

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS</b>                                                                  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00343137 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|                                                                 |                                                                                |                                                                                                                                                                                                           |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Mammen Group, Inc</b>                  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 27 / 2014</b>                                                                                                                      |
| Mailing Address <b>1901 L Street, N.W.</b>                      |                                                                                | Amount<br>12334.64                                                                                                                                                                                        |
| City<br><b>Washington</b>                                       | State<br><b>DC</b>                                                             | Zip Code<br><b>20036</b>                                                                                                                                                                                  |
| Purpose of Expenditure                                          | Category/Type<br><b>011</b>                                                    | Transaction ID : <b>6460404</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                                   |
| Name of Federal Candidate<br><b>Cedric Richmond</b>             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>02</b><br>State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br>0.00 |                                                                                | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                                                         |

|                                                         |                                                                     |                                                                                                                                                                                        |
|---------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |                                                                     | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                                                            |
| Mailing Address                                         |                                                                     | Amount                                                                                                                                                                                 |
| City                                                    | State                                                               | Zip Code                                                                                                                                                                               |
| Purpose of Expenditure                                  | Category/Type                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                                                   |
| Name of Federal Candidate                               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____<br>State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                      |

|                                                            |          |
|------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 12334.64 |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |          |
| (c) TOTAL Independent Expenditures.....▶                   | 12334.64 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 28 / 2014

Signature