

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="679294.67"/>	<input type="text" value="679294.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="419388.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="161846.10"/>	<input type="text" value="1086978.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="581235.04"/>	<input type="text" value="1766273.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="248919.64"/>	<input type="text" value="1433957.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="332315.40"/>	<input type="text" value="332315.40"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

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).....	134717.24	922143.40
(ii) Unitemized	12443.09	107671.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	147160.33	1029814.46
(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)	147160.33	1029814.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	4193.11	21717.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	9000.00	30125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1492.66	5321.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	161846.10	1086978.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	161846.10	1086978.67

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4489.64	22684.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4489.64	22684.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	168700.00	1021718.75
24. Independent Expenditures (use Schedule E)	24730.00	24730.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	14825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	14825.00
29. Other Disbursements (Including Non-Federal Donations).....	50000.00	350000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	248919.64	1433957.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	248919.64	1433957.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	147160.33	1029814.46
34. Total Contribution Refunds (from Line 28(d))	1000.00	14825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	146160.33	1014989.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4489.64	22684.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4193.11	21717.76
38. Net Operating Expenditures (subtract Line 37 from Line 36)	296.53	966.43

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Sheen, Michael, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 Bullinger Road
 City Henrietta State TX Zip Code 76365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 01 / 2018
Transaction ID : 9739521
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Craig, William, Lewis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Arbor Rd
 City Winston Salem State NC Zip Code 27104-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 07 / 01 / 2018
Transaction ID : 9739522
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cassidy, Carter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Alton Road c/o KOS
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 595.00

Date of Receipt 07 / 01 / 2018
Transaction ID : 9739523
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1335.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bailey, James, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 01 / 2018
Transaction ID : 9739525
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mather, Richard, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9739666
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Uppal, Renny, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Sharpe Hill Circle
 City Reno State NV Zip Code 89523-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9739667
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Davidson, Randall, L, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 N James Campbell Blvd Ste 200
 City Columbia State TN Zip Code 38401-2754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 02 / 2018**
Transaction ID : 9739668
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Wyatt, Ronald, W B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 03 / 2018**
Transaction ID : 9745329
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Schmitz, Miguel, Antonio, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8624 E Maringo Dr
 City Spokane State WA Zip Code 99212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alpine Orthopaedic and Spine PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 04 / 2018**
Transaction ID : 9746006
 Amount of Each Receipt this Period **375.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Santore, Richard, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7016
 City Rancho Santa Fe State CA Zip Code 92067-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2018
Transaction ID : 9746007
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mosley, Emmett, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Upland Crest Ct
 City Gulf Breeze State FL Zip Code 32563-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2018
Transaction ID : 9746008
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Smith, Eric, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2018
Transaction ID : 9746009
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jennings, Randall, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Roosevelt St
 City North Bend State OR Zip Code 97459-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Bend Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2018
Transaction ID : 9746010
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Allard, Mark, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2018
Transaction ID : 9746011
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Nelson, Daniel, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2018
Transaction ID : 9746543
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gillespy, Albert, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 790 John Anderson Dr
 City Ormond Beach State FL Zip Code 32176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : 9750550
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Green, Daniel, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1225.00

Date of Receipt **07 / 07 / 2018**
Transaction ID : 9750889
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Lagan, Casey, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 E 2nd Street
 City Dumas State TX Zip Code 79029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moore County Hospital District Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt **07 / 07 / 2018**
Transaction ID : 9750890
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1425.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Garner, Richard, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 E Chester Heights Circle
 City Anchorage State AK Zip Code 99504-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 07 / 2018
Transaction ID : 9750893
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Kiner, Dirk, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 07 / 2018
Transaction ID : 9750894
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Maender, Christopher, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4509 Turtle Bay
 City Springfield State IL Zip Code 62711-7891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2018
Transaction ID : 9750898
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Keenen, Timothy, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19260 SW 65th Ave Ste 270
 City Tualatin State OR Zip Code 97062-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Spine Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2018
Transaction ID : 9750899
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. James, Jeremy, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Green Leaf Circle
 City Madisonville State LA Zip Code 70447-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2018
Transaction ID : 9750900
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Clain, Michael, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2018
Transaction ID : 9750932
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Braaton, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9750934
 Amount of Each Receipt this Period 84.00
 Memo Item

