

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 23408.60	
City Washington	State DC	Zip Code 20036	Transaction ID : 6460319
Purpose of Expenditure		Category/Type 011	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Lois Capps		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 23408.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	 23408.60

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