Image# 202011309337192532			_		PAGE 1 / 114
	EPORT OF R ND DISBURS Other Than An Autho	EMENTS	S	Office Use	Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If typing	g, type 12F	E4M5	1
	e of the American A		Orthopaedic Su	urgeonsPA(C of AAOS
ADDRESS (number and street)	17 Massachusetts Ave., N.E.				
Check if different	st Floor 			20002	· · · · · · · · · · · · · · · · · · ·
2. FEC IDENTIFICATION NUMB	ER▼ CITY.	▲	STATE	▲ ZI	P CODE
C C00343137	3. IS 1 REF	THIS N PORT X (N	EW A) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) 	(b) Monthly Report Due On: Apr 20 (c) 12-Day PRE-Election	(M3) Ju (M4) Ju Primary (12P)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eneral (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	Report for the:	on Convention (1			n the State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)) Rı	unoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11 /	25 / Y Y 225 202		n the State of
5. Covering Period 10	15 / Y Y Y Y Y 15 2020	through	11 / D 123	B / Y Y Y Y 3 2020	. Y
I certify that I have examined this R L Type or Print Name of Treasurer	eport and to the best of m .undy, W, , Douglas, MD, MB/		elief it is true, corre	ect and complete.	
Signature of Treasurer	, Douglas, MD, MBA	[Electronically	Filed] Date	11 / D D D D D D D D D D D D D D D D D D	2020
NOTE: Submission of false, erroneous	, or incomplete information n	nay subject the perso	on signing this Repo	ort to the penalties	of 52 U.S.C. § 3010
Office Use Only					FORM 3X /. 05/2016

11/30/2020 09 : 24

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From:	0 / D D / Y Y Y Y 2020 To	b: 11 / 23 / Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		556233.75
	(b) Cash on Hand at Beginning of Reporting Period	380805.47	
	(c) Total Receipts (from Line 19)	81247.45	1068854.49
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	462052.92	1625088.24
7.	Total Disbursements (from Line 31)	47277.78	1210313.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	414775.14	414775.14
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Page 3

1068854.49

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	15 / <u>2020</u> To	o: 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) 2. Transfers From Affiliated/Other	81247.45	1058903.32
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)6. Refunds of Contributions Made	0.00	8848.77
to Federal Candidates and Other Political Committees	0.00	1102.40
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
 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
 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	81247.45	1068854.49
20. Total Federal Receipts		

81247.45

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

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	816801.20
Independent Expenditures (use Schedule E)	0.00	90000.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	
× ,		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including	0.00	275000.00
Non-Federal Donations)	0.00	275000.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(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	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47277.78	1210313.10
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	47277.78	1040040.40
·	41211.10	1210313.10

L

DETAILED SUMMARY PAGE

of Disbursements

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

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only 11a 13	r one) 11b 11c 14 15	12 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the	purpose of solicitin	g contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic S	urgeonsPA	C of AAOS
A .	Full Name of Individual (Last, First, Middle Initia Nguyen, Lan, , , DO, FAAOS Mailing Address 1327 La Palma St Unit 2B City San Diego FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State CA C Occu Orth	rganization Name Zip Code 92109 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Amount	Receipt	
В.		ame of Individual (Last, First, Middle Initial) or Full Organization Name dson, Eric, B, , MD, FAAOS			Receipt	2020
	City Salem FEC ID number of contributing federal political committee. Name of Employer (for Individual) Essex Ortho & Optima Sports Med Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 03079 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 300.00	Amount	action ID : 107631(of Each Receipt t	
C.	Full Name of Individual (Last, First, Middle Initia Peterson, Robert, Kay, , MD, FAAC Mailing Address 5921 Pleasants Valley Rd City Vacaville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed	State CA Ccu	ganization Name	Amount	Receipt / 15 / 15 action ID : 107631 of Each Receipt t emo Item	
s	Receipt For: Primary General Other (specify) Other (specify) UBTOTAL of Receipts This Page (optional)		Year-to-Date ▼ 250.00			1050.00
т	OTAL This Period (last page this line number or	nly)			<u> </u>	

SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 114 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	e to solicit contributions from such committee.
/		ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Nepola, James, V, , MD,FAAOS Mailing Address 200 Hawkins Dr	itial) or Full Organization Name	Date of Receipt
Dept of Ortho		10 15 2020
City	State Zip Code IA 52242-1009	Transaction ID : 10763107
	IA 52242-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name of Individual (Last, First, Middle In S. Yusaf, Michael, Augustine, , MD, FA		Date of Receipt
Mailing Address 1096 Canyon Creek Dr		10 15 2020
City	State Zip Code	Transaction ID : 10763127
Rochester Hills	MI 48306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Rochester Knee & Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name of Individual (Last, First, Middle In C. Vrabec, Gregory, A, , MD, FAAOS		Date of Receipt
Mailing Address 579 White Tail Ridge Dr		10 15 2020
City Fairlawn	StateZip CodeOH44333-3285	Transaction ID : 10763135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Akron General Med Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:

PAGE 8 OF

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: Mark 11 a mark 11 a mark
	y information copied from such Reports and Stat for commercial purposes, other than using the na			rson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A .	Full Name of Individual (Last, First, Middle Initial Junius, R, William, , III, MD, F Mailing Address 8 Ibis St City New Orleans FEC ID number of contributing federal political committee. Name of Employer (for Individual) Crescent City Orthopedics Receipt For: Primary General Other (specify) ▼	State LA C Occu Orth	rganization Name Zip Code 70124-4304 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt 10 / 15 / 2020 Transaction ID : 10763138 Amount of Each Receipt this Period 1000.00 Memo Item
В.	Full Name of Individual (Last, First, Middle Initial Dunn, Michael, John, , MD,FAAOS Mailing Address 3101 Prince Lane City St Simons Island FEC ID number of contributing federal political committee.) or Full Or State GA	Zip Code 31522	Date of Receipt 10 15 2020 Transaction ID : 10763715 Amount of Each Receipt this Period 500.00
	Other (specify) ▼	Orth Aggregate	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
C.	Full Name of Individual (Last, First, Middle Initial Kennedy, Stephen, Alan, , MD,FAA Mailing Address 325 9th Ave Box 359798 City Seattle FEC ID number of contributing		Zip Code 98104-2420	Date of Receipt
	federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary Other (specify)	Occu Ortho	pation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Memo Item
s	UBTOTAL of Receipts This Page (optional)		•	1750.00
т	OTAL This Period (last page this line number on	ly)	►	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 OF 114 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
/			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) A. Fissel, Brian, Anthony, , MD, FAAOS		rganization Name	Date of Receipt
Mailing Address 6451 Westway Rd	State	Zip Code	10 / 15 / 2020 Transaction ID : 10764921
St Louis	MO	63109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Signature Health Services		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
B. Kerbs, James, , , MD,FAAOS Mailing Address 470 Cedarwood Dr			Date of Receipt
			10 15 2020
City Lexington	State OH	Zip Code 44904-8900	Transaction ID : 10764925 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00]
Full Name of Individual (Last, First, Middle C. Johnson, Michael, Wynn, , MD,		rganization Name	Date of Receipt
Mailing Address 2 Snow Forest Ln			10 15 2020
City Sandy	State UT	Zip Code 84092-5522	Transaction ID : 10764931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional))		3000.00
TOTAL This Period (last page this line numb	per only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi A. Flock, Timothy, J, , MD, FAAOS Mailing Address 320 Warner Dr City Lewiston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Lewiston Orthopedic Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code ID 83501 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initi B. Jamison, James, P, , MD, FAAOS Mailing Address 7092 Killdeer Drive City Canfield FEC ID number of contributing federal political committee.	al) or Full Organization Name State Zip Code OH 44406	Date of Receipt
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Initi C. Smith, Jeffrey, Mark, , MD,FAAOS Mailing Address 610 San Elijo St	Date of Receipt	
City San Diego FEC ID number of contributing federal political committee. Name of Employer (for Individual) UNITE Orthopaedics Foundation Receipt For: Primary General Other (specify)	State CA Zip Code 92106 Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Transaction ID : 10765103 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia A. Grimm, Matthew, R, , MD, FAAOS Mailing Address 920 Avenue B City Marrero FEC ID number of contributing federal political committee. Name of Employer (for Individual)	I) or Full Organization Name State Zip Code LA 70072-3112 Occupation (for Individual)	Date of Receipt
Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00	
Full Name of Individual (Last, First, Middle Initia B. Battaglia, Michael, Jacob, , MD, FAA(Mailing Address 1641 Windermere Dr E City Seattle FEC ID number of contributing federal political committee. Name of Employer (for Individual) Bellevue Bone & Joint Physicians Receipt For: Primary General Other (specify) ▼		Date of Receipt
Full Name of Individual (Last, First, Middle Initia C. Bilbrew, Lattisha, Latoya, , MD Mailing Address 1710 Mountain Shadow City Stone Mountain FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	I) or Full Organization Name State Zip Code GA 30087-2111 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon 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
SUBTOTAL of Receipts This Page (optional)		418.00

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

FOR LINE NUMBER:

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(check only one) **X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beer, Timothy, A, , MD, FAAOS Date of Receipt Α. Mailing Address 2107 E Desert Garden Drive 1 2020 10 16 City Zip Code State Transaction ID : 10765121 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Port, J, Teig, MD, FAAOS Date of Receipt Mailing Address 456 Wyndemere 10 2020 16 City State Zip Code Transaction ID : 10765597 TΧ Heath 75032 Amount of Each Receipt this Period FEC ID number of contributing С 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sullivan, Patrick, Michael, MD, FAAOS Date of Receipt Mailing Address 6001 Westown Pkwy М M 10 16 2020 City State Zip Code Transaction ID : 10765615 IA West Des Moines 50266-7702 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Des Moines Orthopaedic Surgeons Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	n Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In McCulloch, Patrick, T, , MD, FAAOS Mailing Address 307 Buckingham Drive City Venetia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Advanced Ortho & Rehab Receipt For: Primary General Other (specify) ▼	State PA C Occu Ortho	ganization Name Zip Code 15367-2383 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 504.00	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Goldberg, Steven, Scott, , MD,FAA Mailing Address 5867 Whisperwood Ct City Naples FEC ID number of contributing federal political committee. Name of Employer (for Individual) Physicians Regional Medical Center - P Receipt For: Primary General Other (specify) ▼	State FL C Occu Ortho	ganization Name Zip Code 34110 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 2000.00	Date of Receipt
Full Name of Individual (Last, First, Middle In C. Kwok, Moody, , , MD,FAAOS Mailing Address 708 Presidential Dr City Horsham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State PA C Occu Ortho	ganization Name Zip Code 19044 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			584.00

FOR LINE NUMBER:

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ITEMIZED	RECEIPTS		ose separate schedule(s) for each category of the Detailed Summary Page	(check onl 11a 13	y one) 11b 11c 14 15	12 16 17
	copied from such Reports and Sta al purposes, other than using the					ng contributions
	OMMITTEE (In Full) Action Committee of the	America	n Association of Orth	opaedic S	SurgeonsPA	AC of AAOS
A. Greene, R	ndividual (Last, First, Middle Initia obert, Neil, , MD,FAAOS	al) or Full Org	ganization Name	Date o	f Receipt	Y Y Y Y Y
City Yakima		State WA	Zip Code 98902-1347		17 saction ID : 107650	
FEC ID num	ber of contributing cal committee.	C	90902-1347	Amoun	t of Each Receipt	this Period 84.00
Self Employe	ployer (for Individual) d		pation (for Individual) opaedic Surgeon	M	emo Item	
Receipt For: Primary Other (/ General specify) ▼	Aggregate Y	/ear-to-Date ▼ 840.00]		
	Individual (Last, First, Middle Initia Cevin, E, , MD, MBA, F	al) or Full Org	ganization Name	Date o	f Receipt	
	ess 5651 Goldenberry Ct				/ D D / 17	2020
City Winston Sale	em	State NC	Zip Code 27106		action ID : 107656 t of Each Receipt	
	ber of contributing al committee.	С			250.00	
	ployer (for Individual) Baptist Medical Center		pation (for Individual) opaedic Surgeon	M	emo Item	
Receipt For: Primary Other (/ General specify) ▼	Aggregate Y	/ear-to-Date ▼ 1000.00	1		
	Individual (Last, First, Middle Initia dam, S, , MD,MS	al) or Full Org	ganization Name	Date o	f Receipt	
	ess 3686 Washington Street Apt 2520			10 ^M	/ D D / 17	2020
City Boston		State MA	Zip Code 02130-3691		saction ID : 10765 t of Each Receipt	
	FEC ID number of contributing federal political committee.					42.00
	ployer (for Individual) Women's Hospital				lemo Item	
Primary	/ General specify)	Aggregate Y	/ear-to-Date ▼ 378.00	1		
SUBTOTAL of	Receipts This Page (optional)				, , ,	376.00
TOTAL This Pe	eriod (last page this line number o	nly)				40

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia A. Bueche, Matthew, J, , MD, FAAOS Mailing Address 813 Lyndhurst Ct City Naperville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General	State Zip Code IL 60563 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 10 17 2020 Transaction ID : 10765639 Amount of Each Receipt this Period 250.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia B. Star, Andrew, M, , MD,FAAOS	al) or Full Organization Name	Date of Receipt
Mailing Address 1223 Marietta Drive City Ambler FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopaedicare Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19002 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 500.00	10 18 2020 Transaction ID : 10765758 Amount of Each Receipt this Period 500.00 500.00 Memo Item
Full Name of Individual (Last, First, Middle Initia C. Ellis, Thomas, J, , MD, FAAOS Mailing Address 5190 Harlem Road City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code OH 43054 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1000.00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
	e of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, I A. Shah, Roshan, P, , MD,JD,FAA		organization Name	Date of Receipt
Mailing Address 610 West 110th Stre Apt 3E	1		10 19 2020
City New York	State NY	Zip Code 10025-2105	Transaction ID : 10765794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Columbia University Medical Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	1
Full Nerse of Individual /Look First	Middle Initial) or Full O	Numerication Name	-
Full Name of Individual (Last, First, I B. Tyndall, William, A, , MD, FA		rganization Name	Date of Receipt
Mailing Address 123 Brittany Ln	Chata	Zin Oode	10 / D D / Y Y Y Y 10 19 2020
City Hollidaysburg	State PA	Zip Code 16648-9269	Transaction ID : 10765795 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) University Orthopedics		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840,00]
Full Name of Individual (Last, First, I C. Baker, Champ, , , III, MD,F		organization Name	Date of Receipt
Mailing Address 806 Overlook Dr			M M / D D / Y Y Y Y 10 19 2020
City Columbus	State GA	Zip Code 31906	Transaction ID : 10765796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Jack Hughston Memorial Hospital		upation (for Individual) lopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (op			1168.00
TOTAL This Period (last page this line	number only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 OF 114 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Mitros, Stephen, F, , MD, FAAOS	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 51045 Erin Glen Dr	State	Zip Code	10 19 2020 Transaction ID : 10765797
Granger	IN	46530-9089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Mitros Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
Full Name of Individual (Last, First, Middle B. Woodcock, Jessica, A, , MD, FAA		rganization Name	Date of Receipt
Mailing Address 122 Stillwood Ct			10 19 2020
City	State	Zip Code	Transaction ID : 10765798
New Bern	NC	28560-8040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		756.00]
Full Name of Individual (Last, First, Middle C. Cooper, Scott, Snow, , MD,FAA		rganization Name	Date of Receipt
Mailing Address 405 NW A St			M M / D D / Y Y Y Y 10 19 2020
City Bentonville	State AR	Zip Code 72712-5216	Transaction ID : 10765799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Mercy Clinic Orthopedics		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00]
SUBTOTAL of Receipts This Page (optional))		252.00
TOTAL This Period (last page this line numb	per only)		

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FOR LINE NUMBER:

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114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions et to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Seaberg, John, Paul, , MD, FAAOS	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2422 Blue Bonnet Blvd			10 19 / Y Y Y Y 2020
City Houston	State TX	Zip Code 77030-3502	Transaction ID : 10766591 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Houston Methodist Orthopedics and Spor		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle B. Johnson, Paul, H, , MD, FAAOS	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 629 Kenesaw Ave			10 / D D / Y Y Y Y Y 10 16 2020
City Knoxville	State TN	Zip Code 37919	Transaction ID : 10766684 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Knoxville Orthopaedic Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle C. Brown, Barrett, Shytles, , MD,F.		rganization Name	Date of Receipt
Mailing Address Fondren Orthopedic Group 7401 Main St)		M M / D D / Y Y Y Y 10 20 2020
City Houston	State TX	Zip Code 77030-4509	Transaction ID : 10766741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Texas Orthopedic Hospital		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00]
SUBTOTAL of Receipts This Page (optional)	·····		1584.00

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

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

1.