B. DeLong, William, G, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 344 Kings Hwy East
 City Haddonfield State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's University Health Network Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9752003
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gill, John, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Lane Suite 708
 City Dallas State TX Zip Code 75231-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 9752736
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Boone, Bradford, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6475 S Yale Ave Ste 301
 City Tulsa State OK Zip Code 74136
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Eastern Oklahoma Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753437
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Reiman, Paul, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40823 Baccarat Road
 City Temecula State CA Zip Code 92591-1794
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Corona-Temecula Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753438
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Moore, Jeffrey, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4218-M Arendell Street
 City Morehead City State NC Zip Code 28557-2866
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Moore Orthopedics and Sports Med PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753440
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schulz, Jacob, Foster, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 879 N 27th St
 City Philadelphia State PA Zip Code 19130-1839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753441
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gregory, Paul, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 King Ranch Pl
 City Granite Bay State CA Zip Code 95746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753443
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dick, Jeffrey, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18709 Ridgewood Rd
 City Deephaven State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin City Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753456
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hanson, Eric, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 E Herndon Ave Ste 202
 City Fresno State CA Zip Code 93720-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresno Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2018
Transaction ID : 9753457
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Weisman, David, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 Cranbury Rd
 City East Brunswick State NJ Zip Code 08816-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753465
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wright, Geoffrey, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Foxxglen Run
 City Chesapeake State VA Zip Code 23321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sports Medicine & Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753466
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1425.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marti, Larry, Benz, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12110 State Rt CC
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753469
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Kean, Bret, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6542 SE Lake Road Suite 201
 City Milwaukie State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastside Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753471
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Petrer, Pasquale, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1675 Woodbrooke Dr
 City Salisbury State MD Zip Code 21804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinnacle Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753472
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1875.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Austin, Gregory, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Narragansett Bay Ave
 City Warwick State RI Zip Code 02889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 9753473
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cohen, Nathaniel, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Rosalie Court
 City Los Gatos State CA Zip Code 95032-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 9753490
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hansen, Benjamin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Virginia Avenue
 City Columbia State MO Zip Code 65212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missouri Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753493
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Grutter, Paul, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1374 Rozella Way

City Gallatin	State TN	Zip Code 37066
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753501

Amount of Each Receipt this Period
1000.00

Memo Item

B. Burkhead, Wayne, Z, , Jr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 N Central Expy Ste 400

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753502

Amount of Each Receipt this Period
250.00

Memo Item

C. Eule, James, Michael, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3801 Lake Otis Pkwy Ste 300

City Anchorage	State AK	Zip Code 99508
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753503

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nagle, Daniel, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 N Michigan Ave
 Ste 700
 City Chicago State IL Zip Code 60611-7108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2018
Transaction ID : 9753504
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Finuoli, Anthony, Louis, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Legends Circle
 City Melville State NY Zip Code 11747-5301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Branch Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2018
Transaction ID : 9753506
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Spiegel, James, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Tan Oak Dr
 City Scotts Valley State CA Zip Code 95066-4441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2018
Transaction ID : 9753507
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ortiz, Jose, Antonio, , Jr, MD

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

Mailing Address S8965 Stonebrook Dr

City Eleva	State WI	Zip Code 54738
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753508

Amount of Each Receipt this Period
250.00

Memo Item

B. Haverbush, Thomas, John, , MD

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

Mailing Address 315 E Warwick Rd Ste A

City Alma	State MI	Zip Code 48801-1013
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753522

Amount of Each Receipt this Period
100.00

Memo Item

C. Glassman, Andrew, H, , MD

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

Mailing Address 126 North Drexel Avenue

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Ohio State University Wexner Medical C	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753523

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sweetser, Edward, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5020 Creosote Run Rd

City Las Cruces	State NM	Zip Code 88011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mountain View Reg Med Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753524

