70124-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crescent City Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10763138**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dunn, Michael, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 Prince Lane  
 City St Simons Island State GA Zip Code 31522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10763715**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kennedy, Stephen, Alan, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 9th Ave Box 359798  
 City Seattle State WA Zip Code 98104-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10764919**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Fissel, Brian, Anthony, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6451 Westway Rd

City St Louis	State MO	Zip Code 63109
------------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Health Services	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2020

**Transaction ID : 10764921**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Kerbs, James, , , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 470 Cedarwood Dr

City Lexington	State OH	Zip Code 44904-8900
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2020

**Transaction ID : 10764925**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Johnson, Michael, Wynn, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Snow Forest Ln

City Sandy	State UT	Zip Code 84092-5522
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2020

**Transaction ID : 10764931**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Flock, Timothy, J., MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Warner Dr  
 City Lewiston State ID Zip Code 83501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lewiston Orthopedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 15 / 2020  
**Transaction ID : 10765099**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

Date of Receipt 10 / 16 / 2020  
**Transaction ID : 10765102**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Smith, Jeffrey, Mark, MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 San Elijo St  
 City San Diego State CA Zip Code 92106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITE Orthopaedics Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : 10765103**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Grimm, Matthew, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Avenue B  
 City Marrero State LA Zip Code 70072-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **840.00**

Date of Receipt **10 / 16 / 2020**  
**Transaction ID : 10765104**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

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

Date of Receipt **10 / 16 / 2020**  
**Transaction ID : 10765105**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Bilbrew, Lattisha, Latoya, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 Mountain Shadow  
 City Stone Mountain State GA Zip Code 30087-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **840.00**

Date of Receipt **10 / 16 / 2020**  
**Transaction ID : 10765106**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>418.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Beer, Timothy, A, , MD,FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020
Mailing Address 2107 E Desert Garden Drive			<b>Transaction ID : 10765121</b>
City Tucson	State AZ	Zip Code 85718	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Port, J, Teig, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020
Mailing Address 456 Wyndemere			<b>Transaction ID : 10765597</b>
City Heath	State TX	Zip Code 75032	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sullivan, Patrick, Michael, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020
Mailing Address 6001 Westown Pkwy			<b>Transaction ID : 10765615</b>
City West Des Moines	State IA	Zip Code 50266-7702	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Des Moines Orthopaedic Surgeons		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. McCulloch, Patrick, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Buckingham Drive  
 City Venetia State PA Zip Code 15367-2383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Ortho & Rehab Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2020  
**Transaction ID : 10765632**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Goldberg, Steven, Scott, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5867 Whisperwood Ct  
 City Naples State FL Zip Code 34110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Physicians Regional Medical Center - P Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2020  
**Transaction ID : 10765633**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Kwok, Moody, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Presidential Dr  
 City Horsham State PA Zip Code 19044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2020  
**Transaction ID : 10765634**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Greene, Robert, Neil, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 N 16th Ave  
 City Yakima State WA Zip Code 98902-1347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2020  
**Transaction ID : 10765635**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Coates, Kevin, E, , MD, MBA, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5651 Goldenberry Ct  
 City Winston Salem State NC Zip Code 27106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2020  
**Transaction ID : 10765636**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Olsen, Adam, S, , MD,MS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3686 Washington Street Apt 2520  
 City Boston State MA Zip Code 02130-3691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 10 / 17 / 2020  
**Transaction ID : 10765637**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bueche, Matthew, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Lyndhurst Ct  
 City Naperville State IL Zip Code 60563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 17 / 2020**  
**Transaction ID : 10765639**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Star, Andrew, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1223 Marietta Drive  
 City Ambler State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedicare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 18 / 2020**  
**Transaction ID : 10765758**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ellis, Thomas, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5190 Harlem Road  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2020**  
**Transaction ID : 10765793**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Shah, Roshan, P, , MD,JD,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 West 110th Street  
Apt 3E

City New York State NY Zip Code 10025-2105

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

Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765794**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Tyndall, William, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Brittany Ln

City Hollidaysburg State PA Zip Code 16648-9269

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

Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765795**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Baker, Champ, , , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Overlook Dr

City Columbus State GA Zip Code 31906

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

Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765796**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1168.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mitros, Stephen, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51045 Erin Glen Dr  
 City Granger State IN Zip Code 46530-9089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765797**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Woodcock, Jessica, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Ct  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765798**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Cooper, Scott, Snow, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10765799**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Seaberg, John, Paul, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2422 Blue Bonnet Blvd  
 City Houston State TX Zip Code 77030-3502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Houston Methodist Orthopedics and Spor Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2020  
**Transaction ID : 10766591**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Johnson, Paul, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 629 Kenesaw Ave  
 City Knoxville State TN Zip Code 37919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Knoxville Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : 10766684**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Brown, Barrett, Shytles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Fondren Orthopedic Group  
 7401 Main St  
 City Houston State TX Zip Code 77030-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : 10766741**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gish, Michael, W, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2020		
Mailing Address 2630 Old Orchard Rd			<b>Transaction ID : 10771016</b>		
City Lancaster	State PA	Zip Code 17601	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Orthopedic Associates of Lancaster		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Satterfield, Robert, N, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2020		
Mailing Address 1019 Brookside Dr NW			<b>Transaction ID : 10771017</b>		
City Wilson	State NC	Zip Code 27893	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>c. Chapman, Cary, B, , MD,FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2020		
Mailing Address 860 5th Ave			<b>Transaction ID : 10771305</b>		
City New York	State NY	Zip Code 10065-5856	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 840.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1384.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Stoeckl, Andrew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Fairlawn Dr  
 City Amherst State NY Zip Code 14226-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : 10771306**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

**B. Alwattar, Basil, Jamal, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6825 Colton Blvd  
 City Oakland State CA Zip Code 94611-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : 10771516**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Clark, Jason, Craig, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3425 8th St  
 City Moline State IL Zip Code 61265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORA Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : 10771600**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Russell, George, V, , Jr, MD,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1158

City Madison	State MS	Zip Code 39130-1158
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Mississippi Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

**Transaction ID : 10771661**

Amount of Each Receipt this Period  
90.00

Memo Item

**B. Soghikian, Gregory, W, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Champagne Terrace

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

**Transaction ID : 10771662**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Newson, Graham, , , MA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 Massachusetts Ave NE  
Ste 100

City Washington	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AAOS	Occupation (for Individual) Director, Office of Government Relatio
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