S	CHEDULE A (FEC Form 3X)		Liso congrato schodulo(c)	FOR LINE NUMBER: PAGE 19 OF 114
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
/	Full Name of Individual (Last, First, Middle Initia	al) or Full O	ragnization Name	
Α.	Gish, Michael, W, , MD, FAAOS			Date of Receipt
	Mailing Address 2630 Old Orchard Rd			M M / D D / Y Y Y Y 10 20 2020
	City	State	Zip Code	Transaction ID : 10771016
	Lancaster	PA	17601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Orthopedic Associates of Lancaster		nopaedic Surgeon	-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) v		1000.00	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
В.	Satterfield, Robert, N, , MD, FAAOS			Date of Receipt
	Mailing Address 1019 Brookside Dr NW	M M / D D / Y Y Y Y 10 20 2020		
	City	State	Zip Code	Transaction ID : 10771017
	Wilson	NC	27893	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		, 500.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Chapman, Cary, B, , MD,FAAOS	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 860 5th Ave			10 21 2020
	City	State	Zip Code	Transaction ID : 10771305
	New York	NY	10065-5856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 840.00	
s	UBTOTAL of Receipts This Page (optional)		•	1384.00

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

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE (check only	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of t			opaedic S	surgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Stoeckl, Andrew, , , MD, FAAOS	nitial) or Full Orga	nization Name	Date of	Receipt
Mailing Address 90 Fairlawn Dr City	State	Zip Code	10 Trans	21 / Y Y Y Y 2020 action ID : 10771306
Amherst	NY	14226-3422	Amount	of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			83.00
Name of Employer (for Individual) Excelsior Orthopedics		tion (for Individual) aedic Surgeon	M	emo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 830.00	1	
Full Name of Individual (Last, First, Middle I B. Alwattar, Basil, Jamal, , MD, FAAC		nization Name	Date of	Receipt
Mailing Address 6825 Colton Blvd			M M 10	/ D D / Y Y Y Y 21 2020
City Oakland	State CA	Zip Code 94611-1319		action ID: 10771516
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Self Employed		ation (for Individual) aedic Surgeon	M	emo Item
Receipt For:	Aggregate Ye	ar-to-Date 🔻		
Other (specify) ▼		250.00		
Full Name of Individual (Last, First, Middle I Clark, Jason, Craig, , MD,FAAO		nization Name	Date of	Receipt
Mailing Address 3425 8th St			10 ^M	/ D D / Y Y Y Y 21 2020
City Moline	State IL	Zip Code 61265		action ID : 10771600
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer (for Individual) ORA Orthopedics		tion (for Individual) aedic Surgeon	M	emo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00]	
SUBTOTAL of Receipts This Page (optional)				833.00
TOTAL This Period (last page this line numbe	er only)			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each	category of the Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Asso	ciation of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Russell, George, V, , Jr, MD,FAA Mailing Address PO Box 1158 City Madison FEC ID number of contributing federal political committee. Name of Employer (for Individual) Univ of Mississippi Med Ctr Receipt For: Primary General Other (specify) ▼	State Zip Co	de 0-1158 Individual) rgeon	Date of Receipt
Full Name of Individual (Last, First, Middle I B. Soghikian, Gregory, W, , MD, FAA Mailing Address 12 Champagne Terrace City Bedford FEC ID number of contributing federal political committee. Name of Employer (for Individual) New Hampshire Orthopaedic Center Receipt For: Primary General Other (specify) ▼		de D Individual) irgeon	Date of Receipt
Full Name of Individual (Last, First, Middle I Newson, Graham, , , MA Mailing Address 317 Massachusetts Ave NE Ste 100 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) AAOS Receipt For: Primary General Other (specify)	State Zip Co DC 20002	de 2-5769 Individual) of Government Relatio	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1090.00

FOR LINE NUMBER:

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114

City State Zip Code State State State State State State State State State State State State State State State State Primary C C Amount of Each Receipt this Peric Primary General Occupation (for Individual) Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Date of Receipt B. Sherbondy, Paul, Strawn, MD, FAAOS Maiing Address 507 Beaumont Dr Date of Receipt Oity State Zip Code PA 16801-8311 FEC ID number of contributing (ederal political committee. C Transaction ID : 10771888 Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Memo Item Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name E Memo Item C. Kirol, Bernard, G., MD, FAAOS State Zip Code State College State State State State Primary	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of A Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Duffin, Scott, R., MD, FAAOS Mailing Address 4524 Ridgepine Dr City Evans FEC ID number of contributing federal political committee. Name of Employer (for Individual) Augusto Othopaedic and Sports Medicin Beceipt For: Bell Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sherbondy, Paul, Strawn, MD, FAAOS Mailing Address 507 Beaumont Dr City State College PA Pointer of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ City State College PA 1800-8311 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ City State College PA 1800-8311 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ City State State Zip Code FEC ID number of contributing fede				person for the purpose of soliciting contributions
A. Duffin, Scott, R., MD, FAAOS Date of Receipt Mailing Address 4524 Ridgepine Dr 01 02 2020 Otly Evans GA 30809-4468 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. C 750.00 Transaction ID : 10771684 Name of Employer (for Individual) Occupation (for Individual) Orthopsedic Surgeon Memo Item Primary General Aggregate Year-to-Date ▼ Date of Receipt B. Sherbondy, Paul, Strawm, MD, FAAOS Mailing Address 507 Beaumont Dr Date of Receipt City State Zip Code Transaction ID : 10771888 Amount of Each Receipt Insi. Middle Initial) or Full Organization Name Date of Receipt Date of Receipt B. Sherbondy, Paul, Strawm, MD, FAAOS Mailing Address 507 Beaumont Dr C Transaction ID : 10771888 Mailing Address 507 Beaumont Dr C Memo Item Memo Item Receipt For: Onumber of contributing federal political committee. C Memo Item Name of Individual (Last, First, Middle Initial) or Full Organization Name C Memo Item C. Kirol, Bernard, G., MD, FAAOS State Zip Code Transac		e America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
City State Zip Code Transaction ID : 10771664 Evans C Agropside Amount of Each Receipt this Peric FEC. ID number of contributing tederal political committee. C Agropside Z50.00 Fereipt For: Primary General C Date of Receipt for City State Zip Code Z50.00 Date of Receipt for B. Sherbondy, Paul, Strawn,, MD, FAAOS Maling Address 507 Beaumont Dr Date of Receipt for Date of Receipt for Gity State College PA It801-8311 Date of Receipt for FEC. ID number of contributing tederal political committee. C Mamount of Each Receipt this Peric Name of Employer (for Individual) Occupation (for Individual) Memo Item Other (specify) * Aggrogate Year-to-Date * Memo Item Primary General Occupation (for Individual) Memo Item Other (specify) * Aggrogate Year-to-Date * Date of Receipt Maling Address 338 Turnwall Ln Sc Zip Code Zip Code City State Zip Code Zip Code Zip Code Maling Address 338 Turnwall Ln <td< th=""><th>A. Duffin, Scott, R, , MD, FAAOS</th><th>tial) or Full O</th><th>rganization Name</th><th> ·</th></td<>	A. Duffin, Scott, R, , MD, FAAOS	tial) or Full O	rganization Name	·
Evans GA 30809-4468 FEC ID number of contributing federal political committee. C 250 Mailing Address 507 Beaumont Dr Occupation (for Individual) Orthopaedic Surgeon Date of Receipt FEC ID number of contributing federal political committee. C 0 250.00 FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt B. Sherbondy, Paul, Strawn, , MD, FAAOS Mailing Address 507 Beaumont Dr 0 0 2020 City State Zip Code Receipt His Peric 8 Primary General Occupation (for Individual) Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Memo Item 8 Primary General Occupation (for Individual) 0 22 2020 Transaction ID : 10771888 Amount of Each Receipt His Peric 8 Mount of Each Receipt His Peric Primary General Occupation (for Individual) Orthopaedic Surgeon 840,00 Receipt For: Sc 29045-9507 7 202 7 Mailing Address 338 Turnwall Ln C 7 10	<u></u>	Otata	Zin Onda	
FEC ID number of contributing tederal political committee. C				
Augusta Orthopaedic and Sports Medicin Orthopaedic Surgeon Receipt For:	5	С		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Sherbondy, Paul, Strawn, , MD, FAAOS Transaction ID : 10771888 Mailing Address 507 Beaumont Dr C City State Zip Code FEC ID number of contributing federal political committee. C Transaction ID : 10771888 Name of Employer (for Individual) Orthopaedic Surgeon Occupation (for Individual) Orthopaedic Surgeon Memo Item Primary General Official committee. Date of Receipt this Peric Maggregate Year-to-Date ▼ 840,00 Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Kirol, Bernard, G, , MD, FAAOS Date of Receipt Mailing Address 338 Turnwall Ln C 2020 City State Zip Code FEC ID number of contributing federal political committee. C Receipt For: C 2045-9607 FEC ID number of contributing federal political committee. C Name of Employer (for Indiv	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Primary General Aggregate Heartor Date ▼ Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Sherbondy, Paul, Strawn, , MD, FAAOS Date of Receipt Mailing Address 507 Beaumont Dr 10 ' 22 ' 2020 City State College PA 16801-8311 FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Peric Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Memo Item Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt 10 ' 22 ' 2020 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 10 ' 22 ' 2020 City Eigin State Zip Code 2045-9507 FEC ID number of contributing tederal political committee. C Imane of Employer (for Individual) Occupation (for Individual) Other (specify) State Zip Code Sc 29045-9507 Amount of Each Receipt His Peric Name of Employer (for Individual) Oc		Orth	opaedic Surgeon	
B. Sherbondy, Paul, Strawn, , MD, FAAOS Date of Receipt Mailing Address 507 Beaumont Dr 10 / 22 / 2020 City State Zip Code State College PA 16801-8311 FEC ID number of contributing federal political committee. C	Primary General	Aggregate		
Mailing Address 507 Beaumont Dr Image: Constraint of the second sec			rganization Name	
State College PA 16801-8311 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. C Amount of Each Receipt this Peric Name of Employed Occupation (for Individual) Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Sc Elgin Sc 29045-9507 Transaction ID : 10771890 Amount of Each Receipt For: C 71 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : 10771890 Mailing Address 338 Turnwall Ln C 10 22 2020 City State Zip Code 29045-9507 Transaction ID : 10771890 FEC ID number of contributing federal political committee. C 10 72 2020 Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Amount of Each Receipt this Peric Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon 750.00 Memo Item Memo Item		405		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ 840,00 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 0ther (specify) ▼ Date of Receipt C. Kirol, Bernard, G, , MD, FAAOS Date of Receipt Mailing Address 338 Turnwall Ln C 10 22 2020 City State Zip Code 29045-9507 FEC ID number of contributing federal political committee. 7 Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Amount of Each Receipt for: Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Amount of Each Receipt for: Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Amount of Each Receipt for: Primary General Aggregate Year-to-Date ▼ 7 Memo Item	City		Zip Code	Transaction ID : 10771888
federal political committee. Image: Commitee. Image: Committee.	State College	PA	16801-8311	Amount of Each Receipt this Period
Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Kirol, Bernard, G, , MD, FAAOS Date of Receipt Mailing Address 338 Turnwall Ln 10 / 22 / 2020 City State Zip Code Elgin Sc 29045-9507 FEC ID number of contributing C 74 Made of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Mailends Orthopaedics, PA Aggregate Year-to-Date ▼ Memo Item Memo Item Aggregate Year-to-Date ▼ 10 / 22 / 2020	5	С		84.00
Primary General Other (specify) General Other (specify) State Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Kirol, Bernard, G, , MD, FAAOS Date of Receipt Mailing Address 338 Turnwall Ln 10 / 22 / 2020 City State Zip Code Elgin SC 29045-9507 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Peric Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Midlands Orthopaedics, PA Aggregate Year-to-Date ▼ Memo Item Primary General 750.00 400			· · · · · ·	Memo Item
C. Kirol, Bernard, G, , MD, FAAOS Date of Receipt Mailing Address 338 Turnwall Ln 10 22 200 City State Zip Code Elgin SC 29045-9507 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 74 Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Midlands Orthopaedics, PA Aggregate Year-to-Date ▼ Memo Item Primary General 750.00 750.00	Primary General	Aggregate]
City State Zip Code 2020 Elgin SC 29045-9507 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 74 Name of Employer (for Individual) Occupation (for Individual) Memo Item Midlands Orthopaedics, PA Orthopaedic Surgeon Memo Item Primary General 750.00 750.00		tial) or Full O	rganization Name	Date of Receipt
Elgin SC 29045-9507 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 74 Name of Employer (for Individual) Occupation (for Individual) Memo Item Midlands Orthopaedics, PA Orthopaedic Surgeon Memo Item Primary General Aggregate Year-to-Date ▼ 100 Other (specify) 750.00 100 100				
federal political committee. V Aggregate Year-to-Date ▼ Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ T50.00 Memo Item Other (specify) 750.00 Memo Item Memo Item	-			Transaction ID : 10771890 Amount of Each Receipt this Period
Midlands Orthopaedics, PA Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) 750.00	•	С		75.00
Primary General Other (specify) 750.00	Midlands Orthopaedics, PA		,	Memo Item
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate		
TOTAL This Period (last page this line number only)				• 409.00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: constraint of the state of
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements ma ame and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial Veitch, Andrew, John, , MD, FAAOS) or Full O	rganization Name	Date of Receipt
Mailing Address 13416 Desert Zinnia Ct NE			10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State NM	Zip Code 87111-7154	Transaction ID : 10771891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	
Full Name of Individual (Last, First, Middle Initial B. Hire, Justin, M, , MD,FAAOS) or Full O	rganization Name	Date of Receipt
Mailing Address 3617 Ault Park Ave	1		10 / Y Y Y Y 2020
City Cincinnati	State OH	Zip Code 45208-1701	Transaction ID : 10771892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name of Individual (Last, First, Middle Initial C. Barber, Thomas, C, , MD,FAAOS) or Full O	rganization Name	Date of Receipt
Mailing Address 1275 York Avenue			M M / D D / Y Y Y Y 10 23 2020
City New York	State NY	Zip Code 10065	Transaction ID : 10772190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Kaiser Permanente Medical Center		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		····· •	376.00

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)	
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orthe	opaedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initia Rajani, Rajiv, , , MD, FAAOS Mailing Address 701 Ogden Ln City	al) or Full Or	ganization Name	Date of Receipt	
	San Antonio	TX	78209	Transaction ID : 10772191	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
	Univ of TX Health Sciences Ctr SA	Orth	opaedic Surgeon	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
в.	Full Name of Individual (Last, First, Middle Initia Ede, David, E, , MD, FAAOS	al) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 415 Morris St Ste 104	1		10 / Y Y Y Y Y 23 2020	
	City	State	Zip Code	Transaction ID : 10772192	
	Charleston	WV	25301-1840	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	250.00		
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
<u></u> с.	Full Name of Individual (Last, First, Middle Initia Nelson, Mark, Cutler, , MD,FAAOS		ganization Name	Date of Receipt	
	Mailing Address 12830 Seabreeze Farms Drive	ing Address 12830 Seabreeze Farms Drive			
	City	State	Zip Code	Transaction ID : 10772295	
	San Diego	CA	92130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –			
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]	
s	UBTOTAL of Receipts This Page (optional)			750.00	
Т	OTAL This Period (last page this line number o	nly)	•••••••		

FOR LINE NUMBER:

PAGE 25 OF

114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Hoenecke, Heinz, R, , Jr, MD,FAA Mailing Address 12852 Via Nestore City Del Mar FEC ID number of contributing federal political committee. Name of Employer (for Individual) Scripps Clinic Receipt For: Primary General Other (specify) ▼	State CA C Occu Self	ganization Name Zip Code 92014-3814 pation (for Individual) Employed Year-to-Date ▼ 250.00	Date of Receipt
Full Name of Individual (Last, First, Middle B. Navarro, Ronald, Anthony, , MD,I Mailing Address 18 Wide Loop Rd City Rolling Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Kaiser Permanente South Bay Receipt For: Primary General Other (specify) ▼	FAAÓS State CA C Occu Orth	Zip Code 90274-5234 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 336,00	Date of Receipt
Full Name of Individual (Last, First, Middle C. Holmes, S, Wendell, , Jr, MD, F Mailing Address 101 Belleclave Rd City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Palmetto Health Receipt For: Primary General Other (specify)	E State SC C Occu	ganization Name Zip Code 29223-3261 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 336.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			418.00

SCHEDULE A (FEC Form 3X)	Lico conorata ashedula/	(S) FOR LINE NUMBER: PAGE 26 OF 114			
ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page				
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of C	Orthopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle In Swenning, Todd, Allen, , MD, FAAOS		Date of Receipt			
Mailing Address 41970 Rancho Manana Lane	Mailing Address 41970 Rancho Manana Lane				
City Rancho Mirage	State Zip Code CA 92270	Transaction ID : 10773120			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Institute of Clinical Orthopedics & Ne	Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	o la			
Full Name of Individual (Last, First, Middle In B. Krusniak, Jeffrey, M, , DO, FAAOS		Date of Receipt			
Mailing Address 1826 Samish Ln	10 25 2020				
City	State Zip Code	Transaction ID : 10773121			
Bellingham	WA 98229-9321	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.0	0			
Full Name of Individual (Last, First, Middle In C. Gruber, Michael, P, , MD,FAAOS		Date of Receipt			
Mailing Address 60 Golfview Club Drive					
City Newnan	State Zip Code GA 30265	Transaction ID : 10773813 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	0			
SUBTOTAL of Receipts This Page (optional)	1	458.33			

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

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: A state of the state
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orth	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Beltran, Michael, John, , MD, FAAOS	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address UC Dept of Orthopaedic Sur 231 Albert Sabin Way Room	• •		M M / D D / Y Y Y Y 10 26 2020
City Cincinnati	State OH	Zip Code 45267-0212	Transaction ID : 10773814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Department of Orthopaedics and Rehabil		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	
Full Name of Individual (Last, First, Middle I B. Schnaser, Erik, Allen, , MD,FAAOS Mailing Address 45855 Apache Rd		rganization Name	Date of Receipt
City	State	Zip Code	10 26 2020 Transaction ID : 10773816
Indian Wells	CA	92210-8722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00	
Full Name of Individual (Last, First, Middle I C. Eckrich, Stephen, G J, , MD,FAA		rganization Name	Date of Receipt
Mailing Address 5511 Shooting Star Trail			10 27 2020
City Rapid City	State SD	Zip Code 57702-8867	Transaction ID : 10774678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 588.00	
SUBTOTAL of Receipts This Page (optional)			▶ 418.00

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

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FOR LINE NUMBER: PAGE 28 OF 114

IT	EMIZED RECEIPTS		fc	Jse separate schedule(s) or each category of the Detailed Summary Page		eck on 11a 13	ly or	ne) 11b 14	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an /	Association of Ortho	pae	edic S	Sur	geon	sPA	C of	AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Angel, Jeffery, D, , MD, FAAOS	al) or Full O	rgan	ization Name		Date c	of Re	ceipt			
	Mailing Address 180 Westwood Drive						1 /	D D 27	/ Y	y 2020	Y Y D
	City Batesville	State AR		Zip Code 72501	_				107746		iod
	FEC ID number of contributing federal political committee.	С									84.00
	Name of Employer (for Individual) White River Health System		•	on (for Individual) edic Surgeon		N	1emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 840.00							
Full Name of Individual (Last, First, Middle Initial) or Full B. Gary, Joshua, Layne, , MD, FAAOS Mailing Address 3726 Tangley Rd						Date c		ceipt 28	/ Y	2020	Y Y
	City Houston	State TX		Zip Code 77005-2032					1077507 eceipt tl		iod
	FEC ID number of contributing federal political committee.	С						7			84.00
	Name of Employer (for Individual) Self Employed			ion (for Individual) edic Surgeon		N	1emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 840.00							
с.	Full Name of Individual (Last, First, Middle Initi Carolan, Gregory, Francis, , MD,F		rgan	ization Name		Date c	of Re	ceipt			
	Mailing Address 1806 Meadow Ridge Ct						/	28	/ Y	2020	Y Y)
	City Bethlehem	State PA		Zip Code 18015-5003					107750 eceipt ti		iod
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .			84.00
	Name of Employer (for Individual) St Luke's Ortho Surg Group		on (for Individual) edic Surgeon		Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 840.00									
	UBTOTAL of Receipts This Page (optional)							5		2!	52.00
Т	OTAL This Period (last page this line number o	nly)		····· •		L		_			- 10 - 1

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 OF 114
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta	tements ma	ay not be sold or used by any p	
	for commercial purposes, other than using the r			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	A		
/	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
Α.	Torres, Daniel, , , MD, FAAOS	Date of Receipt		
	Mailing Address 1488 Shelburne Ct			
	City	State	Zip Code	10 28 2020 Transaction ID : 10775077
	Allentown	PA	18104-1949	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		85.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	University of Texas Med Branch		opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · · ·	850.00	1
	Other (specify) v		000.00	1
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
В.	Chandler, David, R, , MD, FAAOS			Date of Receipt
	Mailing Address 165 Middle Plantation Ln			
	City	State	Zip Code	10 28 2020
	Gulf Breeze	FL	32561-4899	Transaction ID : 10775078 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		84.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Self Employed		nopaedic Surgeon	-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		840.00	1
			840.00	1
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
C.	Allard, Mark, Michael, , MD, FAAOS	6		Date of Receipt
	Mailing Address 3010 Cortney Circle			10 28 2020
	City	State	Zip Code	Transaction ID : 10775079
	Siloam Springs	AR	72761-4736	Amount of Each Receipt this Period
	FEC ID number of contributing	С		84.00
	federal political committee.			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Self Employed	Orth	opaedic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		840.00	
				<u> </u>
s	UBTOTAL of Receipts This Page (optional)		······	253.00
1				

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

1.