Amount of Each Receipt this Period
250.00

Memo Item

B. Culpepper, Richard, Dale, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4715 Whitesburg

City Huntsville	State AL	Zip Code 35802
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753525

Amount of Each Receipt this Period
500.00

Memo Item

C. Corley, Fred, G, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 E Edgewood

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

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

Name of Employer (for Individual) Univ TX Hlth Sci Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9753526

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bell, David, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5924 Stoneridge Drive
 Suite 202
 City Pleasanton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bell Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753527
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Russo, Vincent, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10290 N 92nd St Ste 103
 City Scottsdale State AZ Zip Code 85258-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753528
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Anz, Alan, Garvin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Westmount Ave
 City Columbia State MO Zip Code 65203-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753529
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mayol-Urdaz, Magdiel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Vereda #5 URB Monte Verde Real
 City San Juan State PR Zip Code 00926-5985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753532
 Amount of Each Receipt this Period 225.00
 Memo Item

B. Rowland, Michael, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Summer Path Way
 City Pembroke State MA Zip Code 02359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Ortho, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9753533
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pushkarewicz, Michael, J, , MD, FACS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 294.00

Date of Receipt 07 / 12 / 2018
Transaction ID : 9754037
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 767.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Beaty, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 Goodwyn St
 City Memphis State TN Zip Code 38111-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754446
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Bettin, Clayton, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754447
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Calandrucio, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754448
 Amount of Each Receipt this Period 41.67
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Guyton, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754466
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Harkess, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754467
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Heck, Robert, Kurt, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1211 Union Ave Ste 500
 City Memphis State TN Zip Code 38104-6656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754468
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ishikawa, Susan, N, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 488 Wolf View Cove

City Cordova	State TN	Zip Code 38018-7629
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

Transaction ID : 9754475

Amount of Each Receipt this Period
41.67

Memo Item

B. Kelly, Derek, Michael, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 Brenrich Cove

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

Transaction ID : 9754476

Amount of Each Receipt this Period
41.67

Memo Item

c. LaVelle, David, Glen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2957 Mallard Lane

City Germantown	State TN	Zip Code 38138
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

Transaction ID : 9754477

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mihalko, Marc, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8974 Bridge Forest Drive
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754480
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Miller, Robert, H, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754481
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Murphy, Garnett, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754482
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Perez, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754483
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Richardson, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754485
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Rudloff, Matthew, Ian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 11 / 2018**
Transaction ID : 9754486
 Amount of Each Receipt this Period 41.67
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sawyer, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2018
Transaction ID : 9754487

Amount of Each Receipt this Period
 41.67

Memo Item

B. Sheffer, Benjamin, West, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way

City Memphis	State TN	Zip Code 38111-7702
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2018
Transaction ID : 9754488

Amount of Each Receipt this Period
 41.67

Memo Item

C. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2018
Transaction ID : 9754489

Amount of Each Receipt this Period
 41.67

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Throckmorton, Thomas, Ward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754490
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Warner, William, C, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754491
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Weinlein, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754492
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Whittle, A, Paige, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754493
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Williams, Keith, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754494
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Lennox, Jack, D, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28100 Grand River Ste 209
 City Farmington Hills State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri County Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754531
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brooks, Andrew, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 Exeter Ct
 City Davis State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 9754532
 Amount of Each Receipt this Period 225.00
 Memo Item

B. Krueger, Chad, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 9774715
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Ellis, Henry, Bone, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 9774716
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Angel, Jeffery, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 9774717
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Rasmussen, T, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26765 W 103rd St
 City Olathe State KS Zip Code 66061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 9774719
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kuhn, John, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Richland Ave
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 9774761
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hussain, Suleman, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 53rd Street Suite #100
 City Bettendorf State IA Zip Code 52804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 16 / 2018
Transaction ID : 9779162
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Weinstein, Richard, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Long Pond Rd
 City Armonk State NY Zip Code 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2018
Transaction ID : 9779163
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Olin, Matthew, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Sunset Dr
 City Greensboro State NC Zip Code 27408-6412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2018
Transaction ID : 9779164
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jamison, James, P, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7092 Killdeer Drive