**Transaction ID : 10771663**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Duffin, Scott, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4524 Ridgepine Dr  
 City Evans State GA Zip Code 30809-4468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Augusta Orthopaedic and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : 10771664**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sherbondy, Paul, Strawn, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Beaumont Dr  
 City State College State PA Zip Code 16801-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10771888**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Kirol, Bernard, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 Turnwall Ln  
 City Elgin State SC Zip Code 29045-9507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10771890**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	409.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Veitch, Andrew, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 840.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10771891**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Hire, Justin, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Ault Park Ave  
 City Cincinnati State OH Zip Code 45208-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10771892**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Barber, Thomas, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1275 York Avenue  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10772190**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Rajani, Rajiv, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Ogden Ln  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of TX Health Sciences Ctr SA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10772191**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ede, David, E, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 Morris St Ste 104  
 City Charleston State WV Zip Code 25301-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10772192**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Nelson, Mark, Cutler, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12830 Seabreeze Farms Drive  
 City San Diego State CA Zip Code 92130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10772295**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hoenecke, Heinz, R, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12852 Via Nestore  
 City Del Mar State CA Zip Code 92014-3814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scripps Clinic Occupation (for Individual) Self Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10772300**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Navarro, Ronald, Anthony, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 24 / 2020  
**Transaction ID : 10773118**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Holmes, S, Wendell, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Belleclave Rd  
 City Columbia State SC Zip Code 29223-3261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 24 / 2020  
**Transaction ID : 10773119**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Swenning, Todd, Allen, , MD, FAAOS**

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

Mailing Address 41970 Rancho Manana Lane

City Rancho Mirage	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2020

**Transaction ID : 10773120**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Krusniak, Jeffrey, M, , DO, FAAOS**

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

Mailing Address 1826 Samish Ln

City Bellingham	State WA	Zip Code 98229-9321
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2020

**Transaction ID : 10773121**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Gruber, Michael, P, , MD,FAAOS**

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

Mailing Address 60 Golfview Club Drive

City Newnan	State GA	Zip Code 30265
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2020

**Transaction ID : 10773813**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Beltran, Michael, John, , MD, FAAOS**

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

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

City Cincinnati	State OH	Zip Code 45267-0212
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2020

**Transaction ID : 10773814**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Schnaser, Erik, Allen, , MD,FAAOS**

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

Mailing Address 45855 Apache Rd

City Indian Wells	State CA	Zip Code 92210-8722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2020

**Transaction ID : 10773816**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Eckrich, Stephen, G J, , MD,FAAOS**

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

Mailing Address 5511 Shooting Star Trail

City Rapid City	State SD	Zip Code 57702-8867
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2020

**Transaction ID : 10774678**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Angel, Jeffery, D, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 Westwood Drive  
 City Batesville State AR Zip Code 72501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 27 / 2020  
**Transaction ID : 10774680**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gary, Joshua, Layne, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3726 Tanglely Rd  
 City Houston State TX Zip Code 77005-2032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : 10775075**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**c. Carolan, Gregory, Francis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Meadow Ridge Ct  
 City Bethlehem State PA Zip Code 18015-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : 10775076**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Torres, Daniel, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1488 Shelburne Ct  
 City Allentown State PA Zip Code 18104-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2020  
**Transaction ID : 10775077**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Chandler, David, R, MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Middle Plantation Ln  
 City Gulf Breeze State FL Zip Code 32561-4899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2020  
**Transaction ID : 10775078**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Allard, Mark, Michael, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2020  
**Transaction ID : 10775079**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Porter, Scott, Edward, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 Jonesville Road  
 City Simpsonville State SC Zip Code 29681-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : 10775080**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. McClintock, Kyle, Ross, , DO, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2011 Fairway Oaks Dr  
 City Ripon State CA Zip Code 95366-9360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Core Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : 10775081**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Della Rocca, Gregory, John, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Stonehaven Rd  
 City Columbia State MO Zip Code 65203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : 10775082**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hopkins, C, Thomas, , MD, FAAOS**

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

Mailing Address 717 S 8th Street

City Griffin	State GA	Zip Code 30224
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Ortho Georgia	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2020

**Transaction ID : 10776325**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Andrisani, Damian, Michael, , MD, FAAOS**

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

Mailing Address 124 Saint Moritz Dr

City Wilmington	State DE	Zip Code 19807-1060
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Delaware Orthopaedic Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2020

**Transaction ID : 10776332**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MacKay, Michael, Alan, , MD, FAAOS**

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

Mailing Address Orthopaedic Surgeons of Oak Ridge  
90 Vermont Ave Ste 300

City Oak Ridge	State TN	Zip Code 37830-6478
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2020

**Transaction ID : 10776333**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Prud'homme, Bonhomme, Joseph, , MD, FAAOS**

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

Mailing Address One Medical Center Drive  
PO Box 9196

City Morgantown State WV Zip Code 26508

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 29 / 2020

**Transaction ID : 10776501**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Berson, Lawrence, , , MD, FAAOS**

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

Mailing Address 71 Arlen Way

City West Hartford State CT Zip Code 06117

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

Name of Employer (for Individual) MOS PC Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2020

**Transaction ID : 10776904**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Johnson, Eric, T, , MD, FAAOS**

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

Mailing Address 2 Nest Court

City Wilmington State DE Zip Code 19807

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2020

**Transaction ID : 10776906**

Amount of Each Receipt this Period 250.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kahlon, Randeep, S, , MD,FAAOS**

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

Mailing Address 35 Harvest Ln

City Hockessin	State DE	Zip Code 19707-2088
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2020

**Transaction ID : 10776908**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Truumees, Eeric, , , MD,FAAOS**

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

Mailing Address 1508 Windsor Rd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2020

**Transaction ID : 10776914**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Park, SangDo, , , MD,FAAOS**

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

Mailing Address 5280 Los Adornos Way

City Los Angeles	State CA	Zip Code 90027-1719
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2020

**Transaction ID : 10776928**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Skedros, John, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5316 Woodrow St Ste 200  
 City Murray State UT Zip Code 84107-5848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Utah Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : 10776935**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Barwick, James, F, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Honey Pod Farm Rd  
 City Washington State NC Zip Code 27889-5262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vidant Orthopaedics-Washington Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : 10776937**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Johnson, Paul, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18646 Vogel Farm Trail  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollete Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : 10776942**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cassidy, Carter, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 01 / 2020  
**Transaction ID : 10776945**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Ginnetti, John, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8049 Sky View Path  
 City Victor State NY Zip Code 14564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2020  
**Transaction ID : 10776951**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Bawa, Maneesh, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1162 Wilbur Ave  
 City San Diego State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2020  
**Transaction ID : 10776960**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1585.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Martin, Thomas, L, , MD, FAAOS**