SCHEDULE A (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE NUMBER (check only one)	R: PAGE 30 OF 114		
ITEMIZED RECEIPTS		category of the Summary Page	★ 11a 11b 13 14	11c 12 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of a	iny political committee	to solicit contributions	from such committee.		
Political Action Committee of t			paedic Surgeor	nsPAC of AAOS		
Full Name of Individual (Last, First, Middle Porter, Scott, Edward, , MD,MBA,FAA Mailing Address 1420 Jonesville Road		Name	Date of Receipt			
City	State Zip Co	de	10 22 Transaction ID	3 2020		
Simpsonville	SC 2968	1-4411	Amount of Each	Receipt this Period		
FEC ID number of contributing federal political committee.	C			84.00		
Name of Employer (for Individual) Self Employed	Occupation (for Orthopaedic Su	,	Memo Item			
Receipt For:	Aggregate Year-to-Dat	e 🔻				
Other (specify) ▼		840.00				
Full Name of Individual (Last, First, Middle McClintock, Kyle, Ross, , DO, MB		Name	Date of Receipt			
Mailing Address 2011 Fairway Oaks Dr			10 / D			
City	State Zip Co		Transaction ID			
Ripon	CA 95366	6-9360	Amount of Each	Receipt this Period		
FEC ID number of contributing federal political committee.	C			250.00		
Name of Employer (for Individual) The Core Institute	Occupation (for Orthopaedic Su	,	Memo Item			
Receipt For:	Aggregate Year-to-Dat	e ▼				
Primary General Other (specify) ▼		1000.00				
Full Name of Individual (Last, First, Middle Della Rocca, Gregory, John, , M		Name	Date of Receipt			
Mailing Address 1415 Stonehaven Rd	illing Address 1415 Stonehaven Rd					
City Columbia	State MO Zip Code 65203 C Occupation (for Individual) Orthopaedic Surgeon		Transaction ID Amount of Each	: 10775082 Receipt this Period		
FEC ID number of contributing federal political committee.				250.00		
Name of Employer (for Individual) Duke University Orthopaedics			Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Dat	e ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional).		•••••		584.00		
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:

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114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Hopkins, C, Thomas, , MD, FAAOS Mailing Address 717 S 8th Street City Griffin FEC ID number of contributing federal political committee.	State GA	Zip Code 30224	Date of Receipt
Name of Employer (for Individual) Ortho Georgia Receipt For:	Orth	pation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Memo Item
Full Name of Individual (Last, First, Middle I B. Andrisani, Damian, Michael, , MD, Mailing Address 124 Saint Moritz Dr City	FAAOS State	Zip Code	Date of Receipt 10 / 27 / 2020 Transaction ID : 10776332
Wilmington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Delaware Orthopaedic Specialists Receipt For: Primary General	Orth	19807-1060 upation (for Individual) opaedic Surgeon Year-to-Date ▼	Amount of Each Receipt this Period 100.00 Memo Item
C. MacKay, Michael, Alan, , MD, FA Mailing Address Orthopaedic Surgeons of Oa 90 Vermont Ave Ste 300	AAÓS	rganization Name	Date of Receipt
City Oak Ridge FEC ID number of contributing federal political committee.	State TN	Zip Code 37830-6478	Transaction ID : 10776333 Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Ortho	pation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			850.00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
		Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any puddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.				
	<i>.</i>						
Political Action Committee of	of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS				
Full Name of Individual (Last, First, Mide A. Prud'homme, Bonhomme, Joseph,		organization Name	Date of Receipt				
Mailing Address One Medical Center Driv PO Box 9196	1		10 / Y Y Y Y 29 2020				
City Morgantown	State WV	Zip Code 26508	Transaction ID : 10776501 Amount of Each Receipt this Period				
FEC ID number of contributing							
federal political committee.	C		250.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Self Employed	Orth	nopaedic Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		750.00					
Full Name of Individual (Last, First, Mide		Organization Name					
B. Berson, Lawrence, , , MD, FAA	OS		Date of Receipt				
Mailing Address 71 Arlen Way	State	Zip Code	10 / D D / Y Y Y Y Y 10 30 2020				
West Hartford	CT	06117	Transaction ID : 10776904 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) MOS PC		upation (for Individual) hopaedic Surgeon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		, 250.00]				
Full Name of Individual (Last, First, Mide C. Johnson, Eric, T, , MD, FAAC		organization Name	Date of Receipt				
Mailing Address 2 Nest Court			10 31 2020				
City Wilmington	State DE	Zip Code 19807	Transaction ID : 10776906				
		19007	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) Iopaedic Surgeon	Memo Item				
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-				
Other (specify)		250.00					
SUBTOTAL of Receipts This Page (option	al)		750.00				
TOTAL This Period (last page this line nu	mber only)						

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne Americar	Association of Ortho	ppaedic SurgeonsPAC of AAOS
✓ Full Name of Individual (Last, First, Middle In A. Kahlon, Randeep, S, , MD,FAAOS Mailing Address 35 Harvest Ln City Hockessin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State DE C	Zip Code 19707-2088 ation (for Individual) paedic Surgeon	Date of Receipt
B. Truumees, Eeric, , , MD,FAAOS Mailing Address 1508 Windsor Rd			Date of Receipt
City Austin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: □ Primary □ General Other (specify) ▼		Zip Code 78703 ation (for Individual) paedic Surgeon ear-to-Date 1000.00	Transaction ID : 10776914 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name of Individual (Last, First, Middle In C. Park, SangDo, , , MD,FAAOS Mailing Address 5280 Los Adornos Way City Los Angeles FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State CA Occup	Zip Code 90027-1719 ation (for Individual) paedic Surgeon	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1750.00

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 OF 11 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Skedros, John, G, , MD, FAAOS	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 5316 Woodrow St Ste 200	10 31 2020		
City Murray	State UT	Zip Code 84107-5848	Transaction ID : 10776935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Utah Orthopaedic Specialists Receipt For: Primary General		opaedic Surgeon Year-to-Date ▼	
Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle I B. Barwick, James, F, , Jr, MD, FA	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 111 Honey Pod Farm Rd	10 31 2020		
City Washington	State NC	Zip Code 27889-5262	Transaction ID : 10776937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Vidant Orthopaedics-Washington		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middle I Johnson, Paul, G, , MD, FAAOS		rganization Name	Date of Receipt
Mailing Address 18646 Vogel Farm Trail			10 31 2020
City Eden Prairie	State MN	Zip Code 55347	Transaction ID : 10776942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Park Nicollete		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)			1750.00

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

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 OF 114	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports an	d Statements ma	ay not be sold or used by any p	person for the purpose of soliciting contributions	
			e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Political Action Committee of	the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name		
A. Cassidy, Carter, , , MD, FAAOS	,		Date of Receipt	
Mailing Address 4890 Faulkirk Lane	M = M / D = D / Y = Y = Y = Y			
	State	Zip Code		
City Lexington	KY	40515-1177	Transaction ID : 10776945	
			Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual)		upation (for Individual)	Memo Item	
University of Kentucky Res Program Receipt For:		opaedic Surgeon	_	
Primary General	Aggregate	Year-to-Date ▼		
Other (specify) v		935.00		
		<i>j j</i>		
Full Name of Individual (Last, First, Middle B. Ginnetti, John, G, , MD, FAAOS	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 8049 Sky View Path				
Maning Address 8049 Sky View Path	11 01 2020			
City	State	Zip Code	Transaction ID : 10776951	
Victor	NY	14564	Amount of Each Receipt this Period	
FEC ID number of contributing	С		500.00	
federal political committee.	U			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
University of Rochester	Orth	nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify) ▼		500.00	1	
		, , , , , , , , , , , , , , , , , , , ,	1	
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name		
c. Bawa, Maneesh, , , MD, FAAO	S		Date of Receipt	
Mailing Address 1162 Wilbur Ave			M M / D D / Y Y Y Y 11 01 2020	
City	State	Zip Code	Transaction ID : 10776960	
San Diego	CA	92109	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		1000.00	
Name of Employer (for Individual)	omo of Employor (for Individual)		Memo Item	
San Diego Orthopaedic Associates		upation (for Individual) opaedic Surgeon		
Receipt For:	I	Year-to-Date ▼	—	
Primary General	33 13 14		1	
Other (specify)		1000.00		
[
SUBTOTAL of Receipts This Page (optional)	1		1585.00	
	,	,		

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

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

FOR LINE NUMBER: PAGE 36 OF 114

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Fu Martin, Thomas, L, , MD, FAAOS Mailing Address 210 JPM Road			rganization Name	Date of Receipt
	City Lewisburg	State PA	Zip Code 17837-9367	Transaction ID : 10776962 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer (for Individual) Evangelical Community Hospital Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia Gottschalk, Michael, Brandon, , MD, Mailing Address 4799 Olde Village Cv		rganization Name	Date of Receipt
	City Atlanta	State GA	Zip Code 30338-5055	Transaction ID : 10776979 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self Employed Receipt For:	Orth	upation (for Individual) nopaedic Surgeon	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1
C.	Full Name of Individual (Last, First, Middle Initia Higgins, Michael, E, , MD, FAAOS Mailing Address 5236 Rockport Landing	al) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	11 02 2020 Transaction ID : 10776980
	Suffolk FEC ID number of contributing	VA	23435-3518	Amount of Each Receipt this Period
	federal political committee.	С		84.00
	Name of Employer (for Individual) Tidewater Orthopaedic Assoc Receipt For:	Orth	upation (for Individual) opaedic Surgeon	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 924.00]
s	UBTOTAL of Receipts This Page (optional)			834.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3)	()	Lise senarate schedule(s)	FOR LINE NUMBER: PAGE 37 OF 114
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	
			person for the purpose of soliciting contributions
	the name and a	ddress of any political committe	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Knight, Bradford, S, , MD, FAAOS	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 11701 Pine Tree Dr	Mailing Address 11701 Pine Tree Dr		
City	State VA	Zip Code	Transaction ID : 10776981
Fairfax	VA	22033-2712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Prince William Orthopaedics	Orth	opaedic Surgeon	_
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (apositiv)		1000.00	
Other (specify) ▼		1000.00	
Full Name of Individual (Last, First, Middle B. Rana, Adam, J, , MD, FAAOS	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 12 Landing Woods Ln			
	1	1	11 02 2020
City	State	Zip Code	Transaction ID : 10776982
Falmouth	ME	04105-1948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Maine Medical Center		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		, 1000.00	
Full Name of Individual (Last, First, Middle C. Smith, Eric, Louis, , MD,FAAO		ganization Name	Date of Receipt
Mailing Address 1573 Beacon Street	~		M = M / D = D / Y = Y = Y = Y
City	Stata	Zin Codo	11 02 2020
City Waban	State MA	Zip Code 02468-1507	Transaction ID : 10776983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Boston Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For:	I	Year-to-Date ▼	
Other (specify)		840.00	
SUBTOTAL of Receipts This Page (optiona	l)		434.00

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

Use separate schedule(s)

FOR LINE NUMBER:

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114

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pers address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orthop	paedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Dowd, Thomas, Charles, , MD, FAAOS Mailing Address 407 Country Ln City San Antonio FEC ID number of contributing federal political committee. Name of Employer (for Individual) Department of Orthopaedics and Rehabil Receipt For: Primary General Other (specify) ▼	State TX C Occu Orth	Zip Code 78209-2320 supation (for Individual) hopaedic Surgeon Year-to-Date ▼	Date of Receipt
Β.	Full Name of Individual (Last, First, Middle Initia Watson, Troy, S, , MD,FAAOS Mailing Address 75 Kittansett Loop	-		
	City Henderson FEC ID number of contributing	State NV	Zip Code 89052-6694	Transaction ID : 10776985 Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer (for Individual) Desert Orthopaedic Center Receipt For: Primary General Other (specify) ▼	Occu Orth	upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 1500.00	Memo Item
C.	Full Name of Individual (Last, First, Middle Initia Wilber, John, Howard, , MD, FAAO Mailing Address 14255 County Line Rd		Organization Name	Date of Receipt
	City Chagrin Falls FEC ID number of contributing federal political committee. Name of Employer (for Individual) Case Western Reserve University	Orth	Zip Code 44022	10 30 2020 Transaction ID : 10777408 Amount of Each Receipt this Period 250.00 250.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		•	750.00
т	OTAL This Period (last page this line number on	nly)	▶	

FOR LINE NUMBER:

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114

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Init Might, Craig, , , MD,FAAOS Mailing Address 3 Briar Hill Rd City Montclair FEC ID number of contributing federal political committee. Name of Employer (for Individual) Resurgens Orthopaedics Receipt For: Primary General	ial) or Full Organization Name State Zip Code NJ 07042 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Uther (specify) ▼ Full Name of Individual (Last, First, Middle Init	1000.00 ial) or Full Organization Name	
B. Bercik, Michael, J, , Jr, MD Mailing Address 1410 Center Road City Lancaster FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17603 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Init C. Jiranek, William, A, , MD,FAAOS Mailing Address 4066 Old River Trail City Powhatan FEC ID number of contributing federal political committee. Name of Employer (for Individual) Duke University Receipt For: Primary General Other (specify)	ial) or Full Organization Name State Zip Code VA 23139 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00 840.00	Date of Receipt 10 22 2020 Transaction ID : 10777422 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	·	384.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 OF 114 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Glusenkamp, Nathan, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9400 W Higgins Rd 	State	Zip Code	10 / 22 / 2020 Transaction ID : 10777423
Rosemont	IL	60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) AAOS		upation (for Individual) of Quality and Registries Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle B. Kraushaar, Barry, S, , MD,FAAOS		rganization Name	Date of Receipt
Mailing Address 3 Divot Pl			10 / Y Y Y Y Y 22 2020
City Suffern	State NY	Zip Code 10901	Transaction ID : 10777424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Advanced Ortho & Sports Medicine		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle Bailey, James, R, , MD,FAAOS	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10439 Blue Summit Court	Mailing Address 10439 Blue Summit Court		
City San Diego	State CA	Zip Code 92131	Transaction ID : 10777426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	
SUBTOTAL of Receipts This Page (optional).		•••••	234.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl A. Adamson, Kent, R, , MD,FAAOS Mailing Address 225 Via Rancho City San Clemente FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	e Initial) or Full Organization Name State Zip Code C 92672 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name of Individual (Last, First, Middl B. Mejja, Alfonso, , , MD,MPH,FAA Mailing Address 5332 South Shore Drive City Chicago FEC ID number of contributing federal political committee. Name of Employer (for Individual) Illinois Association of Orthopedic Sur Receipt For: Primary General Other (specify) ▼		Date of Receipt
Full Name of Individual (Last, First, Middl C. Giuseffi, Steven, A, , MD,FAAG Mailing Address 4784 Enchanted Pines D City Rapid City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Receipt For: Primary General Other (specify)	OS	Date of Receipt
	ıl)	

FOR LINE NUMBER:

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114

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Full A. Mott, Michael, P, , MD,FAAOS			ganization Name	Date of Receipt
	Mailing Address 11193 Maple Ridge Drive	10 26 Y Y Y Y Y 2020		
	City Plymouth	State MI	Zip Code 48170	Transaction ID : 10777432 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Henry Ford Hospital, K-12		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 375.00]
в.	Full Name of Individual (Last, First, Middle Initia Iorio, Richard, , , MD, FAAOS	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 31 Prince St	10 28 2020		
	City Beverly	State MA	Zip Code 01915	Transaction ID : 10777433 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) NYU Langone Medical Center		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 840.00]
С.	Full Name of Individual (Last, First, Middle Initia Waddell, Bradford, Sutton, , MD, F		ganization Name	Date of Receipt
	Mailing Address 5575 Lake Forrest Dr	M M / D D / Y Y Y Y 10 30 2020		
	City Atlanta	State GA	Zip Code 30342	Transaction ID : 10777435 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) OrthoAtlanta	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 840.00]
⊢	UBTOTAL of Receipts This Page (optional)			318.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 43 OF 114 (check only one)	
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using t	Statements may not be sold or used by any p he name and address of any political committee		
/		opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Lopez, David, Vincent, , MD,FAAOS	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 27 Courtney Ct	State Zip Code	10 30 2020 Transaction ID : 10777437	
Freehold	NJ 07728	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00]	
Full Name of Individual (Last, First, Middle Parks, Michael, Lloyd, , MD,FAAO		Date of Receipt	
Mailing Address 535 E 70th St		11 02 2020	
City New York	State Zip Code NY 10021	Transaction ID : 10777785	
New York FEC ID number of contributing		Amount of Each Receipt this Period	
federal political committee.	C	500.00	
Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼	, 500.00]	
Full Name of Individual (Last, First, Middle I Layfield, Richard, , , III, MD,FA		Date of Receipt	
Mailing Address 14605 Potomac Branch Driv	Mailing Address 14605 Potomac Branch Drive, Ste 30		
City Woodbridge	StateZip CodeVA22191	Transaction ID : 10777848 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Nova Orthopedic and Spine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]	
SUBTOTAL of Receipts This Page (optional).	·····	834.00	
TOTAL This Period (last page this line number	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports a	and Statements ma	ay not be sold or used by any p	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	g the name and a	looress of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Midd A. Longenecker, Stephen, C, , MD, FA		rganization Name	Date of Receipt
Mailing Address 1180 Osprey Court			11 / D D / Y Y Y Y Y 11 02 2020
City Marco Island	State FL	Zip Code 34145-5818	Transaction ID : 10777854 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Bone and Joint Care Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼ 500.00	1
Other (specify) ▼			1
Full Name of Individual (Last, First, Midd B. Grebing, Brett, Raymond, , MD,		organization Name	Date of Receipt
Mailing Address 719 Schwarz Rd			11 02 2020
City	State	Zip Code	Transaction ID : 10777856
Edwardsville	IL	62025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) The Ctr for Advanced Ortho, LLC		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00]
Full Name of Individual (Last, First, Midd C. Everman, David, Glenn, , MD,		Prganization Name	Date of Receipt
Mailing Address 57 Bayberry Ln			11 / D D / Y Y Y Y 2020
City Myrtle Beach	State SC	Zip Code 29572-5600	Transaction ID : 10783009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) lopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	al)		850.00
TOTAL This Period (last page this line nur	nber only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: 11 a model 11 a model </th
Any information copied from such Reports and or for commercial purposes, other than using th			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Milia, Marc, J, , MD,FAAOS Mailing Address 1386 Stanley City Birmingham	nitial) or Full O	Zip Code 48009-4145	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Oakland Regional Hospital Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	250.00
Full Name of Individual (Last, First, Middle I B. Stokesbary, Steven, J, , MD,FAAC Mailing Address 627 Arrowhead Ct City Dakota Dunes FEC ID number of contributing federal political committee. Name of Employer (for Individual) CNOS Receipt For: Primary General Other (specify) ▼	State SD C Occu Orth	Zip Code 57049-5325 Upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 588.00	Date of Receipt
Full Name of Individual (Last, First, Middle I C. Borgatti, Richard, J, , Jr, MD,FA, Mailing Address 661 Valley Road City Brielle FEC ID number of contributing federal political committee. Name of Employer (for Individual) Seaview Orthopedic Receipt For: Primary General Other (specify)	A State NJ C Occu Ortho	rganization Name Zip Code 08730 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt 11 11 11 04 2020 Transaction ID : 10783461 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			834.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Routman, Alan, S, , MD,FAAOS Mailing Address 1717 SE 9th St City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ortho Florida Receipt For: Primary General Other (specify) ▼	State FL C Occ Ort	Zip Code 33316-1415 cupation (for Individual) hopaedic Surgeon Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle I Lintecum, Neal, D, , MD, FAAOS Mailing Address 789 N 1500 Road City Lawrence FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State KS C	Drganization Name Zip Code 66049-9194 cupation (for Individual) chopaedic Surgeon Year-to-Date ▼ 2200.00	Date of Receipt
Full Name of Individual (Last, First, Middle I Brolin, Tyler, James, , MD, FAAG Mailing Address 1316 Bray Park Drive East City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	OS State TN C Occ Ort	Zip Code 38017-3676 cupation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1450.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi A. Songer, John, E, , MD,FAAOS Mailing Address 224 Coosa Ridge Dr City Whittier FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code NC 28789-8242 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
B. Bernholt, David, , , MD Mailing Address 3126 Chapel Woods Cv	al) or Full Organization Name	Date of Receipt
City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TN 38139-2503 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.03	Transaction ID : 10783973 Amount of Each Receipt this Period 41.67 Memo Item
Full Name of Individual (Last, First, Middle Initi C. Bernholt, David, , , MD Mailing Address 3126 Chapel Woods Cv City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code TN 38139-2503 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 416.70	Date of Receipt T11 04 2020 Transaction ID : 10783974 Amount of Each Receipt this Period 41.67 Memo Item
SUBTOTAL of Receipts This Page (optional)		

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FOR LINE NUMBER: PAGE 48 OF 114

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements ma	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS						
Full Name of Individual (Last, First, Middle Initial) or Full 0 A. Bettin, Clayton, Charles, , MD,FAAOS Mailing Address 5047 Shady Hall Ct			- 	Date of Receipt		
	City Memphis	State TN	Zip Code 38117	Transaction ID : 10783975		
			30117	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		41.67		
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item		
	Campbell Clinic	Orth	opaedic Surgeon			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General		375.03			
	Other (specify)		575.05			
В.	Full Name of Individual (Last, First, Middle Initia Bettin, Clayton, Charles, , MD, FAAOS		rganization Name	Date of Receipt		
	Mailing Address 5047 Shady Hall Ct			11 04 Y Y Y Y 11 04 2020		
	City	State	Zip Code	Transaction ID : 10783976		
	Memphis	TN	38117	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.67		
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Calandruccio, James, H, , MD, FAA		rganization Name	Date of Receipt		
	Mailing Address Campbell Clinic 1400 S Germantown Rd	Mailing Address Campbell Clinic				
	City	State	Zip Code	Transaction ID : 10783977		
	Germantown	TN	38138-2205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		41.67		
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Other (specify)		375.03			
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ITEMIZED RECEIPTS			f	Jse separate schedule(s) or each category of the Detailed Summary Page	L `	heck 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	America	an	Association of Orthc	opa	edic SurgeonsPAC of AAOS
	Full Name of Individual (Last, First, Middle Initia Calandruccio, James, H, , MD, FAAOS	ll) or Full O	rgar	nization Name		Date of Receipt
	Mailing Address Campbell Clinic 1400 S Germantown Rd	1-				11 / D D / Y Y Y Y 11 04 2020
	City Germantown	State TN		Zip Code 38138-2205		Transaction ID : 10783978 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С				41.67
	Name of Employer (for Individual) Campbell Clinic		•	ion (for Individual) edic Surgeon		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 416.70		
	Full Name of Individual (Last, First, Middle Initia Crockarell, John, R, , Jr, MD, FA	l) or Full O	rgar	nization Name		Date of Receipt
	Mailing Address 1458 W Poplar Ave Ste 100			M = M / D = D / Y = Y = Y Y 11 04 2020		
	City Collierville	State TN		Zip Code 38017	-	Transaction ID : 10783979 Amount of Each Receipt this Period
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	Name of Employer (for Individual) Campbell Clinic		•	ion (for Individual) aedic Surgeon		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 375.03		
	Full Name of Individual (Last, First, Middle Initia Crockarell, John, R, , Jr, MD, FA	ll) or Full O	rgar	nization Name		Date of Receipt
	Mailing Address 1458 W Poplar Ave Ste 100	1.0				11 / 04 / Y Y Y Y 2020
-	City Collierville	State TN		Zip Code 38017		Transaction ID : 10783980 Amount of Each Receipt this Period
Campbell Clinic Orth						41.67
			Dccupation (for Individual) Drthopaedic Surgeon			Memo Item
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 OF 114				
ITEMIZED RECEIPTS			for each category of the	(check only one)				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	۸						
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Α.	Full Name of Individual (Last, First, Middle Initia Grear, Benjamin, J, , MD, FAAOS	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 219 Lagrange Creek Drive			M = M / D = D / Y = Y = Y = Y				
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	Eads	TN	38028	Transaction ID : 10783984 Amount of Each Receipt this Period				
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	Campbell Clinic	Orth	nopaedic Surgeon	_				
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P	Full Name of Individual (Last, First, Middle Initia Guyton, James, L, , MD, FAAOS	al) or Full O	rganization Name	Date of Receipt				
D .	Mailing Address 6422 Massey Estates Cove							
		11 04 2020						
	City	State	Zip Code	Transaction ID : 10783985				
	Memphis	TN	38120	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		41.67				
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item				
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	Mailing Address 6422 Massey Estates Cove			M M / D D / Y Y Y Y Y 11 04 2020				
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	FEC ID number of contributing federal political committee.	С		41.67				
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SCHEDULE A (FEC Form 3X)		e separate schedule(s)	FOR LINE NUMBER: PAGE (check only one)	52 OF 114
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Mailing Address 9566 Fox Hill Circle S City	State Z	ip Code	11 04 Transaction ID : 1078398	2020
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Name of Employer (for Individual) Campbell Clinic	-	n (for Individual) dic Surgeon	Memo Item	
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Other (specify) ▼		416.70]	
Full Name of Individual (Last, First, Middle Heck, Robert, Kurt, , Jr, MD, F.		ation Name	Date of Receipt	
Mailing Address 4938 Barfield Rd			11 / D D / Y	2020
City Memphis		ïp Code 38117	Transaction ID : 1078398 Amount of Each Receipt thi	
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Name of Employer (for Individual) Campbell Clinic		n (for Individual) lic Surgeon	Memo Item	
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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only 11a 13	y one) 11b 11c 14 15	12 16 17		
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A. Heck, Robert, Mailing Address	lividual (Last, First, Middle Init Kurt, , Jr, MD, FA 4938 Barfield Rd	ial) or Full Or	ganization Name	Date of	Receipt	2020		
City Memphis		State TN	Zip Code 38117		action ID : 107839 of Each Receipt t			
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Name of Employ Campbell Clinic Receipt For:	er (for Individual)	Ortho	pation (for Individual) opaedic Surgeon ∕ear-to-Date ▼	Me	emo Item			
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City Memphis		State TN			Transaction ID : 10783991 Amount of Each Receipt this Period			
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Name of Employ Campbell Clinic	ver (for Individual)		pation (for Individual) opaedic Surgeon	Me	emo Item			
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PAGE 54 OF

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ITEMIZED RECEIPTS	for eacl	h category of the Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16	17
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contribution	ons
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Asso	ociation of Orthe	opaedic SurgeonsPAC of AA	OS
Full Name of Individual (Last, First, Middle Ir A. Mascioli, Anthony, , , MD, FAAOS Mailing Address 226 W Goodwyn City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	itial) or Full Organization State Zip C TN 381 C Occupation (for Orthopaedic St Aggregate Year-to-Da	ode 11 r Individual) urgeon	Date of Receipt	3
Full Name of Individual (Last, First, Middle Ir B. Mascioli, Anthony, , , MD, FAAOS Mailing Address 226 W Goodwyn	itial) or Full Organization	n Name	Date of Receipt	
City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: □ Primary □ General Other (specify) ▼	State Zip Constant TN 3811 C Occupation (for Orthopaedic S Aggregate Year-to-Da	I 1 r Individual) urgeon	Transaction ID : 10783994 Amount of Each Receipt this Period 20.83 Memo Item	3
Full Name of Individual (Last, First, Middle Ir C. Mauck, Benjamin, Matthew, , MD Mailing Address 2742 Central Ave City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)		ode 1 r Individual) urgeon	Date of Receipt Transaction ID : 10783995 Amount of Each Receipt this Period 20.83 Memo Item	
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NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Associat	tion of Orthopa	aedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Mauck, Benjamin, Matthew, , MD, FAAG Mailing Address 2742 Central Ave City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼		vidual)	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Mihalko, Marc, J, , MD, FAAOS Mailing Address 4079 Barfield Road	ne	Date of Receipt	
City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TN 38117 C Occupation (for Indiv Orthopaedic Surgeo Aggregate Year-to-Date	,	Transaction ID : 10783997 Amount of Each Receipt this Period 41.67 Memo Item
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	Address 8681 Windrush				M M 11	/	D D 04	/ Y	y y 2020	Y
City Memph	is	State TN	Zip Code 38125					078400		
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 OF 114 (check only one)
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angle Political Action Committee of the second		paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Phillips, Barry, B, , MD, FAAOS Mailing Address 8681 Windrush	nitial) or Full Organization Name	Date of Receipt
City Memphis	State Zip Code TN 38125	11 04 2020 Transaction ID : 10784002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	
Full Name of Individual (Last, First, Middle I Richardson, David, R, , MD,FAAO Mailing Address 636 Center Dr		Date of Receipt
City Memphis	State Zip Code TN 38112	11 04 2020 Transaction ID : 10784003
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name of Individual (Last, First, Middle I Richardson, David, R, , MD,FAA		Date of Receipt
Mailing Address 636 Center Dr	State Zip Code	11 04 2020 Transaction ID : 10784004
Memphis FEC ID number of contributing federal political committee.	TN 38112	Amount of Each Receipt this Period 41.67
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Α.	Full Name of Individual (Last, First, Middle Initi Rudloff, Matthew, Ian, , MD, FAAOS	al) or Full Or	rganization Name		Date of	Receipt			
	Mailing Address 10211 Ramblewood Dr				^M 11	/ D 04		y y 2020	Y
	City Arlington	State TN	Zip Code 38002				: 1078400 Receipt th		d
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B	Full Name of Individual (Last, First, Middle Initi Rudloff, Matthew, Ian, , MD, FAAOS	al) or Full Or	rganization Name		Date of	Receint			
	Mailing Address 10211 Ramblewood Dr			M M / D D / Y Y			2020	Y	
	City Arlington	State Zip Code TN 38002			Transaction ID : 10784006 Amount of Each Receipt this Period				
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	Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon			Me	mo Item			
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С.	Full Name of Individual (Last, First, Middle Initi Sawyer, Jeffrey, R, , MD, FAAOS	al) or Full Or	rganization Name		Date of	Receipt			
	Mailing Address 4450 Chickasaw Road				M M 11	/ D 04		y y 2020	Y
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NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle Sawyer, Jeffrey, R, , MD, FAAOS	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 4450 Chickasaw Road			11 04 2020			
City Memphis	State TN	Zip Code 38117	Transaction ID : 10784008 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		41.67			
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70]			
Full Name of Individual (Last, First, Middle B. Sheffer, Benjamin, West, , MD, F		rganization Name	Date of Receipt			
Mailing Address 281 Ben Avon Way			M M / D D / Y Y Y Y 11 04 2020			
City Memphis	State TN	Zip Code 38111-7702	Transaction ID : 10784009 Amount of Each Receipt this Period			
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Full Name of Individual (Last, First, Middle In Thompson, Norfleet, Buckner, , MD, F/ Mailing Address 3784 Highland Park Place City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic	AAOS State TN C	Zip Code 38111 Cupation (for Individual) thopaedic Surgeon	Date of Receipt
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.03]
Full Name of Individual (Last, First, Middle In Thompson, Norfleet, Buckner, , ME Mailing Address 3784 Highland Park Place City Memphis FEC ID number of contributing federal political committee.		Drganization Name Zip Code 38111	Date of Receipt
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	Or	cupation (for Individual) thopaedic Surgeon	Memo Item
Full Name of Individual (Last, First, Middle In Throckmorton, Thomas, Ward, , Mailing Address 4901 Fairfield Circle			Date of Receipt
City Memphis FEC ID number of contributing federal political committee.	State TN	Zip Code 38117	Transaction ID : 10784015 Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	Ort	cupation (for Individual) hopaedic Surgeon e Year-to-Date ▼ 375.03	Memo Item
SUBTOTAL of Receipts This Page (optional)			125.01
TOTAL This Period (last page this line number			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Throckmorton, Thomas, Ward, , MD,		Organization Name	Date of Receipt
Mailing Address 4901 Fairfield Circle			11 04 2020
City Memphis	State TN	Zip Code 38117	Transaction ID : 10784016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	
Full Name of Individual (Last, First, Middle B. Warner, William, C, , Jr, MD, FA	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 215 East Cherry Circle	01-1-	7:000	11 04 2020
City Memphis	State TN	Zip Code 38117	Transaction ID : 10784017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		cupation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	
Full Name of Individual (Last, First, Middle C. Warner, William, C, , Jr, MD, F		Organization Name	Date of Receipt
Mailing Address 215 East Cherry Circle			M M / D D / Y Y Y Y 11 04 2020
City Memphis	State TN	Zip Code 38117	Transaction ID : 10784018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic Receipt For:	Orth	upation (for Individual) nopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (optional))		125.01
TOTAL This Period (last page this line numb	per only)		

FOR LINE NUMBER: PAGE 62 OF 114

ITEMIZED RECEIPTS			Use separate schedule for each category of th Detailed Summary Pag	ne (°	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of	Orthopa	edic SurgeonsPAC of AAOS		
A.	Full Name of Individual (Last, First, Middle Initia Weinlein, John, C, , MD,FAAOS	al) or Full O	organization Name		Date of Receipt		
	Mailing Address 633 Valleybrook Dr				11 04 2020		
	City Memphis	State TN	Zip Code 38120-2707		Transaction ID : 10784019 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			41.67		
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon		Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.0	03			
в.	Full Name of Individual (Last, First, Middle Initia Weinlein, John, C, , MD,FAAOS Mailing Address 633 Valleybrook Dr		Date of Receipt				
	City	State TN	Zip Code 38120-2707		Transaction ID : 10784020		
	Memphis T FEC ID number of contributing federal political committee. C		30120-2101		Amount of Each Receipt this Period 41.67		
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) hopaedic Surgeon		Memo Item		
			Year-to-Date ▼ 416.	70			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Williams, Keith, D, , MD, FAAOS	al) or Full O	organization Name		Date of Receipt		
	Mailing Address 2336 Pinnacle Creek Dr				M M / D D / Y Y Y Y 11 04 2020		
	City Germantown	State TN	Zip Code 38138	_	Transaction ID : 10784021 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			41.67		
Campbell Clinic Or			upation (for Individual) opaedic Surgeon		Memo Item		
	Receipt For: Primary General Other (specify)						
s	UBTOTAL of Receipts This Page (optional)			····· ►	125.01		
Т	OTAL This Period (last page this line number o	nly)		····· ►			