City Canfield	State OH	Zip Code 44406
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779165

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Jeffrey, Mark, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 San Elijo St

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UNITE Orthopaedics Foundation	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779166

Amount of Each Receipt this Period
250.00

Memo Item

C. Snyder, Matthew, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14912 Chopine Pass

City Roanoke	State IN	Zip Code 46783-9308
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779167

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Grimm, Matthew, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Avenue B

City Marrero	State LA	Zip Code 70072
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779168

Amount of Each Receipt this Period
84.00

Memo Item

B. Suk, Michael, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1059 Limestoneville Rd

City Milton	State PA	Zip Code 17847-8064
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779169

Amount of Each Receipt this Period
250.00

Memo Item

C. Linschoten, Niels, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11428 Center Court Blvd

City Baton Rouge	State LA	Zip Code 70810
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 9779170

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Battaglia, Michael, Jacob, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Bone & Joint Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2018
Transaction ID : 9779171
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rungee, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2802 Pavilion Pl
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 16 / 2018
Transaction ID : 9779172
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kwok, Moody, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9780452
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Coates, Kevin, E, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5651 Goldenberry Ct
 City Winston Salem State NC Zip Code 27106-9840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9780453
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Shah, Roshan, P, , MD, JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street Apt 3E
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 19 / 2018
Transaction ID : 9781649
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Coles, Robert, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Lands End Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Center For Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 19 / 2018
Transaction ID : 9781650
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Greene, Robert, Neil, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 19 / 2018
Transaction ID : 9781651
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Brown, Barrett, Shytlés, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5626 Cedar Creek Dr
 City Houston State TX Zip Code 77056-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 9781791
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kamps, Bryan, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781958
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Garroway, Robert, Y, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Heather Ln
 City Hewlett State NY Zip Code 11557-2729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlin and Cohen Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781960
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Russell, Jeremy, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 Woodbine Ln
 City Wausau State WI Zip Code 54401-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Wausau Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781962
 Amount of Each Receipt this Period 225.00
 Memo Item

C. Colon-Nebot, Rolando, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 668
 City Arecibo State PR Zip Code 00613-0668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781963
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hotchkiss, Robert, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 East 72nd Street
 4th Floor
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781964
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Collazo-Bonilla, Jose, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address EDIF Prof Hospital Menonita
 Ste 306
 City Aibonito State PR Zip Code 00705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781966
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Anderson, Cody, Neal, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11605 Firethorn Ct
 City Austin State TX Zip Code 78732-2231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781975
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Russell, George, V, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 9781976
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Lewis St
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9781998
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Lopez, David, Vincent, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9781999
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	253.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Newson, Graham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ste 100
 317 Massachusetts Ave NE
 City Washington State DC Zip Code 20002-5769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Orthopaedic Surg Occupation (for Individual) Director, Office of Government Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 9782007
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Vessely, Michael, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Second St
 City Lake Oswego State OR Zip Code 97034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willamette Valley Medical Center- Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2018
Transaction ID : 9782025
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Sheehan, John, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 9782031
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cannada, Lisa, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2018
Transaction ID : 9782035
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Sherbondy, Paul, Strawn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Drive
 City State College State PA Zip Code 16801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2018
Transaction ID : 9782079
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. McCrosson, John, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2749 Fountainhead Way
 City Mount Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2018
Transaction ID : 9782080
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chapman, Cary, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Flagg Court
 City Staten Island State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 21 / 2018**
Transaction ID : 9782081
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Swenning, Todd, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **630.00**

Date of Receipt **07 / 21 / 2018**
Transaction ID : 9782083
 Amount of Each Receipt this Period **90.00**
 Memo Item

C. Chandler, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 21 / 2018**
Transaction ID : 9782084
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	258.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stoeckl, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 07 / 21 / 2018
Transaction ID : 9782085
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Mansfield, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 788.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 9782121
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Halsey, David, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 9782123
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	417.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hackbarth, Donald, A, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 9782124
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 9782125
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Veitch, Andrew, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 9782126
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eckrich, Stephen, G J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5511 Shooting Star Trail
 City Rapid City State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 584.50