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

Mailing Address 210 JPM Road

City Lewisburg	State PA	Zip Code 17837-9367
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2020

**Transaction ID : 10776962**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Gottschalk, Michael, Brandon, , MD, FAAOS**

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

Mailing Address 4799 Olde Village Cv

City Atlanta	State GA	Zip Code 30338-5055
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776979**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Higgins, Michael, E, , MD, FAAOS**

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

Mailing Address 5236 Rockport Landing

City Suffolk	State VA	Zip Code 23435-3518
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tidewater Orthopaedic Assoc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776980**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	834.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Knight, Bradford, S, , MD, FAAOS**

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

Mailing Address 11701 Pine Tree Dr

City Fairfax	State VA	Zip Code 22033-2712
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776981**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Rana, Adam, J, , MD, FAAOS**

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

Mailing Address 12 Landing Woods Ln

City Falmouth	State ME	Zip Code 04105-1948
------------------	-------------	------------------------

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

Name of Employer (for Individual) Maine Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776982**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Smith, Eric, Louis, , MD, FAAOS**

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

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468-1507
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776983**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dowd, Thomas, Charles, , MD, FAAOS**

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

Mailing Address 407 Country Ln

City San Antonio	State TX	Zip Code 78209-2320
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776984**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Watson, Troy, S, , MD,FAAOS**

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

Mailing Address 75 Kittansett Loop

City Henderson	State NV	Zip Code 89052-6694
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10776985**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Wilber, John, Howard, , MD, FAAOS**

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

Mailing Address 14255 County Line Rd

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Case Western Reserve University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2020

**Transaction ID : 10777408**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Wright, Craig, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Briar Hill Rd  
 City Montclair State NJ Zip Code 07042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : 10777418**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bercik, Michael, J, , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1410 Center Road  
 City Lancaster State PA Zip Code 17603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : 10777421**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Jiranek, William, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4066 Old River Trail  
 City Powhatan State VA Zip Code 23139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10777422**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Glusenkamp, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10777423**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kraushaar, Barry, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Divot PI  
 City Suffern State NY Zip Code 10901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : 10777424**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Bailey, James, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10439 Blue Summit Court  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : 10777426**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	234.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Adamson, Kent, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Via Rancho  
 City San Clemente State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020  
**Transaction ID : 10777428**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615-5708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2020  
**Transaction ID : 10777429**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Giuseffi, Steven, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2020  
**Transaction ID : 10777430**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mott, Michael, P, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11193 Maple Ridge Drive

City Plymouth	State MI	Zip Code 48170
------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Hospital, K-12	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2020

**Transaction ID : 10777432**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Iorio, Richard, , , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Prince St

City Beverly	State MA	Zip Code 01915
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYU Langone Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2020

**Transaction ID : 10777433**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Waddell, Bradford, Sutton, , MD, FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5575 Lake Forrest Dr

City Atlanta	State GA	Zip Code 30342
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoAtlanta	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2020

**Transaction ID : 10777435**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	318.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lopez, David, Vincent, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Courtney Ct  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2020  
**Transaction ID : 10777437**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Parks, Michael, Lloyd, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2020  
**Transaction ID : 10777785**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Layfield, Richard, , , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14605 Potomac Branch Drive, Ste 30  
 City Woodbridge State VA Zip Code 22191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nova Orthopedic and Spine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2020  
**Transaction ID : 10777848**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	834.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Longenecker, Stephen, C, , MD, FAAOS**

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

Mailing Address 1180 Osprey Court

City Marco Island	State FL	Zip Code 34145-5818
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Bone and Joint Care Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2020

**Transaction ID : 10777854**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Grebing, Brett, Raymond, , MD,FAAOS**

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

Mailing Address 719 Schwarz Rd

City Edwardsville	State IL	Zip Code 62025
----------------------	-------------	-------------------

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

Name of Employer (for Individual) The Ctr for Advanced Ortho, LLC	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2020

**Transaction ID : 10777856**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Everman, David, Glenn, , MD, FAAOS**

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

Mailing Address 57 Bayberry Ln

City Myrtle Beach	State SC	Zip Code 29572-5600
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2020

**Transaction ID : 10783009**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Milia, Marc, J, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1386 Stanley

City Birmingham	State MI	Zip Code 48009-4145
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783010**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Stokesbary, Steven, J, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 627 Arrowhead Ct

City Dakota Dunes	State SD	Zip Code 57049-5325
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CNOS	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783011**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Borgatti, Richard, J, , Jr, MD,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 661 Valley Road

City Brielle	State NJ	Zip Code 08730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Seaview Orthopedic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783461**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	834.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Routman, Alan, S, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 SE 9th St

City Fort Lauderdale	State FL	Zip Code 33316-1415
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Ortho Florida	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10783508**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Lintecum, Neal, D, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 789 N 1500 Road

City Lawrence	State KS	Zip Code 66049-9194
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2020

**Transaction ID : 10783750**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Brolin, Tyler, James, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 Bray Park Drive East

City Collierville	State TN	Zip Code 38017-3676
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2020

**Transaction ID : 10783751**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Songer, John, E, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Coosa Ridge Dr  
 City Whittier State NC Zip Code 28789-8242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 05 / 2020**  
**Transaction ID : 10783971**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt **11 / 04 / 2020**  
**Transaction ID : 10783973**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt **11 / 04 / 2020**  
**Transaction ID : 10783974**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1083.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bettin, Clayton, Charles, , MD,FAAOS**

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

Mailing Address 5047 Shady Hall Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783975**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Bettin, Clayton, Charles, , MD,FAAOS**

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

Mailing Address 5047 Shady Hall Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783976**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Calandrucio, James, H, , MD, FAAOS**

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

Mailing Address Campbell Clinic  
1400 S Germantown Rd

City Germantown	State TN	Zip Code 38138-2205
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783977**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Calandrucchio, James, H, , MD, FAAOS**

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

Mailing Address Campbell Clinic  
1400 S Germantown Rd

City Germantown State TN Zip Code 38138-2205

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10783978**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Crockarell, John, R, , Jr, MD, FA**

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

Mailing Address 1458 W Poplar Ave  
Ste 100

City Collierville State TN Zip Code 38017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10783979**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Crockarell, John, R, , Jr, MD, FA**

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

Mailing Address 1458 W Poplar Ave  
Ste 100

City Collierville State TN Zip Code 38017

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10783980**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ford, Marcus, Christopher, , MD, FAAOS**

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

Mailing Address 1923 Ivy Wood Ln

City Collierville	State TN	Zip Code 38017
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
187.56