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only 11a 13	/ one)	12 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			erson for the	purpose of solicitin	g contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American	Association of Ortho	opaedic S	urgeonsPA	C of AAOS
Full Name of Individual (Last, First, Middle Initi A. Williams, Keith, D, , MD, FAAOS Mailing Address 2336 Pinnacle Creek Dr City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) ▼	State TN C Occupa	Zip Code 38138 tion (for Individual) aedic Surgeon	Amount	Receipt	
Full Name of Individual (Last, First, Middle Initi B. Schmale, Gregory, A, , MD, FAAOS Mailing Address 6515 126th Ave NE City Kirkland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State WA C	Zip Code 98033-8569 ation (for Individual) aedic Surgeon	Transa Amount	Receipt	
Full Name of Individual (Last, First, Middle Initi C. Hasan, Syed, Ashfaq, , MD,FAAO Mailing Address 7730 Elmwood Road City Fulton FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Maryland School of Medic Receipt For: Primary General Other (specify)	S State MD C Occupa	Zip Code 20759-2503	Amount	Receipt	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of				<u> </u>	375.67

Lise senarate schedule(s)

FOR LINE NUMBER:

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114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In A. Burke, Charles, J, , III, MD, F Mailing Address 200 Delafield Rd	State PA C Occu Orth	rganization Name Zip Code 15215-3235 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 840.00	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Archdeacon, Michael, T, , MD,FAA Mailing Address 4538 Philnoll Dr	Date of Receipt		
City Cincinnati FEC ID number of contributing federal political committee. Name of Employer (for Individual) UC Dept of Orthopaedics Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 45247-5079 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Transaction ID : 10784722 Amount of Each Receipt this Period 250.00 Memo Item
C. Heinle, Colin, C, , MD, FAAOS Mailing Address 317 N Mulberry St	- 		Date of Receipt
City Lancaster FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopedic Associates of Lancaster Receipt For: Primary General Other (specify)	Orth	Zip Code 17601 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Transaction ID : 10785467 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	1334.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 OF 114 (check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and ad	ddress of any political committe				
/			opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle Initial) or Full C A. Kofoed, John, Charles, , MD, FAAOS		ganization Name	Date of Receipt			
Mailing Address 2619 Seminole Ct City	State	Zip Code	11 04 2020 Transaction ID : 10785468			
Fairfield CA		94534-7871	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		89.00			
Name of Employer (for Individual) Sutter Medical Group		pation (for Individual) opaedic Surgeon	Memo Item			
Receipt For:		Year-to-Date ▼	-			
Other (specify) ▼		623.00				
Full Name of Individual (Last, First, Middle B. Salyers, Steve, G, , MD, FAAOS	Initial) or Full Or	ganization Name	Date of Receipt			
Mailing Address 1060 Rossview Rd			11 04 2020			
City Clarksville	State TN	Zip Code 37043-1908	Transaction ID : 10785469 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) Premier Orthopaedics		ipation (for Individual) opaedic Surgeon	Memo Item			
Receipt For:	Aggregate	Year-to-Date 🔻				
Other (specify)		, 1000.00]			
Full Name of Individual (Last, First, Middle Barnes, C, Lowry, , MD,FAAOS		ganization Name	Date of Receipt			
Mailing Address 10 E Palisades			M M / D D / Y Y Y Y 11 04 2020			
City Little Rock	State AR	Zip Code 72207	Transaction ID : 10785470 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1000.00			
Name of Employer (for Individual) University of Arkansas for Medical Sci		pation (for Individual) opaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	1			
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·		2089.00			
TOTAL This Period (last page this line numb	per only)					

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) Image: Mark 11 a mark 11 a mark
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Init A. Kofoed, John, Charles, , MD, FAAOS Mailing Address 2619 Seminole Ct City Fairfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sutter Medical Group Receipt For: Primary General Other (specify) ▼	iial) or Full Organization Name State Zip Code C 94534-7871 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 712.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init B. Salyers, Steve, G, , MD, FAAOS Mailing Address 1060 Rossview Rd City Clarksville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Premier Orthopaedics Receipt For: Primary General Other (specify) ▼	tial) or Full Organization Name State Zip Code TN 37043-1908 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1580.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init C. Green, Daniel, William, , MD,FAA(Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Hosp for Special Surgery Receipt For: Primary General Other (specify)		Date of Receipt 11 07 2020 Transaction ID : 10785876 Amount of Each Receipt this Period 175.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		844.00

SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 67 OF 114 (check only one)			
ITEMIZED RECEIPTS			f	or each category of the	(check	· _		
			[Detailed Summary Page		1a 3	11b 14	11c 12 15 16 17
Ar	ny information copied from such Reports and Sta	atements ma	ay n	ot be sold or used by any pe		-		
	for commercial purposes, other than using the							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	A				- 0		
/	Political Action Committee of the	America	an	Association of Ortho	paed	c Su	rgeons	PAC of AAOS
<u>/</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	nization Name				
Α.	Mosley, Emmett, Wayne, , MD, FAAOS				Da	te of R	leceipt	
	Mailing Address 633 Crescent Hills Way				M	M		
	City		State Zip Code		┤└╴	11 ransac	07 tion ID : 1	2020
	Lakeland	FL		33813-4675				eceipt this Period
	FEC ID number of contributing	0						
	federal political committee.	С						84.00
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	-	Mem	no Item	
	Self Employed		•	edic Surgeon				
	Receipt For:	Aggregate	Yea	r-to-Date ▼	1			
	Primary General			924.00				
	Other (specify) ▼		7	924.00				
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	nization Name				
В.	Kiner, Dirk, W, , MD, FAAOS				Da	te of R	leceipt	
	Mailing Address 449 Canyon Springs Dr							
	City	State		Zip Code	- _	11	07	2020
	Hixson	TN		37343-2387			tion ID : 1 f Each Re	0785878 eccipt this Period
	FEC ID number of contributing							
	federal political committee.	С	C					84.00
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)	$+$ \square	Mem	no Item	
	Southern Orthopaedic Trauma Surgeons			aedic Surgeon				
	Receipt For:	Aggregate	Yea	r-to-Date ▼				
	Primary General	_ · · ·		924.00				
	Other (specify)		,	924.00				
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	nization Name				
C.	Covey, Capt. Dana, C, , MD, MSc,	F			Da	te of R	leceipt	
	Mailing Address 12835 Three Canyons Point				М	 11	/ D D D 07	/ Y Y Y Y 2020
	City	State		Zip Code	╡┕	and a	tion ID : 1	
	San Diego	CA		92130-6861				eceipt this Period
	FEC ID number of contributing	С						84.00
	federal political committee.	U					y	04.00
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	1 [Merr	no Item	
	University of California, San Diego	Orth	iopa	edic Surgeon		_		
	Receipt For:	Aggregate	Yea	r-to-Date ▼				
	Other (specify)			672.00				
			7					
s	UBTOTAL of Receipts This Page (optional)			•••••			y	252.00

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 OF 114			
ITEMIZED RECEIPTS		for each category of the	(check only one)			
		Detailed Summary Page				
			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	g the name and a	ddress of any political committe	ee to solicit contributions from such committee.			
	f the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Midd A. Buckley, Steven, L, , MD, FAAOS	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 416 Locust Ave SE			11 07 Y Y Y Y 2020			
City Huntsville	State AL	Zip Code 35801	Transaction ID : 10785881			
		33601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
Crestwood Medical Center	Orth	opaedic Surgeon				
Receipt For:	Aggregate	Year-to-Date 🔻				
Other (specify)		1500.00				
Full Name of Individual (Last, First, Midd B. Taksali, Sudeep, , , MD,FAAOS	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name					
Mailing Address 7535 SW Schroeder Way	11 08 2020					
City	State	Zip Code	Transaction ID : 10785884			
Wilsonville	OR	97070-9574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) Hope Orthopedics of Oregon		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For:	Aggregate	Year-to-Date 🔻				
Other (specify) ▼		1000.00]			
Full Name of Individual (Last, First, Midd C. Leddy, Michael, J, , III, MD,FA	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 3444 Masonic Dr	-		11 08 2020			
City	State	Zip Code	Transaction ID : 10785885			
Alexandria	LA	71301-3615	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
Central Louisiana Surgical Hospital		opaedic Surgeon				
Descint For		Year-to-Date ▼ 1000.00	-			
Other (specify)		7 7 7				
SUBTOTAL of Receipts This Page (optiona	al)		▶ 1500.00			

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

1.

Use separate schedule(s)

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 11a 13	y one) 11b 14	11c	12	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose of	f solicitin	g contribu	itions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic S	Surgeon	ısPA	C of A	AOS
Α.	Full Name of Individual (Last, First, Middle Initi Szczech, Bartlomiej, , , MD, FAAOS	ial) or Full O	rganization Name	Date of	f Receipt			
	Mailing Address 89 Intervale Way			M M 11	/ D 08		2020	Ŷ
	City Lake Placid	State NY	Zip Code 12946-3240		action ID : t of Each F			1
	FEC ID number of contributing federal political committee.	С					100	.00
	Name of Employer (for Individual) St Joseph's Hospital Med Ctr Receipt For: Primary General	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼		emo Item			
	Other (specify) V		1100.00					
в.	 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mejia, Alfonso, , , MD, MPH, FAA Mailing Address 5332 South Shore Drive 				f Receipt		y y 2020	Ŷ
	City Chicago	State IL	Zip Code 60615-5708		action ID :			
	FEC ID number of contributing federal political committee.	C		t of Each F	Receipt t	nis Perioc 84	_	
	Name of Employer (for Individual) Illinois Association of Orthopedic Sur		upation (for Individual) nopaedic Surgeon	M	emo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1176.00					
с.	Full Name of Individual (Last, First, Middle Initi Drinkwater, Christopher, John, , M		rganization Name	Date of	f Receipt			
	Mailing Address 85 Barrington St			11 M	/ D 08		2020	Ŷ
	City Rochester	State NY	Zip Code 14607-2240		saction ID : t of Each F			1
Self Employed O		С				. ,	250	
			upation (for Individual) opaedic Surgeon	м	emo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00					
s	UBTOTAL of Receipts This Page (optional)		••••••		y	7	434.	00
т	OTAL This Period (last page this line number of	only)	•					

FOR LINE NUMBER: PAGE 70 OF 114

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS		
A.	Full Name of Individual (Last, First, Middle Initia Clain, Michael, R, , MD, FAAOS	al) or Full O	rganization Name	Date of Receipt		
	Mailing Address 9 Indian Head Rd			11 09 / Y Y Y Y 2020		
	City Riverside	State CT	Zip Code 06878-2403	Transaction ID : 10786245 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		84.00		
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00			
в.	Full Name of Individual (Last, First, Middle Initia Silverman, Lance, M, , MD,FAAOS Mailing Address 2774 W Lake of the Isles Pkwy	Date of Receipt				
	City	State MN	Zip Code 55416-4337	Transaction ID : 10786246		
	Minneapolis FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
	Name of Employer (for Individual) Silverman Orthopaedics		upation (for Individual) Iopaedic Surgeon	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Kassman, Steven, R, , MD, FAAOS		rganization Name	Date of Receipt		
	Mailing Address 20325 N 51st Ave Building 4, Suite 124			11 / D D / Y Y Y Y 10 / 2020		
	City Glendale	State AZ	Zip Code 85308-5665	Transaction ID : 10789697 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
Self Employed Or			upation (for Individual) opaedic Surgeon	Memo Item		
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00					
s	UBTOTAL of Receipts This Page (optional)		••••••	584.00		
Т	OTAL This Period (last page this line number or	nly)				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of tl	he America	an Association of O	rthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle II A. Valdez, Daniel, C, , MD, FAAOS Mailing Address 228 Foxhall Ln City San Antonio FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State TX C Occ Orth	Drganization Name Zip Code 78213-2120 upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt Tansaction ID : 10790850 Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle II B. Hermann, Mark, C, , MD,FAAOS Mailing Address 428 Maple Ln City Danville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Spectrum Medical Receipt For: Primary General Other (specify) ▼	State VA C Occ Ortt	Zip Code 24541-3532 cupation (for Individual) hopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt T11 09 2020 Transaction ID : 10790851 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle I C. Gupta, Ganesh, G, , MD,FAAOS Mailing Address 17422 Thomas Ln Rd City Smithville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pediatric Orthoc Surgery Assoc Receipt For: Primary General Other (specify)	State MO C Occ Orth	Drganization Name Zip Code 64089-8634 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt Date of Receipt Transaction ID : 10791126 Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pendoress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Bernard, Johnathan, , , MD, MPH, F Mailing Address 13350 Franklin Farm Road	itial) or Full O	organization Name	Date of Receipt
Suite 220			11 12 2020
City Herndon	State VA	Zip Code 20171-4095	Transaction ID : 10791281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) National Sports Medicine Institute		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	
Full Name of Individual (Last, First, Middle In Marinello, Patrick, Gaetano, , MD	itial) or Full O	organization Name	Date of Receipt
Mailing Address 43 Bradhaven Rd			11 12 2020
City Slingerlands	State NY	Zip Code 12159-9369	Transaction ID : 10791282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Cleveland Clinic Foundation		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	
Full Name of Individual (Last, First, Middle In Dodds, Julie, A, , MD,FAAOS	itial) or Full O	organization Name	Date of Receipt
Mailing Address 1575 Ramblewood Dr			11 12 / Y Y Y Y 11 12 2020
City East Lansing	State MI	Zip Code 48823-6384	Transaction ID : 10791283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Self Employed Orth		upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1174.00	
SUBTOTAL of Receipts This Page (optional)		•	252.00

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

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ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the illed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 16	17
Any information copied from such Reports and St or for commercial purposes, other than using the				s
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American As	sociation of Orth	nopaedic SurgeonsPAC of AAO	S
Full Name of Individual (Last, First, Middle Init A. Means, Kenneth, Robert, , Jr, MD, FA Mailing Address 2908 Crabapple Ln City Ellicott City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Union Memorial Hospital Receipt For:	State Zip MD 2	o Code 1042-2570 (for Individual) c Surgeon	Date of Receipt Transaction ID : 10791284 Amount of Each Receipt this Period Memo Item	
Other (specify) ▼		1000.00		
Full Name of Individual (Last, First, Middle Init B. Braaton, Paul, J, , MD,FAAOS Mailing Address 1335 Coffee Rd Ste 100 City Modesto FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	State Zip CA 9:	0 Code 5355-3192 (for Individual) c Surgeon	Date of Receipt	
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Init C. Espinoza, Luis, M, , MD, FAAOS Mailing Address 5 Savannah Ridge Lane		924.00	Date of Receipt	
City Metairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	LA 70	-	Transaction ID : 10791286 Amount of Each Receipt this Period 84.00 Memo Item	
SUBTOTAL of Receipts This Page (optional)			418.00	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Init A. Schneider, Scott, B, , MD, FAAOS Mailing Address 1180 Mary Hill Circle City Hartland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopaedic Associates of Wisconsin Receipt For: Primary General	State WI C Occu Orth	Zip Code 53029-8009	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle Init B. Glassman, Andrew, H, , MD,FAAOS Mailing Address 126 North Drexel Avenue		rganization Name	Date of Receipt
City Columbus FEC ID number of contributing federal political committee.	State Zip Code OH 43209-1427		11 12 2020 Transaction ID : 10791288 Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Ohio State University Wexner Medical C Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1174.00	Memo Item
Full Name of Individual (Last, First, Middle Init C. John, Thomas, K, , MD,FAAOS Mailing Address 522 Eastbrook Rd	Date of Receipt		
City Ridgewood FEC ID number of contributing federal political committee.	State NJ	Zip Code 07450-2110	Transaction ID : 10791289 Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Active Orthopedics and Sports Medicine Receipt For: Primary General Other (specify)	Ortho	pation (for Individual) opaedic Surgeon Year-to-Date ▼ 924.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			418.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 OF 114
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: 11 a model 12 model 13 model 14 model 15 model 16 model 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Mide Watling, Jonathan, , , MD	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 65 Starboard Reach			M M / D D / Y Y Y Y 11 12 2020
City	State ME	Zip Code	Transaction ID : 10791290
Yarmouth		04096-6156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Self Employed	Orth	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		750.00	
Full Name of Individual (Last, First, Mides, Mansfield, David, J, , MD,FAAC		rganization Name	Date of Receipt
Mailing Address 773 Azalea Pl			11 12 2020
City	State	Zip Code	Transaction ID : 10791291
El Paso	TX	79922-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) El Paso Orthopaedic Surgery Group		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		924.00	
Full Name of Individual (Last, First, Mid. . Krueger, Chad, A, , MD,FAAC		rganization Name	Date of Receipt
Mailing Address 165 Charles Dr			11 13 2020
City	State	Zip Code	Transaction ID : 10793427
Havertown	PA	19083-1031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 924.00]
SUBTOTAL of Receipts This Page (option	nal)		▶ 418.00

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

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only 11a 13	y one) 11b 14	11c 15	12 16 17
			not be sold or used by any portess of any political committee				
NAME OF COMMITTI	. ,	merican	Association of Ortho	paedic S	Surgeons	6PA	C of AAOS
Full Name of Individua A. Foster, W, Stanley Mailing Address 108 City Lafayette	/alerie Dr	or Full Orga State LA	Zip Code 70508-6008	11 Trans	Receipt		
FEC ID number of co federal political comm Name of Employer (fc Self Employed Receipt For: Primary Other (specify)	r Individual) General	Occupa Orthop	ation (for Individual) paedic Surgeon par-to-Date ▼ 756.00		emo Item		84.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. James, Jeremy, R, , MD, FAAOS Mailing Address 805 Green Leaf Circle					Receipt	/ Y	2020
City Madisonville FEC ID number of co federal political comm Name of Employer (fo DISC of Louisiana Receipt For: Primary Other (specify)	ntributing ittee. or Individual) General	Occupa Orthop	Zip Code 70447-3236 ation (for Individual) paedic Surgeon ear-to-Date 900.00	Amount	action ID : 1		
Full Name of Individua Lanham, Natha Mailing Address 59 B City Tenafly FEC ID number of co federal political comm Name of Employer (for Columbia Irving Medic Receipt For:	uff Road	State NJ Occupa Orthop	Zip Code 07670-1453 ation (for Individual) aedic Surgeon	Amount	Receipt		
Other (specify)	General		aar-to-Date ▼ 500.00		· · · ·		684.00
TOTAL This Period (las	t page this line number only)		••••••			-	