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782129
 Amount of Each Receipt this Period 83.50
 Memo Item

B. Navarro, Ronald, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782130
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Noffsinger, Mark, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Selah Court
 City Mattawan State MI Zip Code 49071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782131
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	417.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. More, Robert, Cameron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive
 Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hunterdon Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782132
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Scales, Darrell, Kevin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tee Dr
 City Braselton State GA Zip Code 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782133
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Barber, Thomas, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 El Caminito
 City Orinda State CA Zip Code 94563-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9782134
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lawler, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Ella Street Suite A
 City San Luis Obispo State CA Zip Code 93401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dignity Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 23 / 2018**
Transaction ID : 9783563
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lee, Thomas, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Jessing Trail
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : 9783571
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Weinfeld, Steven, Bennett, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 York Avenue Apt 8B
 City New York State NY Zip Code 10128-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : 9783572
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Guss, Daniel, , MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Fisher Ave

City Brookline	State MA	Zip Code 02445-5706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brigham and Women's Faulkner Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 9783575

Amount of Each Receipt this Period
250.00

Memo Item

B. Lin, Sheldon, S, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Lake Rd

City Chatham	State NJ	Zip Code 07928
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Jersey Medical School	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 9783576

Amount of Each Receipt this Period
500.00

Memo Item

C. Hearty, Thomas, M, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2116 Woodside Rd

City Ann Arbor	State MI	Zip Code 48104
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 9783577

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cohen, Bruce, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Cottage Pl
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Foot & Ankle Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 14 / 2018
Transaction ID : 9783578
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bitterman, Adam, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 Hamlet Drive
 City Jericho State NY Zip Code 11753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2018
Transaction ID : 9783579
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gross, Thomas, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Southlake Road
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9783614
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hartsock, Langdon, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 9783637
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 9783638
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kaminski, Ken, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6987 Canal St
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 9783639
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Frisch, Nicholas, Blair, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Bloomfield Woods
 City Bloomfield Hills State MI Zip Code 48304-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 9783640
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Roberts, Jeffrey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31012 Wilderness Trail
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 9783864
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McCulloch, Patrick, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 9783865
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hire, Justin, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Newton Court

City Fort Leonard Wood	State MO	Zip Code 65473
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 9783866

Amount of Each Receipt this Period
42.00

Memo Item

B. Bederka, Bryce, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5900 SE Yamhill St

City Portland	State OR	Zip Code 97215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Legacy Medical Group - Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 9783876

Amount of Each Receipt this Period
500.00

Memo Item

c. Greenfield, Gerald, Q, , Jr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Remington Run

City San Antonio	State TX	Zip Code 78258-7707
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 9783889

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Colville, Mark, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2375 NW Overton St

City Portland	State OR	Zip Code 97210
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 9783905

Amount of Each Receipt this Period
1000.00

Memo Item

B. Roberts, Craig, S, , MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5803 Apache Rd

City Louisville	State KY	Zip Code 40207
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Academic Office	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 9783922

Amount of Each Receipt this Period
1000.00

Memo Item

C. Amin, Tanay, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9165 W Thunderbird Rd Suite 200

City Peoria	State AZ	Zip Code 85381
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Banner Health	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 9783924

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Davis, Richard, V, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5980 Cartier Dr
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 9783926
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Manner, Paul, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 78th Avenue SE
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of WA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 9784075
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Moseley, Bruce, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11214 Tyne Ct
 City Houston State TX Zip Code 77024-7416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 9784085
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kindsfater, Kirk, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16285 CR 76
 City Eaton State CO Zip Code 80615
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 26 / 2018
Transaction ID : 9784088
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Seitz, William, H, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 W 25th St 2C
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 07 / 26 / 2018
Transaction ID : 9784091
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kirol, Bernard, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 525.00