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783981**

Amount of Each Receipt this Period  
20.84

Memo Item

**B. Ford, Marcus, Christopher, , MD, FAAOS**

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

Mailing Address 1923 Ivy Wood Ln

City Collierville	State TN	Zip Code 38017
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.40

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783982**

Amount of Each Receipt this Period  
20.84

Memo Item

**C. Gear, Benjamin, J, , MD,FAAOS**

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

Mailing Address 219 Lagrange Creek Drive

City Eads	State TN	Zip Code 38028
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783983**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783984**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Guyton, James, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 Massey Estates Cove  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783985**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

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

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783986**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Harkess, James, W, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

City Germantown	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783987**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Harkess, James, W, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

City Germantown	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783988**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Heck, Robert, Kurt, , Jr, MD, FA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 Barfield Rd

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10783989**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Heck, Robert, Kurt, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Barfield Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783990**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Kelly, Derek, Michael, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783991**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Kelly, Derek, Michael, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783992**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mascioli, Anthony, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 W Goodwyn  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 187.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10783993**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**B. Mascioli, Anthony, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 W Goodwyn  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10783994**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**C. Mauck, Benjamin, Matthew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2742 Central Ave  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 187.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10783995**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783996**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Mihalko, Marc, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road  
 City Memphis    State TN    Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783997**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Mihalko, Marc, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road  
 City Memphis    State TN    Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10783998**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Murphy, Garnett, Andrew, , MD,FAOS**

Mailing Address Campbell Clinic  
 1400 S Germantown Rd

City Germantown    State TN    Zip Code 38138-2205

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10783999**

Amount of Each Receipt this Period  
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Murphy, Garnett, Andrew, , MD,FAOS**

Mailing Address Campbell Clinic  
 1400 S Germantown Rd

City Germantown    State TN    Zip Code 38138-2205

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10784000**

Amount of Each Receipt this Period  
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**c. Phillips, Barry, B, , MD, FAOS**

Mailing Address 8681 Windrush

City Memphis    State TN    Zip Code 38125

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 187.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10784001**

Amount of Each Receipt this Period  
 20.83

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.17

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Date of Receipt **11 / 04 / 2020**  
**Transaction ID : 10784002**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Richardson, David, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 636 Center Dr  
 City Memphis State TN Zip Code 38112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt **11 / 04 / 2020**  
**Transaction ID : 10784003**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

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

Date of Receipt **11 / 04 / 2020**  
**Transaction ID : 10784004**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Rudloff, Matthew, Ian, , MD, FAAOS**

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

Mailing Address 10211 Ramblewood Dr

City Arlington	State TN	Zip Code 38002
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 04 / 2020

**Transaction ID : 10784005**

Amount of Each Receipt this Period  

41.67
-------

 Memo Item

**B. Rudloff, Matthew, Ian, , MD, FAAOS**

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

Mailing Address 10211 Ramblewood Dr

City Arlington	State TN	Zip Code 38002
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 04 / 2020

**Transaction ID : 10784006**

Amount of Each Receipt this Period  

41.67
-------

 Memo Item

**C. Sawyer, Jeffrey, R, , MD, FAAOS**

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

Mailing Address 4450 Chickasaw Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 04 / 2020

**Transaction ID : 10784007**

Amount of Each Receipt this Period  

41.67
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10784008**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Sheffer, Benjamin, West, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10784009**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Sheffer, Benjamin, West, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2020  
**Transaction ID : 10784010**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.01  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 60 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thompson, Norfleet, Buckner, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 Highland Park Place  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10784013**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Thompson, Norfleet, Buckner, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 Highland Park Place  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10784014**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Throckmorton, Thomas, Ward, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Fairfield Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10784015**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.01  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Throckmorton, Thomas, Ward, , MD,FAAOS**

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

Mailing Address 4901 Fairfield Circle

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2020

**Transaction ID : 10784016**

Amount of Each Receipt this Period  
41.67

Memo Item

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

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

Mailing Address 215 East Cherry Circle

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2020

**Transaction ID : 10784017**

Amount of Each Receipt this Period  
41.67

Memo Item

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

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

Mailing Address 215 East Cherry Circle

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2020

**Transaction ID : 10784018**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Weinlein, John, C, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 Valleybrook Dr

City Memphis	State TN	Zip Code 38120-2707
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10784019**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Weinlein, John, C, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 Valleybrook Dr

City Memphis	State TN	Zip Code 38120-2707
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10784020**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Williams, Keith, D, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Pinnacle Creek Dr

City Germantown	State TN	Zip Code 38138
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2020

**Transaction ID : 10784021**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10784022**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Schmale, Gregory, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 126th Ave NE  
 City Kirkland State WA Zip Code 98033-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : 10784719**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hasan, Syed, Ashfaq, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7730 Elmwood Road  
 City Fulton State MD Zip Code 20759-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : 10784720**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Burke, Charles, J., III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Delafield Rd  
Ste 4010

City Pittsburgh State PA Zip Code 15215-3235

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

Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020

**Transaction ID : 10784721**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Archdeacon, Michael, T., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4538 Philnoll Dr

City Cincinnati State OH Zip Code 45247-5079

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

Name of Employer (for Individual) UC Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020

**Transaction ID : 10784722**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Heinle, Colin, C., MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 N Mulberry St

City Lancaster State PA Zip Code 17601

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

Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2020

**Transaction ID : 10785467**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1334.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Kofoed, John, Charles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2619 Seminole Ct  
 City Fairfield State CA Zip Code 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 623.00

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10785468**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

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

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10785469**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Barnes, C, Lowry, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 E Palisades  
 City Little Rock State AR Zip Code 72207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Arkansas for Medical Sci Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10785470**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2089.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kofoed, John, Charles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2619 Seminole Ct  
 City Fairfield State CA Zip Code 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 712.00

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10785471**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

**B. Salyers, Steve, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 Rossview Rd  
 City Clarksville State TN Zip Code 37043-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1580.00

Date of Receipt 11 / 04 / 2020  
**Transaction ID : 10785472**  
 Amount of Each Receipt this Period 580.00  
 Memo Item

**C. Green, Daniel, William, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 07 / 2020  
**Transaction ID : 10785876**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	844.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mosley, Emmett, Wayne, , MD, FAAOS**

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

Mailing Address 633 Crescent Hills Way

City Lakeland	State FL	Zip Code 33813-4675
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2020

**Transaction ID : 10785877**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Kiner, Dirk, W, , MD, FAAOS**

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

Mailing Address 449 Canyon Springs Dr

City Hixson	State TN	Zip Code 37343-2387
----------------	-------------	------------------------