SCHEDULE A (FEC Form 3X	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 OF 114
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Ort	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Mumford, Joseph, E, , MD,FAAOS		rganization Name	Date of Receipt
Mailing Address 3110 SW Briarwood Circle)		11 13 2020
City Topeka	State KS	Zip Code 66611	Transaction ID : 10793719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Stormont Vail Healthcare		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle B. Courtney, Paul, Maxwell, , MD, F		rganization Name	Date of Receipt
Mailing Address 902 S Front St			11 D D / Y Y Y Y 11 14 2020
City Philadelphia	State PA	Zip Code 19147-4304	Transaction ID : 10793749
FINAL FILL FILL FILL FILL FILL FILL FILL FI	C	1914/-4304	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Rothman Institute		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]
Full Name of Individual (Last, First, Middle C. Carter, Ralph, E, , III, MD, F	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 201 Sterling Ln			11 14 2020
City Laurinburg	State NC	Zip Code 28352-5598	Transaction ID : 10793750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		834.00

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

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

CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 OF 11
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir Berg, Troy, L, , MD,FAAOS	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 3720 Glen Crest Ct			11 / D = D / Y = Y = Y = Y 11 15 2020
City Eau Claire	State WI	Zip Code 54701-5615	Transaction ID : 10793753
FEC ID number of contributing federal political committee.	C	34701-3013	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
OakLeaf Surgical Hospital	Orth	opaedic Surgeon	-
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		1000.00	
Full Name of Individual (Last, First, Middle Ir . Guevara, Benjamin, G, , MD, FAAC		rganization Name	Date of Receipt
Mailing Address 280 Remington Dr			11 15 2020
City	State	Zip Code	Transaction ID : 10793754
Mandeville	LA	70448-1942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Ochsner Health Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		1000.00	
Full Name of Individual (Last, First, Middle Ir . Coppage, Jeffrey, Miles, , MD, Fr		rganization Name	Date of Receipt
Mailing Address N15 W28300 Golf Rd			11 15 2020
City	State	Zip Code	Transaction ID : 10793761
Pewaukee	WI	53072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)			1500.00

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

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ITE	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and Sta r commercial purposes, other than using the			
	AME OF COMMITTEE (In Full) Political Action Committee of the	Americ	can Association of Ortho	paedic SurgeonsPAC of AAOS
A	ull Name of Individual (Last, First, Middle Initi Grimm, Matthew, R, , MD, FAAOS lailing Address 920 Avenue B	al) or Full C		Date of Receipt
	ity Aarrero	State LA	Zip Code 70072-3112	Transaction ID : 10793767 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		84.00
S	ame of Employer (for Individual) elf Employed eceipt For:	Ort	cupation (for Individual) thopaedic Surgeon e Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		924.00	
B	ull Name of Individual (Last, First, Middle Initia Forman, Scott, K, , MD, FAAOS lailing Address 25 High Water	al) or Full (Organization Name	Date of Receipt
	ity Iewport Coast	State CA	Zip Code 92657-2149	Transaction ID : 10793768 Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C		250.00
	ame of Employer (for Individual) elf Employed		cupation (for Individual) thopaedic Surgeon	Memo Item
R	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	ull Name of Individual (Last, First, Middle Initi Bilbrew, Lattisha, Latoya, , MD	al) or Full C	Organization Name	Date of Receipt
N	ailing Address 1710 Mountain Shadow			M M / D D / Y Y Y Y 11 16 2020
	ity Stone Mountain	State GA	Zip Code 30087-2111	Transaction ID : 10793769 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			84.00
S	ame of Employer (for Individual) elf Employed eceipt For:	Orth	cupation (for Individual) hopaedic Surgeon	Memo Item
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 924.00	
SU	BTOTAL of Receipts This Page (optional)		•	418.00
то	TAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scho for each category	
	Detailed Summary	
or for commercial purposes, other than using t		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association	of Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle McCulloch, Patrick, T, , MD, FAAOS Mailing Address 307 Buckingham Drive	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	M / D / Y
Venetia FEC ID number of contributing federal political committee.	PA 15367-2383	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual)	Occupation (for Individual	D) Memo Item
Advanced Ortho & Rehab Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼	588.00
Full Name of Individual (Last, First, Middle I Greene, Robert, Neil, , MD,FAAOS Mailing Address 1211 N 16th Ave		Date of Receipt
City Yakima	State Zip Code WA 98902-1347	Transaction ID : 10794385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual Orthopaedic Surgeon	I) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	924.00
Full Name of Individual (Last, First, Middle I Olsen, Adam, S, , MD,MS	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3686 Washington Street Apt 2520 City	State Zip Code	11 17 2020 Transaction ID : 10794386
Boston FEC ID number of contributing	MA 02130-3691	Amount of Each Receipt this Period
federal political committee.	C	42.00
Name of Employer (for Individual) Brigham and Women's Hospital Receipt For:	Occupation (for Individual Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify)		420.00
SUBTOTAL of Receipts This Page (optional)	·	
TOTAL This Period (last page this line number	r only)	

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) Image: 11 a model 11 a model </th
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia Chiodo, Christopher, P, , MD, FAAOS Mailing Address 7 Bramel Circle City Walpole FEC ID number of contributing	State Zip Code MA 02081	Date of Receipt
federal political committee. Name of Employer (for Individual) Brigham Orthopedic Associates Receipt For: □ Primary □ General ○ Other (specify) ▼	C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Initia Lopez, Peter, V, , MD,FAAOS Mailing Address 172-01 45 Ave City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General	State Zip Code NY 11358 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia C. Shah, Roshan, P, , MD,JD,FAAO Mailing Address 610 West 110th Street Apt 3E City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Columbia University Medical Center Receipt For: Primary General Other (specify)	400.00 I) or Full Organization Name State Zip Code NY 10025-2105 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon 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
SUBTOTAL of Receipts This Page (optional)	`	1284.00

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) Image: 11 a model 11 a model </th
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Tyndall, William, A, , MD, FAAOS Mailing Address 123 Brittany Ln	al) or Full Or	ganization Name	Date of Receipt
	City Hollidaysburg	State PA	Zip Code 16648-9269	Transaction ID : 10795398 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer (for Individual) University Orthopedics Receipt For:	Orth	pation (for Individual) opaedic Surgeon	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]
в.	Full Name of Individual (Last, First, Middle Initia Mitros, Stephen, F, , MD, FAAOS	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 51045 Erin Glen Dr			11 / D D / Y Y Y Y 11 19 2020
	City Granger	State IN	Zip Code 46530-9089	Transaction ID : 10795399 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Mitros Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]
с.	Full Name of Individual (Last, First, Middle Initia Woodcock, Jessica, A, , MD, FAAC		ganization Name	Date of Receipt
	Mailing Address 122 Stillwood Ct			M M / D D / Y Y Y Y 11 19 2020
	City New Bern	State NC	Zip Code 28560-8040	Transaction ID : 10795400 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	84.00	
	Name of Employer (for Individual) Self Employed Receipt For:	Ortho	pation (for Individual) opaedic Surgeon	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	1
s	UBTOTAL of Receipts This Page (optional)			252.00
т	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	n Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Cooper, Scott, Snow, , MD,FAAOS Mailing Address 405 NW A St City Bentonville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mercy Clinic Orthopedics Receipt For: Primary General	State AR C Occup Ortho	Zip Code 72712-5216 Dation (for Individual) paedic Surgeon /ear-to-Date ▼	Date of Receipt 11 19 2020 Transaction ID : 10795401 Amount of Each Receipt this Period 84.00 Memo Item
Full Name of Individual (Last, First, Middle I		924.00	
B. Russell, George, V, , Jr, MD,FAA Mailing Address PO Box 1158 City Madison FEC ID number of contributing federal political committee. Name of Employer (for Individual) Univ of Mississippi Med Ctr Receipt For: Primary General Other (specify) ▼	State MS C Occup Ortho	Zip Code 39130-1158 pation (for Individual) opaedic Surgeon /ear-to-Date ▼ 720.00	Date of Receipt
Full Name of Individual (Last, First, Middle I C. Keenan, Owen, B, , MD, FAAOS Mailing Address Dept of Orthopaedics 1000 N Oak Ave City Marshfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Marshfield Clinic Patient ED Hume 2 Receipt For: Primary General Other (specify)	State WI C Occup Ortho	Zip Code 54449-5703 Dation (for Individual) paedic Surgeon rear-to-Date ▼ 250.00	Date of Receipt T11 / 17 / 2020 Transaction ID : 10795953 Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)			424.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 OF 114 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Hennrikus, William, L, , Jr, MD,FAA	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 75 Laurel Ridge Rd	State	Zip Code	11 17 2020 Transaction ID : 10795954
Hershey	PA	17033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Penn State Medical School		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]
Full Name of Individual (Last, First, Middle B. Powell, Thomas, Edward, , MD, F Mailing Address 2020 Canyon Rd Ste 200		rganization Name	Date of Receipt
			11 17 2020
City Vestavia Hills	State AL	Zip Code 35216	Transaction ID : 10795955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Powell & Jones Orthopaedics Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		375.00]
Full Name of Individual (Last, First, Middle Schellack, Gregg, Wendell, , DC		rganization Name	Date of Receipt
Mailing Address 17465 Glacier Hwy			11 / D D / Y Y Y Y 11 17 2020
City Juneau	State AK	Zip Code 99801-8351	Transaction ID : 10795956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) US Navy		upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
SUBTOTAL of Receipts This Page (optional).			700.00
TOTAL This Period (last page this line numb	er only)		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Ini A. Su, Edward, T, , MD, FAAOS Mailing Address 11726 Valley Creek Rd City Woodbury FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	tial) or Full Organization Name State Zip Code MN 55129 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	Date of Receipt		
B. Woo, Kent, E, , MD, FAAOS Mailing Address 309 McAlpin Dr				
City Savannah FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optim Orthopedics Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code GA 31406-8923 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Transaction ID : 10795959 Amount of Each Receipt this Period 1000.00 Memo Item		
Full Name of Individual (Last, First, Middle Ini C. Valadie, Alan, L, , MD,FAAOS Mailing Address 1804 71st St NW City Bradenton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Coastal Orthopaedics Receipt For: Primary General Other (specify)	tial) or Full Organization Name State Zip Code FL 34209 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt 11 17 2020 Transaction ID : 10795960 Amount of Each Receipt this Period 100.00 100.00 Memo Item		
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2100.00		

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and a	y not be sold or used by any pdfress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.	
NAME OF COMMITTEE (In Fu Political Action Comm		an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, F A. Seaworth, Christine, Marie,		rganization Name	Date of Receipt	
Mailing Address 1001 Keowee	Ave		11 02 2020	
City Knoxville	State TN	Zip Code 37919	Transaction ID : 10795978 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individu University Orthopaedic Surgeons Receipt For:	s Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼	Memo Item	
Primary General Other (specify) ▼		250.00]	
Full Name of Individual (Last, F B. Urband, Lindsey, , , MD,		rganization Name	Date of Receipt	
Mailing Address 8008 Frost St Suite 403		Zin Onde	M M / D D / Y Y Y Y 11 03 2020	
City San Diego	State	Zip Code 92123-4209	Transaction ID : 10795981 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individu San Diego Hand Specialists	·	upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 924.00]	
Full Name of Individual (Last, F c. Engstrom, Stephen, , ,		rganization Name	Date of Receipt	
Mailing Address 1215 21st Ave Suite 4200	1		11 04 Y Y Y Y Y 11 04 2020	
City Nashville	State TN	Zip Code 37232-8774	Transaction ID : 10795983 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individu Vanderbilt Univ-Vanderbilt Ortho		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 924.00	1	
SUBTOTAL of Receipts This Pag	e (optional)		418.00	
TOTAL This Period (last page thi	s line number only)			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 OF 114 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions be to solicit contributions from such committee.	
Political Action Committee of t		opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle A. Sheehan, John, P, , MD,FAAOS	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 6621 Cuming St 	State Zip Code	11 06 2020 Transaction ID : 10795985	
Omaha	NE 68132	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Boys Town	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00]	
Full Name of Individual (Last, First, Middle B. Quinn, David, E, , MD, FAAOS	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 41 Thorndale Rd		11 06 / Y Y Y Y Y 2020	
City Slingerlands	State Zip Code NY 12159	Transaction ID : 10795986 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer (for Individual) Capital Region Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Middle Migliori, Sidney, Premer, , MD,F		Date of Receipt	
	Mailing Address 40 Chief Botelho Ct		
City East Greenwich	StateZip CodeRI02818	Transaction ID : 10795987 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Ortho Rhode Island	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 840.00	1	
SUBTOTAL of Receipts This Page (optional).		418.00	
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE (check only	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13	11b 11c 12 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t				
NAME OF COMMITTEE (In Full) Political Action Committee of t			opaedic S	urgeonsPAC of AAOS
A. Harrison, Alicia, Karin, , MD,FAAOS	Initial) or Full Org	anization Name	Date of	Receipt
Mailing Address 1942 Humboldt Ave S 	State	Zip Code	11 Trans	2020 action ID : 10795991
Minneapolis	MN	55403-2815		of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			84.00
Name of Employer (for Individual) Univ of Minnesota		ation (for Individual) baedic Surgeon	Me	emo Item
Receipt For:	Aggregate Ye	ear-to-Date 🔻		
Other (specify) ▼		924.00]	
Full Name of Individual (Last, First, Middle B. Chutkan, Norman, Barrington, , M		anization Name	Date of	Receipt
Mailing Address 3002 N Manor Drive E	E			/ D D / Y Y Y Y 09 2020
City	State AZ	Zip Code		action ID : 10795992
	AZ	85014	Amount	of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			84.00
Name of Employer (for Individual) The CORE Institute		ation (for Individual) paedic Surgeon	Me	emo Item
Receipt For:	Aggregate Ye	ear-to-Date 🔻		
Other (specify)		, 504.00]	
Full Name of Individual (Last, First, Middle C. More, Robert, Cameron, , MD, F	Initial) or Full Org	anization Name	Date of	Receipt
Mailing Address 8100 Wescott Drive Suite 101			M M	/ D D / Y Y Y Y 09 2020
City Fleminaton	State NJ	Zip Code 08822		action ID : 10795994
FEC ID number of contributing federal political committee.	C		Amount	of Each Receipt this Period 84.00
Name of Employer (for Individual) Hunterdon Orthopaedic Institute	Occupation (for Individual)		Me	emo Item
Receipt For: Primary Other (specify)		aaedic Surgeon ear-to-Date ▼ 1092.00]	
SUBTOTAL of Receipts This Page (optional).				252.00
TOTAL This Period (last page this line number	er only)			

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	\mathbf{X} 11a 11b 11c 12 13 14 15 16 17	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initi Cimino, William, Gerard, , MD,FAAOS Mailing Address 52 Beach Road	ial) or Full Oi	ganization Name	Date of Receipt	
	Suite 207			11 09 2020	
	City	State	Zip Code	Transaction ID : 10795995	
	Fairfield	СТ	06824	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For:		Year-to-Date ▼	-	
	Primary General Other (specify) ▼		924.00		
	Full Name of Individual (Last, First, Middle Initi Parsley, Brian, S, , MD,FAAOS	ial) or Full O	rganization Name	Date of Receipt	
	Mailing Address 5420 West Loop South Suite 2400			11 13 2020	
	City	State	Zip Code	Transaction ID : 10795996	
	Bellaire	TX	77401	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) UT Health Physicians		ipation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00		
	Full Name of Individual (Last, First, Middle Initi Damalas, Dino, , , MBA	ial) or Full O	ganization Name	Date of Receipt	
	Mailing Address 9400 W Higgins Rd	11 / D D / Y Y Y Y 2020			
	City Rosemont	State IL	Zip Code 60018-4975	Transaction ID : 10795997	
			00010 4070	Amount of Each Receipt this Period	
		С		84.00	
			pation (for Individual) f Operating Officer	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		924.00		
\vdash	UBTOTAL of Receipts This Page (optional)			252.00	

Use separate schedule(s)

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PAGE 90 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and St for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) A. Fragomen, Austin, Thomas, , MD,FAAOS			rganization Name	Date of Receipt
	Mailing Address 48-25 64th St			11 13 Y Y Y Y 11 13 2020
	City Woodside	State NY	Zip Code 11377	Transaction ID : 10795999
			11377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Hospital for Special Surgery	Orth	nopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		900.00	
	Full Name of Individual (Last, First, Middle Initi		rganization Name	
Β.	Roberson, Rowland, M, , MD, FAAO	S		Date of Receipt
	Mailing Address 641 N Lamar Blvd			11 / D D / Y Y Y Y 11 16 2020
	City	State MS	Zip Code	Transaction ID : 10796000
	Oxford	INIS	38655-3235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Specialty Orthopedic Group		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify)		, 924.00	
C.	Full Name of Individual (Last, First, Middle Init Lisella, Jordan, Mills, , MD, FAAO		rganization Name	Date of Receipt
	Mailing Address 14 Turner Lane			11 16 / Y Y Y Y Y 11 16
	City	State	Zip Code	Transaction ID : 10796002
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	Capital Region Orthopaedic Group	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		840.00	1
				1
s	UBTOTAL of Receipts This Page (optional)		•••••	268.00
т	OTAL This Period (last page this line number of	only)	•	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(Check only one) Image: Mark 11 mark 11 mark 12 mark 13 mark 14 mark 15 mark 16 mark 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of O	rthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Zanaros, George, , , MD,FAAOS Mailing Address 16 Shaker Bay Rd City Latham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capital Region Orthopaedic Group Receipt For: Primary General Other (specify) ▼	e Initial) or Full Organization Name State Zip Code NY 12110 C Occupation (for Individual) Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ 840.00	Date of Receipt
Full Name of Individual (Last, First, Middle B. Dantzker, Nicholas, James, , MD Mailing Address 900 20th Ave S Apt 1212		Date of Receipt
City Nashville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Receipt For: Primary General Other (specify) ▼	State TN Zip Code 37212-2244 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Transaction ID : 10796014 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle C. Brown, Barrett, Shytles, , MD,F Mailing Address Fondren Orthopedic Grou 7401 Main St	Date of Receipt	
City Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Texas Orthopedic Hospital Receipt For: Primary General Other (specify)	State TX Zip Code 77030-4509 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 924.00	Transaction ID : 10796035 Amount of Each Receipt this Period 84.00 Memo Item