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

Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2020

**Transaction ID : 10785878**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Covey, Capt. Dana, C, , MD, MSc, F**

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

Mailing Address 12835 Three Canyons Point

City San Diego	State CA	Zip Code 92130-6861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of California, San Diego	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2020

**Transaction ID : 10785879**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Buckley, Steven, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Locust Ave SE  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 07 / 2020  
**Transaction ID : 10785881**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Taksali, Sudeep, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7535 SW Schroeder Way  
 City Wilsonville State OR Zip Code 97070-9574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hope Orthopedics of Oregon Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2020  
**Transaction ID : 10785884**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Leddy, Michael, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3444 Masonic Dr  
 City Alexandria State LA Zip Code 71301-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2020  
**Transaction ID : 10785885**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Szczech, Bartlomiej, , , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Intervale Way

City Lake Placid	State NY	Zip Code 12946-3240
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St Joseph's Hospital Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

**Transaction ID : 10785886**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Mejia, Alfonso, , , MD, MPH, FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5332 South Shore Drive

City Chicago	State IL	Zip Code 60615-5708
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Illinois Association of Orthopedic Sur	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1176.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

**Transaction ID : 10785887**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Drinkwater, Christopher, John, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Barrington St

City Rochester	State NY	Zip Code 14607-2240
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

**Transaction ID : 10785888**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	434.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Clain, Michael, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Indian Head Rd  
 City Riverside State CT Zip Code 06878-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : 10786245**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Silverman, Lance, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2774 W Lake of the Isles Pkwy  
 City Minneapolis State MN Zip Code 55416-4337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Silverman Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : 10786246**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kassman, Steven, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20325 N 51st Ave Building 4, Suite 124  
 City Glendale State AZ Zip Code 85308-5665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2020  
**Transaction ID : 10789697**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Valdez, Daniel, C, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 Foxhall Ln  
 City San Antonio State TX Zip Code 78213-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2020  
**Transaction ID : 10790850**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Hermann, Mark, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Maple Ln  
 City Danville State VA Zip Code 24541-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Medical Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2020  
**Transaction ID : 10790851**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Gupta, Ganesh, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17422 Thomas Ln Rd  
 City Smithville State MO Zip Code 64089-8634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatric Orthoc Surgery Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2020  
**Transaction ID : 10791126**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bernard, Johnathan, , , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13350 Franklin Farm Road  
 Suite 220  
 City Herndon State VA Zip Code 20171-4095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2020  
**Transaction ID : 10791281**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Marinello, Patrick, Gaetano, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Bradhaven Rd  
 City Slingerlands State NY Zip Code 12159-9369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2020  
**Transaction ID : 10791282**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Dodds, Julie, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 Ramblewood Dr  
 City East Lansing State MI Zip Code 48823-6384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1174.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2020  
**Transaction ID : 10791283**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Means, Kenneth, Robert, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2908 Crabapple Ln  
 City Ellicott City State MD Zip Code 21042-2570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2020  
**Transaction ID : 10791284**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Braaton, Paul, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd Ste 100  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 12 / 2020  
**Transaction ID : 10791285**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Espinoza, Luis, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Savannah Ridge Lane  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 12 / 2020  
**Transaction ID : 10791286**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Schneider, Scott, B, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1180 Mary Hill Circle

City Hartland	State WI	Zip Code 53029-8009
------------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopaedic Associates of Wisconsin	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2020

**Transaction ID : 10791287**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Glassman, Andrew, H, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 North Drexel Avenue

City Columbus	State OH	Zip Code 43209-1427
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Wexner Medical C	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1174.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2020

**Transaction ID : 10791288**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. John, Thomas, K, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 Eastbrook Rd

City Ridgewood	State NJ	Zip Code 07450-2110
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2020

**Transaction ID : 10791289**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Watling, Jonathan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Starboard Reach  
 City Yarmouth State ME Zip Code 04096-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2020  
**Transaction ID : 10791290**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mansfield, David, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 773 Azalea Pl  
 City El Paso State TX Zip Code 79922-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2020  
**Transaction ID : 10791291**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**c. Krueger, Chad, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Charles Dr  
 City Havertown State PA Zip Code 19083-1031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2020  
**Transaction ID : 10793427**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Foster, W, Stanley, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Valerie Dr  
 City Lafayette State LA Zip Code 70508-6008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2020  
**Transaction ID : 10793428**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. James, Jeremy, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 805 Green Leaf Circle  
 City Madisonville State LA Zip Code 70447-3236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2020  
**Transaction ID : 10793429**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**c. Lanham, Nathan, Scott, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 Buff Road  
 City Tenafly State NJ Zip Code 07670-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Irving Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2020  
**Transaction ID : 10793432**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	684.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mumford, Joseph, E., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 SW Briarwood Circle  
 City Topeka State KS Zip Code 66611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stormont Vail Healthcare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2020  
**Transaction ID : 10793719**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Courtney, Paul, Maxwell, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 902 S Front St  
 City Philadelphia State PA Zip Code 19147-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 14 / 2020  
**Transaction ID : 10793749**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Carter, Ralph, E., , III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Sterling Ln  
 City Laurinburg State NC Zip Code 28352-5598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2020  
**Transaction ID : 10793750**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	834.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Berg, Troy, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3720 Glen Crest Ct  
 City Eau Claire State WI Zip Code 54701-5615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2020  
**Transaction ID : 10793753**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Guevara, Benjamin, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 280 Remington Dr  
 City Mandeville State LA Zip Code 70448-1942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2020  
**Transaction ID : 10793754**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Coppage, Jeffrey, Miles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N15 W28300 Golf Rd  
 City Pewaukee State WI Zip Code 53072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2020  
**Transaction ID : 10793761**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Grimm, Matthew, R, , MD, FAAOS**

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

Mailing Address 920 Avenue B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2020

**Transaction ID : 10793767**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Forman, Scott, K, , MD, FAAOS**

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

Mailing Address 25 High Water

City Newport Coast	State CA	Zip Code 92657-2149
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2020

**Transaction ID : 10793768**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Bilbrew, Lattisha, Latoya, , MD**

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

Mailing Address 1710 Mountain Shadow

City Stone Mountain	State GA	Zip Code 30087-2111
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2020

**Transaction ID : 10793769**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. McCulloch, Patrick, T, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 Buckingham Drive

City Venetia	State PA	Zip Code 15367-2383
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Ortho & Rehab	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2020

**Transaction ID : 10794384**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Greene, Robert, Neil, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 N 16th Ave

City Yakima	State WA	Zip Code 98902-1347
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2020

**Transaction ID : 10794385**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Olsen, Adam, S, , MD,MS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 Washington Street  
Apt 2520

City Boston	State MA	Zip Code 02130-3691
----------------	-------------	------------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2020

**Transaction ID : 10794386**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Chiodo, Christopher, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Bramel Circle  
 City Walpole State MA Zip Code 02081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bringham Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2020  
**Transaction ID : 10794396**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Lopez, Peter, V, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 172-01 45 Ave  
 City New York State NY Zip Code 11358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 18 / 2020  
**Transaction ID : 10795148**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**c. Shah, Roshan, P, , MD,JD,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 West 110th Street Apt 3E  
 City New York State NY Zip Code 10025-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10795397**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1284.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tyndall, William, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 Brittany Ln  
 City Hollidaysburg State PA Zip Code 16648-9269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10795398**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Mitros, Stephen, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51045 Erin Glen Dr  
 City Granger State IN Zip Code 46530-9089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10795399**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Woodcock, Jessica, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Ct  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10795400**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 405 NW A St

City Bentonville	State AR	Zip Code 72712-5216
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2020

**Transaction ID : 10795401**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Russell, George, V, , Jr, MD,FAA**

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

Mailing Address PO Box 1158

City Madison	State MS	Zip Code 39130-1158
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Mississippi Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2020

**Transaction ID : 10795952**

Amount of Each Receipt this Period  
90.00

Memo Item

**C. Keenan, Owen, B, , MD, FAAOS**

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

Mailing Address Dept of Orthopaedics  
1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Marshfield Clinic Patient ED Hume 2	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2020

**Transaction ID : 10795953**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	424.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hennrikus, William, L., Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Laurel Ridge Rd  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2020  
**Transaction ID : 10795954**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Powell, Thomas, Edward, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Canyon Rd Ste 200  
 City Vestavia Hills State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powell & Jones Orthopaedics Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2020  
**Transaction ID : 10795955**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Schellack, Gregg, Wendell, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17465 Glacier Hwy  
 City Juneau State AK Zip Code 99801-8351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Navy Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2020  
**Transaction ID : 10795956**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Su, Edward, T, , MD, FAAOS**

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

Mailing Address 11726 Valley Creek Rd

City Woodbury	State MN	Zip Code 55129
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2020

**Transaction ID : 10795957**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Woo, Kent, E, , MD, FAAOS**

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

Mailing Address 309 McAlpin Dr

City Savannah	State GA	Zip Code 31406-8923
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optim Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2020

**Transaction ID : 10795959**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Valadie, Alan, L, , MD,FAAOS**

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

Mailing Address 1804 71st St NW

City Bradenton	State FL	Zip Code 34209
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2020

**Transaction ID : 10795960**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Seaworth, Christine, Marie, , MD,FAOS**

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

Mailing Address 1001 Keowee Ave

City Knoxville	State TN	Zip Code 37919
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University Orthopaedic Surgeons	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 10795978**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Urband, Lindsey, , , MD,FAOS**

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

Mailing Address 8008 Frost St Suite 403

City San Diego	State CA	Zip Code 92123-4209
-------------------	-------------	------------------------

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

Name of Employer (for Individual) San Diego Hand Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2020

**Transaction ID : 10795981**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Engstrom, Stephen, , , MD**

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

Mailing Address 1215 21st Avenue South Suite 4200

City Nashville	State TN	Zip Code 37232-8774
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2020

**Transaction ID : 10795983**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Sheehan, John, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : 10795985**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Quinn, David, E, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Thorndale Rd  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Region Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : 10795986**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Migliori, Sidney, Premer, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Chief Botelho Ct  
 City East Greenwich State RI Zip Code 02818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortho Rhode Island Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : 10795987**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Harrison, Alicia, Karin, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1942 Humboldt Ave S

City Minneapolis	State MN	Zip Code 55403-2815
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Minnesota	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		09		2020

**Transaction ID : 10795991**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Chutkan, Norman, Barrington, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 N Manor Drive E

City Phoenix	State AZ	Zip Code 85014
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		09		2020

**Transaction ID : 10795992**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. More, Robert, Cameron, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Drive  
Suite 101

City Flemington	State NJ	Zip Code 08822
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1092.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		09		2020

**Transaction ID : 10795994**

Amount of Each Receipt this Period  
84.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cimino, William, Gerard, , MD,FAAOS**

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

Mailing Address 52 Beach Road  
Suite 207

City Fairfield State CT Zip Code 06824

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 09 / 2020

**Transaction ID : 10795995**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Parsley, Brian, S, , MD,FAAOS**

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

Mailing Address 5420 West Loop South  
Suite 2400

City Bellaire State TX Zip Code 77401

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

Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 13 / 2020

**Transaction ID : 10795996**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Damalas, Dino, , , MBA**

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

Mailing Address 9400 W Higgins Rd

City Rosemont State IL Zip Code 60018-4975

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

Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 13 / 2020

**Transaction ID : 10795997**

Amount of Each Receipt this Period 84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fragomen, Austin, Thomas, , MD,FAAOS**

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

Mailing Address 48-25 64th St

City Woodside	State NY	Zip Code 11377
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 13 / 2020

**Transaction ID : 10795999**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Mailing Address 641 N Lamar Blvd

City Oxford	State MS	Zip Code 38655-3235
----------------	-------------	------------------------

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

Name of Employer (for Individual) Specialty Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 16 / 2020

**Transaction ID : 10796000**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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

Mailing Address 14 Turner Lane

City Loudonville	State NY	Zip Code 12211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Region Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 16 / 2020

**Transaction ID : 10796002**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Zanaros, George, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Shaker Bay Rd  
 City Latham State NY Zip Code 12110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 16 / 2020  
**Transaction ID : 10796003**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Dantzker, Nicholas, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 20th Ave S Apt 1212  
 City Nashville State TN Zip Code 37212-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10796014**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Brown, Barrett, Shytlers, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Fondren Orthopedic Group 7401 Main St  
 City Houston State TX Zip Code 77030-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : 10796035**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Levine, William, N, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 Riverside Blvd  
Apt 3N

City New York	State NY	Zip Code 10069
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020

**Transaction ID : 10796057**

Amount of Each Receipt this Period  
3000.00

Memo Item

**B. Chapman, Cary, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 5th Ave

City New York	State NY	Zip Code 10065-5856
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2020

**Transaction ID : 10796126**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Stoekli, Andrew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226-3422
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Excelsior Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
913.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2020

**Transaction ID : 10796127**

Amount of Each Receipt this Period  
83.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3167.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stronach, Benjamin, M, , MD,FAAOS**