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Levine, William, N, , MD,FAAOS Mailing Address 220 Riverside Blvd Apt 3N Apt 3N City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Columbia University Receipt For: Primary General Other (specify) ▼	e Initial) or Full Organization Name State Zip Code NY 10069 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
B. Full Name of Individual (Last, First, Middle Chapman, Cary, B, , MD,FAAOS Mailing Address 860 5th Ave City	State Zip Code	Date of Receipt
New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	NY 10065-5856 C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 924.00	Amount of Each Receipt this Period 84.00 Memo Item
C. Stoeckl, Andrew, , , MD, FAAO Mailing Address 90 Fairlawn Dr		Date of Receipt M M / P P / Y Y Y Y 11 21 2020 Transaction ID : 10796127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Excelsior Orthopedics	C Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 913.00	
) ber only)	3167.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 93 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Α.		al) or Full O	rganization Name	Date of Receipt
	Mailing Address 105 Antlers Ln			M M / D D / Y Y Y Y Y 11 21 2020
	City Madison	State MS	Zip Code 39110-8011	Transaction ID : 10796128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Univ of Mississippi HIth Ctr Receipt For:	Orth	upation (for Individual) opaedic Surgeon	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name S. Sherbondy, Paul, Strawn, , MD, FAAOS Mailing Address 507 Beaumont Dr			Date of Receipt
	City State College	State PA	Zip Code 16801-8311	Transaction ID : 10796132 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Kirol, Bernard, G, , MD, FAAOS	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 338 Turnwall Ln			M M / D D / Y Y Y Y 11 22 2020
	City Elgin	State SC	Zip Code 29045-9507	Transaction ID : 10796134 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual) Midlands Orthopaedics, PA Receipt For:	Orth	upation (for Individual) opaedic Surgeon	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 825.00]
s	UBTOTAL of Receipts This Page (optional)			409.00
т	OTAL This Period (last page this line number c	only)		

S	CHEDULE A (FEC Form 3X)		Lise separate sebedulo(a)	FOR LINE NUMBER: PAGE 94 OF 114
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
_				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
				opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Org.		rganization Name	Date of Receipt
	Mailing Address 13416 Desert Zinnia Ct NE	1		11 / D D / Y Y Y Y 22 / 2020
	City	State NM	Zip Code	Transaction ID : 10796135
	Albuquerque		87111-7154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self Employed	Orth	nopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		924.00	1
	Other (specify) ▼	L]
в.	Full Name of Individual (Last, First, Middle Initia Hire, Justin, M, , MD, FAAOS	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 3617 Ault Park Ave	11 22 2020		
	City	State	Zip Code	Transaction ID : 10796136
	Cincinnati	OH	45208-1701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Aggregate Year-		Year-to-Date ▼		
	Primary General			1
	Other (specify) v	L	, 462.00	1
c.	Full Name of Individual (Last, First, Middle Initia Hunt, Stephen, Austin, , MD, FAAC		rganization Name	Date of Receipt
Mailing Address 7 Pheasant Run Dr				11 23 2020
	City Realize Didge	State NJ	Zip Code	Transaction ID : 10796141
	Basking Ridge	INJ	07920-2674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) Iopaedic Surgeon	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogato		1
	Other (specify)	L	1000.00	1
s	UBTOTAL of Receipts This Page (optional)			376.00

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

SCHEDULE A (FEC Form 3X)		llea canarata cahadula(a)	FOR LINE NUMBER: PAGE 95 OF 114	
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
		Detailed Suffillary Page	13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orthe	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir A. Cox, Christopher, V, , MD, FAAOS	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 100 Berkeley Way			11 20 2020	
City	State	Zip Code	Transaction ID : 10797049	
San Francisco	CA	94131	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
California Pacific Orthopaedics		iopaedic Surgeon	-	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General	.99.094.0		1	
Other (specify) V		350.00		
Full Name of Individual (Last, First, Middle Ir B. O'Donovan, Terrence, M, , MD, FA		rganization Name	Date of Receipt	
Mailing Address 615 Maid Marion Hill	11 20 2020			
City	State	Zip Code	Transaction ID : 10797050	
Sherwood Forest	MD	21405	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer (for Individual) Chesapeake Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date V		
Primary General Other (specify) ▼		, 1500.00	1	
Full Name of Individual (Last, First, Middle Ir C. Harris, Jeffrey, L, , MD, FAAOS	hitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 10909 Monte Vista Ct				
City	State	Zip Code	11 20 2020 Transaction ID : 10797051	
Fort Wayne	IN	46814	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	U C			
Name of Employer (for Individual) OrthoNortheast		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]	
SUBTOTAL of Receipts This Page (optional)			1000.00	

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mile name and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir Samuelson, Thomas, S, , MD, FAAOS Mailing Address 12101 Catalina St City Leawood FEC ID number of contributing federal political committee. Name of Employer (for Individual) Signature Medical Group of KC Receipt For: Primary General Other (specify) ▼	State KS C Occ Ort	Zip Code 66209 upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 1375.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ir B. Quigley, John, T, , MD, FAAOS Mailing Address Suite 103 289 W Huntington Dr City Arcadia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Congress Ortho Assoc Inc Receipt For: Primary General Other (specify) ▼	State CA C Occ Ort	Drganization Name Zip Code 91007 Supation (for Individual) hopaedic Surgeon Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Ir Jacobs, Joshua, J, , MD, FAAOS Mailing Address 2407 Pomona Lane City Wilmette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Rush Univ Med Ctr Receipt For: Primary General Other (specify)	State IL C Occ Ort	Drganization Name Zip Code 60091 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 2000.00	Date of Receipt 11 20 2020 Transaction ID : 10797062 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		•	1750.00
TOTAL This Period (last page this line number	r only)	••••••	

SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 OF 114 (check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usin			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Political Action Committee o	f the America	an Association of Orth	opaedic SurgeonsPAC of AAOS					
A. Pierce, Troy, D, , MD,FAAOS	Name of Individual (Last, First, Middle Initial) or Full Organization Name rce, Troy, D, , MD,FAAOS							
Mailing Address 4012 Edgewater PI SE 	State	Zip Code	11 / 20 / 2020 Transaction ID : 10797063					
Mandan	ND	58554	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer (for Individual) The Bone & Joint Center		upation (for Individual) Iopaedic Surgeon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1750.00]					
Full Name of Individual (Last, First, Midd B. Shea, Kevin, P, , MD,FAAOS	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 55 Sarah Dr			11 20 2020					
City	State	Zip Code	Transaction ID : 10797070					
Avon	СТ	06001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual) Univ of CT Health Center		upation (for Individual) nopaedic Surgeon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		350.00]					
Full Name of Individual (Last, First, Midd C. Rechter, Alan, Jeffrey, , MD, F		rganization Name	Date of Receipt					
Mailing Address 18885 Katy Freeway			11 20 2020					
City Houston	State TX	Zip Code 77094	Transaction ID : 10797071 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Orthopaedic Associates		upation (for Individual) opaedic Surgeon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]					
SUBTOTAL of Receipts This Page (optional	al)		1500.00					
TOTAL This Period (last page this line nur	nber only)							

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114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Spencer, Curtis, W, , III, MD, F Mailing Address 2760 Atlantic Ave City Long Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (opposition)	State CA CC Occo Orth	rganization Name Zip Code 90806-2755 Upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 450.00	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle Jones, Lowry, , , Jr, MD,FAA Mailing Address 2609 W 65th St	Initial) or Full O	Apr	Date of Receipt
City Mission Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Kansas City Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 66208 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 3000.00	11 20 2020 Transaction ID : 10797073 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name of Individual (Last, First, Middle C. Smith, Scott, A, , MD,FAAOS Mailing Address 200 Clovis Dr City Georgetown FEC ID number of contributing	State TX	rganization Name Zip Code 78628-7167	Date of Receipt Mark / D / Y
federal political committee. Name of Employer (for Individual) Texas Orthopedics Round Rock Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 OF 114					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)					
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS					
Bercik, Michael, J, , Jr, MD								
Mailing Address 1410 Center Road			11 19 2020					
City Lancaster	State PA	Zip Code 17603	Transaction ID : 10798113					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
Self Employed	Orth	opaedic Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]					
Full Name of Individual (Last, First, Middle I 3. Jiranek, William, A, , MD,FAAOS	nitial) or Full O	rganization Name	Data of Descript					
Mailing Address 4066 Old River Trail		Date of Receipt						
City Powhatan	State VA	Zip Code 23139	Transaction ID : 10798114 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		84.00					
Name of Employer (for Individual) Duke University		upation (for Individual) nopaedic Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]					
Full Name of Individual (Last, First, Middle I C. Glusenkamp, Nathan, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9400 W Higgins Rd			11 22 2020					
City Rosemont	State IL	Zip Code 60018	Transaction ID : 10798115 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) AAOS		upation (for Individual) If Quality and Registries Officer	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]					
SUBTOTAL of Receipts This Page (optional)			184.00					

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

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

FOR LINE NUMBER:

PAGE 100 OF

114

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)						
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)									
	ne Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS						
Full Name of Individual (Last, First, Middle Ir Mejia, Alfonso, , , MD,MPH,FAA Mailing Address 5332 South Shore Drive City Chicago FEC ID number of contributing federal political committee. Name of Employer (for Individual) Illinois Association of Orthopedic Sur Receipt For: Primary General Other (specify) ▼	State IL C Occ Ort	Zip Code 60615-5708 cupation (for Individual) hopaedic Surgeon Year-to-Date ▼	Date of Receipt						
Full Name of Individual (Last, First, Middle Ir Mailing Address City	Litial) or Full C	Zip Code	Date of Receipt						
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	cupation (for Individual)	Amount of Each Receipt this Period						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]						
Full Name of Individual (Last, First, Middle In Mailing Address City	hitial) or Full C	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	cupation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]						
SUBTOTAL of Receipts This Page (optional)			, 84.00						
TOTAL This Period (last page this line number	r only)		71544.79						

SCHEDULE B (FEC For		e sepa	rate schedule(s)		DR LINE					PAG	E 101 O	F 114		
ITEMIZED DISBURSEMEI	for	each c	category of the Summary Page		heck on X 21b 28a		22 28b	23 28c		26 29	27 30b			
Any information copied from such Rep or for commercial purposes, other that														
NAME OF COMMITTEE (In Full)					_									
Political Action Committee		ican	Association	of (Drtho	bae	dic S	urgeo	ns	PAC	C of AA	OS		
Full Name (Last, First, Middle Initia A. Huntington National Bar	,					[Date of	Disburse			YYY	~		
Mailing Address 678 Lee St								10 15 2020						
City Des Plaines	State IL		Zip Code 60018			F	EC Ide	entificatio	n Nur	nber				
Purpose of Disbursement Bank fees deducted from account			1	0	01		C		15					
Candidate Name			L		egory/ /pe	4		nsaction of Each			ent this Po	eriod		
Office Sought: House Senate	Disbursement F	ary	General		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	fees	139.46 deducted fr				
State: District:	Other	r (spec	ify) 🔻				Me	mo Item						
Full Name (Last, First, Middle Initia B. Huntington National Bar	Full Name (Last, First, Middle Initial) Huntington National Bank							Date of Disbursement						
Mailing Address 678 Lee St		м м 10		20	/ Y	2020	Ý							
City Des Plaines	State IL		F	EC Ide	entificatio	n Nur	nber							
Purpose of Disbursement Bank fees deducted from account		00					C Tra	nsaction	ID : 1	10766	575			
Candidate Name	e Name				egory/ /pe						ent this Po	eriod		
Office Sought: House Senate President		ent For: Primary General Other (specify)] [Bank fees deducted	720.23 deducted f	- Contraction 1997			
State: District:		(opoo					Me	mo Item						
Full Name (Last, First, Middle Initia C. Huntington National Bar						[Date of	Disburse	_					
Mailing Address 678 Lee St							1 <u>0</u>	2	7	/ т	2020	ſ		
City Des Plaines	State IL		Zip Code 60018			F	EC Ide	entificatio	n Nur	nber				
Purpose of Disbursement Bank fees deducted from account			1	0	01		C Transaction ID : 10776267							
Candidate Name	Candidate Name										ient this Po	eriod		
Office Sought: House Senate President	Disbursement F		General		/pe				Bank	fees	178.78 deducted f			
State: District:							IVIE	mo Item						
SUBTOTAL of Disbursements This P TOTAL This Period (last page this lin								- 	-		1038.4	7		

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)					ł:		PA	GE	102 OF	114
	EMIZED DISBURSEMENTS	for each	category of the Summary Page		heck (2 2	-	22 28b	23	. –	26		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na												
\backslash	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the	American	Association	of (Drth	ора	aedic \$	Surge	ons	PA	.C (of AA	DS
Α.	Full Name (Last, First, Middle Initial) Huntington National Bank						Date o	of Disburs		ent			
	Mailing Address 678 Lee St		10 30 2020										
	City Des Plaines	State IL	Zip Code 60018				FEC lo	dentificati	on N	lumber			
	Purpose of Disbursement Bank fees deducted from account	1		C	01	1	С	ansactio	- 15	. 4077			
	Candidate Name				egory/ /pe			nt of Eac					riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General				<u>_</u>		dec	60.24 lucted fro	om accou		
	State: District:		Siry) 🔻				M	emo Iterr)				
B.	Full Name (Last, First, Middle Initial) Huntington National Bank		Date o	of Disburs		ent			_				
	Mailing Address 678 Lee St		M N		03	/ Y		020					
	City Des Plaines	State Zip Code IL 60018							on N	lumber		_	
	Purpose of Disbursement Bank fees deducted from account				01		C Transaction ID : 10797790						
	Candidate Name	me						nt of Eac	h Dis	sbursei	men	t this Pe	riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General				<u>L</u>		Ва	nk fees	s dec	312.69 ducted fro	om accou
	State: District:	Other (spec	Siry)				M	emo Item	1				
C.	Full Name (Last, First, Middle Initial) Huntington National Bank						Date o	of Disburs	seme	ent			
	Mailing Address 678 Lee St						M N	1 / D	10	/ Y		020	
	City Des Plaines	State IL	Zip Code 60018				FEC lo	dentificati	on N	lumber		_	
	Purpose of Disbursement Bank fees deducted from account		1	C	01	1	C	ansactio	n ID	• 1079	779	1	
	Candidate Name				egory/ /pe			nt of Eac			-		riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General General					emo Item		nk fees	s deo	253.13 ducted fr	om accou
_	State: District:	-											
s	UBTOTAL of Disbursements This Page (optional))	•		1 -y-	_		_	626.06	
Т	OTAL This Period (last page this line number onl	y))	•		9		,			

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SCHEDULE B (FEC Form 3X	X)		FC	BINE	NUMBER:		PA	GE 103	OF 114			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch	eck only	one)							
		Summary Page		¥ 21b 28a	22 28b	23 28c	26	27 30b				
Any information copied from such Reports an or for commercial purposes, other than using				any pers	on for the	purpose o	f solicitir	ng contribu				
NAME OF COMMITTEE (In Full)												
Political Action Committee of	the American	Association	of C	Orthop	aedic S	Surgeor	ISPA	C of A	AOS			
Full Name (Last, First, Middle Initial) A. Huntington National Bank					Date of Disbursement							
Mailing Address 678 Lee St					11 03 2020							
City Des Plaines	State	Zip Code 60018			FEC Identification Number							
Purpose of Disbursement Bank fees deducted from account			0(С							
Candidate Name			00 Cate	_		insaction t of Each I			Period			
Office Sought: House D	isbursement For:		Ту					237.	45			
Senate President	Primary Other (spec	General				E	Bank fees					
State: District:		city) 🔻			Me	mo Item						
Full Name (Last, First, Middle Initial) B. Huntington National Bank	Date of Disbursement											
Mailing Address 678 Lee St	м м 11	/ D 16		2020	Y							
City Des Plaines	Zip Code 60018			FEC Id	entification	Numbe	r					
Purpose of Disbursement Bank fees deducted from account			01	С								
Candidate Name		L	Category/ Type			insaction I t of Each I			Period			
Office Sought: House D Senate	isbursement For:	Gaparal			150.25							
State: District:	nt Primary Genera Other (specify)				Bank fees deducted from ac							
Full Name (Last, First, Middle Initial)					Data							
C. Huntington National Bank						f Disburser		Y Y	Y			
Mailing Address 678 Lee St					11	17		2020	_			
City Des Plaines	State	Zip Code 60018			FEC Id	entification	Numbe	r				
Purpose of Disbursement Bank fees deducted from account			00		С							
Candidate Name		001 Transaction ID : 10797794 Category/ Type Amount of Each Disbursement						Period				
Office Sought: House D Senate	isbursement For:	General		<u>, po</u>				225.				
State: District:	Other (spec				Bank fees deducted from Memo Item							
SUBTOTAL of Disbursements This Page (op	tional)			····· >				613	.25			
TOTAL This Period (last page this line numb	per only)			····· Þ				2277	.78			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s)		DR LI heck			BER:			PA	GE 104 OF 114				
II LMILLU DISDURSEMIENIS		category of the Summary Page		2	1b 8a		2 8b	X 23 28c		26 29	27 30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may	not be sold or used ress of any politica	d by I con	any p nmitte	erso e to	n for solici	the t cor	purpose ntributions	ofs fro	oliciting m suc	g contributions h committee.				
NAME OF COMMITTEE (In Full) Political Action Committee of the	American	Association	of (Drth	ора	aedi	c S	Surgeo	ns∙	PA	C of AAOS				
Full Name (Last, First, Middle Initial) A. William Timmons For Congress						_	te of	f Disburse	eme	nt	YYYY				
Mailing Address PO Box 3416							10 15 2020								
City Greenville	State SC	Zip Code 29602				FE	C Id	entificatio	n N	lumber					
Purpose of Disbursement			0	11	1	С		C006684	-	· 1076	2601				
Candidate Name Timmons, William, R., Rep., IV				egory/ /pe		Am					nent this Period				
	sement For: 2 Primary	2020 X General									1500.00				
State: SC District: 04	Other (spe	cify) ▼					Me								
Full Name (Last, First, Middle Initial) B. Ann Wagner For Congress								f Disburse	eme	nt					
Mailing Address PO Box 50			М	10 ^M		^р 5	/ Y	2020							
City Ballwin Purpose of Disbursement	State DC	DC 63022 011 Category/						entificatio C004958	-	umber					
Void - Ann Wagner For Congress							C C00495846 Transaction ID : 10762692 Amount of Each Disbursement this								
Wagner, Ann, , Rep., Office Sought:	sement For:	x General	19	/pe					Voi	d - Anr	– 1500.00 Wagner For Congre				
State: MO District: 02 Full Name (Last, First, Middle Initial)					_		ivie	mo Item							
c. Texans For Henry Cuellar Congr	essional C	Campaign				Da	te of	f Disburse	eme	nt	YYYY				
Mailing Address 1519 Washington Street Suite 200						Ľ	10		5		2020				
City Laredo	State TX	Zip Code 78040				FE	C Id	entificatio	n N	umber					
Purpose of Disbursement			0	11]	C C00371302 Transaction ID : 10762693									
Cuellar, Henry, , Rep.,				egory/ /pe		Am	ount	t of Each	Dis	burser	nent this Period				
Office Sought: House Disbur Senate President	sement For: 2 Primary Other (spe	x General					Mo	mo Item	_	-9	2500.00				
State: TX District: 28							NIC								
SUBTOTAL of Disbursements This Page (optiona	l))	•			-7-		-9-	2500.00				
TOTAL This Period (last page this line number or	nly))	•			,		,					