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

Mailing Address 105 Antlers Ln

City Madison	State MS	Zip Code 39110-8011
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Mississippi Hlth Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2020

**Transaction ID : 10796128**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Mailing Address 507 Beaumont Dr

City State College	State PA	Zip Code 16801-8311
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2020

**Transaction ID : 10796132**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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

Mailing Address 338 Turnwall Ln

City Elgin	State SC	Zip Code 29045-9507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Midlands Orthopaedics, PA	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2020

**Transaction ID : 10796134**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Veitch, Andrew, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 924.00

Date of Receipt 11 / 22 / 2020  
**Transaction ID : 10796135**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Hire, Justin, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Ault Park Ave  
 City Cincinnati State OH Zip Code 45208-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 462.00

Date of Receipt 11 / 22 / 2020  
**Transaction ID : 10796136**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Hunt, Stephen, Austin, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Pheasant Run Dr  
 City Basking Ridge State NJ Zip Code 07920-2674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : 10796141**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 100 Berkeley Way

City San Francisco	State CA	Zip Code 94131
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

**Transaction ID : 10797049**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. O'Donovan, Terrence, M, , MD, FAAOS**

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

Mailing Address 615 Maid Marion Hill

City Sherwood Forest	State MD	Zip Code 21405
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

**Transaction ID : 10797050**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Harris, Jeffrey, L, , MD, FAAOS**

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

Mailing Address 10909 Monte Vista Ct

City Fort Wayne	State IN	Zip Code 46814
--------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoNortheast	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

**Transaction ID : 10797051**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Samuelson, Thomas, S, , MD, FAAOS**

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

Mailing Address 12101 Catalina St

City Leawood	State KS	Zip Code 66209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Medical Group of KC	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020

**Transaction ID : 10797060**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Quigley, John, T, , MD, FAAOS**

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

Mailing Address Suite 103  
289 W Huntington Dr

City Arcadia	State CA	Zip Code 91007
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Congress Ortho Assoc Inc	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020

**Transaction ID : 10797061**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Jacobs, Joshua, J, , MD, FAAOS**

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

Mailing Address 2407 Pomona Lane

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rush Univ Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020

**Transaction ID : 10797062**

Amount of Each Receipt this Period  
1000.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pierce, Troy, D, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4012 Edgewater Pl SE

City Mandan	State ND	Zip Code 58554
----------------	-------------	-------------------

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

Name of Employer (for Individual) The Bone & Joint Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2020

**Transaction ID : 10797063**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Shea, Kevin, P, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Sarah Dr

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of CT Health Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2020

**Transaction ID : 10797070**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Rechter, Alan, Jeffrey, , MD, FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18885 Katy Freeway

City Houston	State TX	Zip Code 77094
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2020

**Transaction ID : 10797071**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Spencer, Curtis, W, , III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2760 Atlantic Ave  
 City Long Beach State CA Zip Code 90806-2755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : 10797072**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jones, Lowry, , , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2609 W 65th St  
 City Mission Hills State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kansas City Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : 10797073**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Smith, Scott, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Clovis Dr  
 City Georgetown State TX Zip Code 78628-7167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedics Round Rock Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2020  
**Transaction ID : 10798112**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Bercik, Michael, J, , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1410 Center Road  
 City Lancaster State PA Zip Code 17603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt 11 / 19 / 2020  
**Transaction ID : 10798113**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Jiranek, William, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4066 Old River Trail  
 City Powhatan State VA Zip Code 23139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 924.00

Date of Receipt 11 / 21 / 2020  
**Transaction ID : 10798114**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Glusenkamp, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt 11 / 22 / 2020  
**Transaction ID : 10798115**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 100 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City Chicago    State IL    Zip Code 60615-5708

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

Name of Employer (for Individual) Illinois Association of Orthopedic Sur    Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020

**Transaction ID : 10798118**

Amount of Each Receipt this Period  
 84.00

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	71544.79

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10766574**

Amount of Each Disbursement this Period

[REDACTED] 139.46

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10766575**

Amount of Each Disbursement this Period

[REDACTED] 720.23

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10776267**

Amount of Each Disbursement this Period

[REDACTED] 178.78

Bank fees deducted from account

Memo Item

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

[REDACTED] 1038.47

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10776268**

Amount of Each Disbursement this Period

[REDACTED] 60.24

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10797790**

Amount of Each Disbursement this Period

[REDACTED] 312.69

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : 10797791**

Amount of Each Disbursement this Period

[REDACTED] 253.13

Bank fees deducted from account

Memo Item

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

[REDACTED] 626.06

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			20	20		

FEC Identification Number

C [REDACTED]

**Transaction ID : 10797792**

Amount of Each Disbursement this Period

[REDACTED] 237.45

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			20	20		

FEC Identification Number

C [REDACTED]

**Transaction ID : 10797793**

Amount of Each Disbursement this Period

[REDACTED] 150.25

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			20	20		

FEC Identification Number

C [REDACTED]

**Transaction ID : 10797794**

Amount of Each Disbursement this Period

[REDACTED] 225.55

Bank fees deducted from account

Memo Item

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

[REDACTED] 613.25

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

[REDACTED] 2277.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William Timmons For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

Mailing Address PO Box 3416

FEC Identification Number

**C** C00668491

City Greenville State SC Zip Code 29602

**Transaction ID : 10762691**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

**Timmons, William, R., Rep., IV**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼

State: SC District: 04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

Mailing Address PO Box 50

FEC Identification Number

**C** C00495846

City Ballwin State DC Zip Code 63022

**Transaction ID : 10762692**

Purpose of Disbursement  
Void - Ann Wagner For Congress

**011**  
Category/  
Type

Amount of Each Disbursement this Period

- 1500.00

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MO District: 02

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

Mailing Address 1519 Washington Street  
Suite 200

FEC Identification Number

**C** C00371302

City Laredo State TX Zip Code 78040

**Transaction ID : 10762693**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**Cuellar, Henry, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 28

Memo Item

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

2500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kelly, George, , , Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2020

FEC Identification Number

**C** C00474189

**Transaction ID : 10762694**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Gonzales For Congress**

Mailing Address 11613 Huebner

City  
San Antonio

State  
TX

Zip Code  
78248

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gonzales, Ernest, , , II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2020

FEC Identification Number

**C** C00706614

**Transaction ID : 10762695**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ann Wagner For Congress**

Mailing Address PO Box 50

City  
Ballwin

State  
DC

Zip Code  
63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2020

FEC Identification Number

**C** C00495846

**Transaction ID : 10762697**

Amount of Each Disbursement this Period

1500.00
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Memo Item

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

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rounds For Senate**

Mailing Address PO Box 250

City  
Pierre

State  
SD

Zip Code  
57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rounds, Mike, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: SD

District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2020

FEC Identification Number

C C00532465

**Transaction ID : 10762698**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bishop For Congress**

Mailing Address 2216 Whilden Ct

City  
Charlotte

State  
NC

Zip Code  
28211

Purpose of Disbursement  
Void - Bishop For Congress

011

Category/  
Type

Candidate Name

**Bishop, James, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: NC

District: 09

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2020

FEC Identification Number

C C00699660

**Transaction ID : 10762927**

Amount of Each Disbursement this Period

- 1000.00

Void - Bishop For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARSHA PAC**

Mailing Address PO Box 3241

City  
Brentwood

State  
TN

Zip Code  
37024

Purpose of Disbursement  
Void - MARSHA PAC

011

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2020

FEC Identification Number

C C00409276

**Transaction ID : 10762928**

Amount of Each Disbursement this Period

- 1000.00

Void - MARSHA PAC

Memo Item

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

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Cowan For Congress, Inc.**

Mailing Address 1101 E 2nd Avenue Se

City Rome State GA Zip Code 30161

Purpose of Disbursement  
Void - John Cowan For Congress, Inc.

011  
Category/  
Type

Candidate Name  
**Cowan, John, , ,**

Office Sought:  House  
 Senate  
 President  
State: GA District: 14

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
2020 Georgia Primary

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2020

FEC Identification Number

C C00734517

**Transaction ID : 10762929**

Amount of Each Disbursement this Period

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- 2500.00

Memo Item Inc. Void - John Cowan For Congress, Inc.

Full Name (Last, First, Middle Initial)

**B. Vote to Elect Republicans Now PAC (VERN PAC)**

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34236

Purpose of Disbursement  
Buchanan's LPAC

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2020

FEC Identification Number

C C00431403

**Transaction ID : 10771511**

Amount of Each Disbursement this Period

-----  
2500.00

Buchanan's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
**Rogers, Mike, D., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: AL District: 03

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2020

FEC Identification Number

C C00367862

**Transaction ID : 10771514**

Amount of Each Disbursement this Period

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1000.00

Memo Item

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

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1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep., M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

FEC Identification Number

C C00372532

**Transaction ID : 10771519**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City  
Ballwin

State  
DC

Zip Code  
63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

FEC Identification Number

C C00495846

**Transaction ID : 10771521**

Amount of Each Disbursement this Period

3500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nicole For New York**

Mailing Address PO Box 60487

City  
Staten Island

State  
NY

Zip Code  
10306

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Malliotakis, Nicole, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

FEC Identification Number

C C00694778

**Transaction ID : 10771522**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

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

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr John Joyce For Congress**

Mailing Address 1002 Logan Blvd  
Ste 114

City Altoona State PA Zip Code 16602

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joyce, John, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

10 / 21 / 2020

FEC Identification Number

C00674259

**Transaction ID : 10771524**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue S  
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: WI District: 03

Date of Disbursement

10 / 21 / 2020

FEC Identification Number

C00312017

**Transaction ID : 10771598**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Perdue For Senate**

Mailing Address PO Box 12077

City Atlanta State GA Zip Code 30355

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Perdue, David, A., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

10 / 28 / 2020

FEC Identification Number

C00547570

**Transaction ID : 10775131**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rodney For Congress**

Mailing Address PO Box 344

City  
Taylorville

State  
IL

Zip Code  
62568

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00521948

**Transaction ID : 10775132**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scanlon For Congress**

Mailing Address PO Box 263

City  
Swarthmore

State  
PA

Zip Code  
19081

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Scanlon, Mary, Gay, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00669358

**Transaction ID : 10775134**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delbene For Congress**

Mailing Address PO Box 477

City  
Kirkland

State  
WA

Zip Code  
98083

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00459099

**Transaction ID : 10775136**

Amount of Each Disbursement this Period

1000.00
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Memo Item

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

3500.00
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**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Womack For Congress Committee**

Mailing Address PO Box 508

City  
Rogers

State  
AR

Zip Code  
72757

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Womack, Stephen, A., Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: AR

District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2020

FEC Identification Number

C00477745

**Transaction ID : 10775137**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Daines For Montana**

Mailing Address PO Box 1598

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Daines, Steve, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: MT

District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2020

FEC Identification Number

C00491357

**Transaction ID : 10775138**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sri For Congress**

Mailing Address PO Box 898

City  
Sugar Land

State  
TX

Zip Code  
77487

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kulkarni, Sri, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: TX

District: 22

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2020

FEC Identification Number

C00662874

**Transaction ID : 10775139**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Collins For Texas**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2020

Mailing Address 6119a Greenville Ave  
Ste 423

City Dallas State TX Zip Code 75206

FEC Identification Number

**C** C00715235

**Transaction ID : 10775140**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011  
Category/  
Type

Memo Item

Candidate Name

**Collins, Genevieve, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2020

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

FEC Identification Number

**C** C00504522

**Transaction ID : 10775141**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011  
Category/  
Type

Memo Item

Candidate Name

**Hudson, Richard, L., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Full Name (Last, First, Middle Initial)

**C. Dr. Cameron Webb For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	02	/	2020

Mailing Address PO Box 679

City Charlottesville State VA Zip Code 22902

FEC Identification Number

**C** C00714964

**Transaction ID : 10777404**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011  
Category/  
Type

Memo Item

Candidate Name

**Webb, Bryant, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

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

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

6000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Byron Donalds For Congress**

Mailing Address 2430 Vanderbilt Beach Road  
Ste 108 Pmb 260

City Naples State FL Zip Code 34108

Purpose of Disbursement

Category/  
Type

Candidate Name

**Donalds, Byron, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 19

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10777405**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Gonzales For Congress**

Mailing Address 11613 Huebner

City San Antonio State TX Zip Code 78248

Purpose of Disbursement

Category/  
Type

Candidate Name

**Gonzales, Ernest, , , II**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10777406**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin Scott For Congress Inc**

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

Category/  
Type

Candidate Name

**Scott, James, , ,**

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

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10777407**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tony Gonzales For Congress**

Mailing Address 11613 Huebner

City San Antonio State TX Zip Code 78248

Purpose of Disbursement  
Void - Tony Gonzales For Congress

Category/  
Type

Candidate Name  
**Gonzales, Ernest, , , II**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: TX District: 23

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10790469**

Amount of Each Disbursement this Period

Void - Tony Gonzales For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anthony Gonzalez For Congress**

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Gonzalez, Anthony, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: OH District: 16

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10794961**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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