S	CHEDULE B (FEC Form 3X)			FOR	R LINE NUMBER: PAGE 105 OF								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	ck only ∃21b	one)	26 27						
		Detailed	Summary Page		210 28a	22 x 23 28b 28c	20 27 29 30b						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politic	ed by an al comm	y perso ittee to	on for the purpose of solicit contributions fro	soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	American	Association	n ot Or	thop	aedic Surgeons	PAC of AAOS						
A.	Full Name (Last, First, Middle Initial) Mike Kelly For Congress					Date of Disburseme							
	Mailing Address PO Box 476					10 / D D 15	2020						
	City	State	Zip Code			FEC Identification N	lumber						
	Lyndora	PA	16045										
	Purpose of Disbursement			011		C C00474189							
	Candidate Name				_	Transaction ID	: 10762694 sbursement this Period						
	Kelly, George, , , Jr			Catego Type	-	Amount of Lach Dis							
	Office Sought: 🗶 House Disburse	ement For: 2 Primary	X General				1000.00						
	State: PA District: 03	Other (spe	cify) 🔻			Memo Item							
_	Full Name (Last, First, Middle Initial)												
Β.	Tony Gonzales For Congress					Date of Disbursement							
	Mailing Address 11613 Huebner					10 / D D / Y Y Y Y 10 15 2020							
	City	State	Zip Code			FEC Identification N	lumber						
	San Antonio Purpose of Disbursement	ТХ	78248										
				011		C C00706614							
	Candidate Name			Catego		Transaction ID	: 10762695 sbursement this Period						
	Gonzales, Ernest, , , II			Туре		Amount of Lacit Dis							
	Office Sought: 🗶 House Disburse	ment For:	2020				2500.00						
	Senate	Primary	General				,						
	State: TX District: 23	Other (spe	city)			Memo Item							
_	Full Name (Last, First, Middle Initial)												
C.	Ann Wagner For Congress					Date of Disburseme	ent						
	Mailing Address PO Box 50					10 15	2020						
	City	State	Zip Code			FEC Identification N	lumber						
	Ballwin Purpose of Disbursement	DC	63022			C C00405940							
				011		C C00495846	. 40762607						
	Candidate Name			Catego	orv/	Transaction ID Amount of Each Dis	: 10/6269/ sbursement this Period						
	Wagner, Ann, , Rep.,			Туре									
		ment For: 2					1500.00						
	Senate President	Primary Other (spec	General										
	State: MO District: 02	Other (spe	cny) ▼			Memo Item							
s	UBTOTAL of Disbursements This Page (optional).				🕨		5000.00						
т	OTAL This Period (last page this line number only	/)			🕨	, .							

S	CHEDULE B (FEC Form 3X)			F	OR L		UMBER:				PAGE	106 OF 114				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C		only			00		,					
			Summary Page			21b 28a	22 28b	-	23 28c	26		27 30b				
A	ny information conied from such Departs and Otab	monte	not be odd an													
	ny information copied from such Reports and State for commercial purposes, other than using the na															
$ \rangle$	NAME OF COMMITTEE (In Full)				<u> </u>					-	~ ~					
	Political Action Committee of the	Americar	Association) of (Orth	nopa	aedic S	surg	jeor	ISP		of AAOS				
Α.	Full Name (Last, First, Middle Initial) Rounds For Senate						Date of	f Dist	ourse	ursement						
							MM	1	D	D /	Y	YYY				
	Mailing Address PO Box 250						10		15	5	_2	2020				
	City	State	Zip Code				FEC Id	entific	cation	Num	ber					
	Pierre	SD	57501				_					-				
	Purpose of Disbursement				011		С	C005	53246	5						
	Candidate Name			<u></u>						ID : 10						
	Rounds, Mike, , Sen.,				egory ype	y/	Amoun	LOTE	ach	UISDUR	semer	t this Period				
		ement For:	2020		16-		·					2500.00				
	X Senate	Primary	x General					7			- 1					
	State: SD District:	Other (spe	cify) ▼				Me									
	Full Name (Last, First, Middle Initial)															
В.	Bishop For Congress						Date of	f Dist	ourse	ment						
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	Mailing Address 2216 Whilden Ct		10		1	5	2	2020								
	City	State	Zip Code				FEC Id	entific	cation	Num	ber					
	Charlotte Purpose of Disbursement	NC	28211				C C00699660									
	Void - Bishop For Congress			C	011		•									
	Candidate Name			Cate	egory		Tra Amoun	7 It this Period								
	Bishop, James, , ,				ype	,,	7 unio di l									
	Office Sought: X House Disburse	ement For:	2020				L	1000.00								
	Senate	Primary	X General					,	١	/oid - E	Bishop	For Congress				
	State: NC District: 09	Other (spe	cify)				Me	mo li	tem							
	State: NC District: 09 Full Name (Last, First, Middle Initial)						_									
C.	MARSHA PAC						Date of	f Dist	ourse	ment						
	Mailing Address DO.D. 2014						M M	/	D 4.0							
	Mailing Address PO Box 3241						10		15			020				
	City	State	Zip Code				FEC Id	entific	cation	Num	ber					
	Brentwood Purpose of Disbursement	TN	37024				_					-				
	Void - MARSHA PAC			0)11		C	_	10927 .:	_						
	Candidate Name			Cate	egory	y/	Transaction ID : 10762928 Amount of Each Disbursement this Pe									
	Office Sought: House Disburse	ement For:		1	3 PG			_			-	1000.00				
	Senate	Primary	General			Void - MA				485						
	President	Other (spe	cify) 🔻			Memo Item				174130						
	State: District:	-														
s	UBTOTAL of Disbursements This Page (optional)											500.00				
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т	OTAL This Period (last page this line number only	y)						,								

SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER	:		PA	GE 1	07 OF 114		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch	neck only								
		Summary Page		21b 28a	22 28b	× 23 280	.	26 29		27 30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				any pers		purpose	of so	olicitin	g con	tributions		
NAME OF COMMITTEE (In Full)												
Political Action Committee of the	American	Association	of C	Drthop	aedic S	Surgeo	ons-	-PA	C of	AAOS		
Full Name (Last, First, Middle Initial) A. John Cowan For Congress, Inc.						f Disburs						
Mailing Address 1101 E 2nd Avenue Se					10	/ D	/ Y	202	20			
City Rome	State GA	Zip Code 30161			FEC lo							
Purpose of Disbursement Void - John Cowan For Congress, Inc.	1	1	0′	11	С	C00734						
Candidate Name			Cate	gory/		ansactio It of Eacl				his Period		
Cowan, John, , ,				pe								
	ement For: 2					-	_	-		500.00		
President	Primary Other (spec	General						l - Joh	n Cov	van For Congr		
State: GA District: 14		2020 Georgia Prima	arv		Me	Memo Item Inc.						
Full Name (Last, First, Middle Initial)												
	Vote to Elect Republicans Now PAC (VERN PAC)						semer	nt	Ý	V		
Mailing Address PO Box 48928	Aailing Address PO Box 48928									20		
City Sarasota	State Zip Code FL 34236							umber				
Purpose of Disbursement Buchanan's LPAC		0	11	С	C00431							
Candidate Name		L		gory/ /pe	Tra Amoun	his Period						
Office Sought: House Disburs	ement For:		i y	pc				-	25	500.00		
Senate	Primary	General				AC						
State: District:	Other (spec	cify)			Me							
Full Name (Last, First, Middle Initial)					Date o	f Disburs	semei	nt				
C. Mike Rogers For Congress					M		D	/	Y	YY		
Mailing Address 123 East 13th Street					10		21		202			
City	State	Zip Code			FEC lo	lentificati	on Ni	umber				
Anniston Purpose of Disbursement	AL	36201						-	-	_		
Fulpose of Dispursement		I	0,	11	C	C00367						
Candidate Name		L		gory/		ansactio				his Period		
Rogers, Mike, D., Rep.,				pe	7 tinoun			Juliool				
								_	10	00.00		
Senate	Primary	x General				,						
State: AL District: 03	Other (spec	city) 🔻			Me	emo Item	I					
State: AL District: 03												
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			-	-			=	-7-				
TOTAL This Period (last page this line number on	ly)			····· Þ			_	7				

S	CHEDULE B (FEC Form 3X)			FOR	LINE NUMBER: PAGE 108 OF								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	ck only								
			Summary Page		21b 28a	22 X 23 28b 28c	26 27 29 30b						
٨٣	ny information copied from such Reports and State	mente movir	not be sold or use										
or	for commercial purposes, other than using the nar	me and addr	ess of any politica	al comm	ittee to	solicit contributions from	om such committee.						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		A I . I										
	Political Action Committee of the A	merican	Association	ot Or	thop	aedic Surgeons	SPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress					Date of Disbursement							
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	Mailing Address PO Box 2334					10 21	_2020						
	5	State	Zip Code			FEC Identification N	Number						
	Denton	ТХ	76202										
	Purpose of Disbursement			011		C C00372532							
	Candidate Name				- H.	Transaction ID							
	Burgess, Michael, C., Rep., M.D.			Catego Type		Amount of Each Dis	sbursement this Period						
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	State: TX District: 26	Other (spec	ситу) 🔻			Memo Item							
	Full Name (Last, First, Middle Initial)												
Β.	Ann Wagner For Congress					Date of Disburseme	ent						
	Mailing Address PO Box 50					10 / D D 21	/ Y Y Y Y Y 2020						
	City Ballwin	State Zip Code FEC					Number						
	Purpose of Disbursement			_		C C00495846							
				011		Transaction ID	• 10771521						
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~	Full Name (Last, First, Middle Initial)					Data of Distance							
U.	Nicole For New York					Date of Disburseme							
	Mailing Address PO Box 60487					10 / D D D 21	2020						
	City	State	Zip Code			FEC Identification N	lumber						
	Staten Island	NY	10306										
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	Candidate Name			011	- H.	Transaction ID							
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	Political Action Committee of the A	American	Association	of Orth	opaedic SurgeonsPAC of	AAOS			
Α.	Full Name (Last, First, Middle Initial) Dr John Joyce For Congress	Date of Disbursement	v						
	Mailing Address 1002 Logan Blvd Ste 114								
	City	State PA	Zip Code		FEC Identification Number				
	Altoona Purpose of Disbursement	FA	16602		C C00674259	1			
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_	Full Name (Last, First, Middle Initial)								
в.	Kind For Congress Committee	Date of Disbursement							
	Mailing Address 205 5th Avenue S Room 411								
	City	State WI	Zip Code 54601		FEC Identification Number				
	La Crosse Purpose of Disbursement	C C00312017							
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	Kind, Ron, , Rep.,			Category Type	Amount of Each Disbursement th	is Period			
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C.	Full Name (Last, First, Middle Initial) Perdue For Senate	Date of Disbursement							
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	Mailing Address PO Box 12077	10 28 2020							
	City	State GA	Zip Code		FEC Identification Number				
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		C C00547570 Transaction ID : 10775131							
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	Rodney For Congress		M M				Y	Y Y Y				
	Mailing Address PO Box 344							10 28 2020				
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	Taylorville	IL	62568									-
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Β.	Scanlon For Congress						Date of Disbursement					
	Mailing Address PO Box 263						10 28 2020					
	City Swarthmore	State PA	Zip Code 19081				FEC Ide	entificat	ion	Numbe	r	
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C.	Delbene For Congress	Delbene For Congress					Date of Disbursement					
	Mailing Address PO Box 477											
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	Kirkland	WA	98083									-
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	Candidate Name					_				ID : 107		
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Α.	Full Name (Last, First, Middle Initial) Womack For Congress Committee							Date of Disbursement				
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	Mailing Address PO Box 508						10 28 2020					
	City	State	Zip Code				FEC Ide	ntificatio	n Numbe	r		
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	Womack, Stephen, A., Rep.,			Cate Tv	egory /pe	/						
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	Mailing Address PO Box 1598						10 28 2020					
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	Helena	MT 59624						FEC Identification Number				
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	Candidate Name				1.0		Transaction ID : 10775138					
	Daines, Steve, , Sen.,			Category/ Type			Amount of Each Disbursement this Period					
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C.	Sri For Congress	Sri For Congress						Date of Disbursement				
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	Mailing Address PO Box 898						10 28 2020					
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	Sugar Land TX 77487 Purpose of Disbursement						C C00662874					
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Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: ★ House Disbursement For: 2020 Senate Primary ★ General President Other (specify) Memo Item State: VA District: 05											
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Senate Primary Image: General President Other (specify) Image: General State: VA District: 05 SUBTOTAL of Disbursements This Page (optional)		Office Courthty Lloues Distance		1000.00							
State: VA District: 05 SUBTOTAL of Disbursements This Page (optional)											
State: VA District: 05 SUBTOTAL of Disbursements This Page (optional)		President		Memo Item							
TOTAL This Period (last page this line number only)	_	State: VA District: 05									
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional).				►	6000.00				
	Т	OTAL This Period (last page this line number only)			🕨	, ,				

S	CHEDULE B (FEC Form 3X)			FOR II	INE NUMBER: PAGE 113 OF 114		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)		
			Summary Page		21b 22 X 23 26 27 28a 28b 28c 29 30b		
Ar	y information copied from such Reports and State	ments may	not be sold or use				
or	for commercial purposes, other than using the na	me and add	ress of any politica	al committe	e to solicit contributions from such committee.		
\backslash	NAME OF COMMITTEE (In Full)						
Ľ			Association	ot Orth	opaedic SurgeonsPAC of AAOS		
^	Full Name (Last, First, Middle Initial)	Date of Disbursement					
	Byron Donalds For Congress						
	Mailing Address 2430 Vanderbilt Beach Road Ste 108 Pmb 260	11 02 2020					
	City	State	Zip Code		FEC Identification Number		
	Naples Purpose of Disbursement	FL	34108		C 0007232320		
				011	C C00733329		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	Donalds, Byron, , ,			Туре			
	Office Sought: X House Disburse Senate	ment For: 2			1000.00		
	President	Primary Other (spe	Cifv) ▼				
	State: FL District: 19	2	;/ ▼		Memo Item		
	Full Name (Last, First, Middle Initial)						
Β.	Tony Gonzales For Congress	Date of Disbursement					
	Moiling Address 44040 Hushaw						
	Mailing Address 11613 Huebner	11 02 2020					
	City	State TX	Zip Code 78248		FEC Identification Number		
	San Antonio Purpose of Disbursement						
		C C00706614					
	Candidate Name			Category/	Transaction ID : 10777406 Amount of Each Disbursement this Period		
	Gonzales, Ernest, , , II			Туре			
			2020		1000.00		
	Senate President	Primary Other (spe	General				
	State: TX District: 23				Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Austin Scott For Congress Inc	Date of Disbursement					
	Mailing Address PO Box 2530				11 02 2020		
	City	State	Zip Code				
	Tifton	GA	31793		FEC Identification Number		
	Purpose of Disbursement	C C00482737					
	Condideto Nomo	Transaction ID : 10777407					
	Candidate Name Scott, James, , ,	Amount of Each Disbursement this Period					
	Office Sought: 🗶 House Disburse	Туре	2500.00				
	Senate						
	President	Other (spe	cify) 🔻		Memo Item		
_	State: GA District: 08						
s	UBTOTAL of Disbursements This Page (optional).				4500.00		
Ĕ							
т	OTAL This Period (last page this line number only	r)			• [,,]		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 114 OF 114			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 X 23 28b 28c	26 27 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association	of Orthopa	aedic Surgeons	PAC of AAOS			
Full Name (Last, First, Middle Initial) A. Tony Gonzales For Congress Mailing Address 11613 Huebner	Tony Gonzales For Congress						
City San Antonio	State Zip Code TX 78248		FEC Identification N	lumber			
Purpose of Disbursement Void - Tony Gonzales For Congress	Purpose of Disbursement						
Candidate Name Gonzales, Ernest, , , II	L	Category/ Type	Transaction ID Amount of Each Dis	sbursement this Period			
	ffice Sought: Senate President → House Disbursement For: 2020 Primary → General Other (specify)						
Full Name (Last, First, Middle Initial) 3. Anthony Gonzalez For Congress Mailing Address 9856 Archer Ln			Date of Disbursement				
City Dublin	State Zip Code OH 43017		FEC Identification Number				
Purpose of Disbursement Candidate Name Conzelez Anthony E Den	[011 Category/	C C00654079 Transaction ID Amount of Each Dis	: 10794961 sbursement this Period			
••	nent For: 2022 Primary General	Туре	1000.00				
State: OH District: 16	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)	Date of Disburseme						
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement Candidate Name	Category/	C Amount of Each Dis	sbursement this Period				
Office Sought: House Disburser	Туре						
State: District:		Memo Item					
SUBTOTAL of Disbursements This Page (optional)				0.00			