Date of Receipt 07 / 27 / 2018
Transaction ID : 9785440
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Reynolds, Kirk, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 N Ridge Road
 City Little Rock State AR Zip Code 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9785441
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Hackett, Thomas, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Potatoe Patch Unit 1
 City Vail State CO Zip Code 81657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Steadman Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9785442
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mitros, Stephen, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9785443
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cooper, Scott, Snow, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 NW A St
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mercy Clinic Orthopedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9785444
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Yormak, Jeffrey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Round Hill Place
 City Chappaqua State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Somers Orthopaedic Surgery & Sports Me Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9786392
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Kolessar, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Timbergrove Rd
 City Shavertown State PA Zip Code 18708-9561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Geisinger Medical Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 9786401
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jupiter, Jesse, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Nonesuch Way
 City Weston State MA Zip Code 02493-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mass General Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 27 / 2018
Transaction ID : 9786414
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Giammattei, Frank, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786638
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Adamson, Kent, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786639
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gary, Joshua, Layne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 28 / 2018**
Transaction ID : 9786640
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Easley, Mark, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Duke Medicine 4709 Creekstone Drive
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 28 / 2018**
Transaction ID : 9786641
 Amount of Each Receipt this Period **84.00**
 Memo Item

c. Carolan, Gregory, Francis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 28 / 2018**
Transaction ID : 9786642
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Foster, W, Stanley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Valerie Dr
 City Lafayette State LA Zip Code 70508-6008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786643
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786645
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Bass, Robert, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Salisbury
 City Prosper State TX Zip Code 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTSW Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786646
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	669.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dhillon, Manjit, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12705 Hogans Dr
 City Chester State VA Zip Code 23836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southside Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 9786647
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pushkin, Gary, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 9786648
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Milam, R, Alden, , IV, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 9786649
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Agarwal, Animesh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Falcon Point
 City Boerne State TX Zip Code 78006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786650
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Parsley, Brian, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South Ste 2400
 City Bellaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9786651
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Scales, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Underrock Road
 City Sparta State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2018
Transaction ID : 9787116
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Arvidson, Eric, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Pelham Rd
 City Salem State NH Zip Code 03079-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Essex Ortho & Optima Sports Med Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2018
Transaction ID : 9787119
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Jeray, Kyle, James, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopedic Surgery
 701 Grove Rd 2nd FL Support Tower
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Greenville Health System Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : 9790085
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mathis, Chad, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6194 Eagle Point Cir
 City Birmingham State AL Zip Code 35242-6966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Alabama Bone and Joint Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : 9790088
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Macko, Victor, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 W Hammer Ln
 City Stockton State CA Zip Code 95209-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : 9790090
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Cassidy, Carter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Alton Road c/o KOS
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 680.00

Date of Receipt **08 / 01 / 2018**
Transaction ID : 9790336
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Reed, Lori, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt **08 / 01 / 2018**
Transaction ID : 9790337
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	669.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bailey, James, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10439 Blue Summit Court

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : 9790338

Amount of Each Receipt this Period
42.00

Memo Item

B. Wright, Craig, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 278 Essex Ave

City Bloomfield	State NJ	Zip Code 07003
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : 9791496

Amount of Each Receipt this Period
250.00

Memo Item

C. Jiraneck, William, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4066 Old River Trail

City Powhatan	State VA	Zip Code 23139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Duke University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

Transaction ID : 9791501

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Director, Orthopaedic Registries
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9791502
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Besh, Basil, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 788.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 9791506
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Goldman, Ariel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Woodbine Rd
 City Roslyn Heights State NY Zip Code 11577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2018
Transaction ID : 9791507
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1134.00
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 Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Damalas, Dino, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2018 Transaction ID : 9791508		
Mailing Address 9400 W Higgins Rd			Amount of Each Receipt this Period 84.00		
City Rosemont	State IL	Zip Code 60018-4974	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AAOS		Occupation (for Individual) Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Delanois, Ronald, Emilio, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2018 Transaction ID : 9791509		
Mailing Address 6 Brookfield Garth			Amount of Each Receipt this Period 500.00		
City Lutherville Timonium	State MD	Zip Code 21093	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Lifebridge		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iorio, Richard, , , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2018 Transaction ID : 9791510		
Mailing Address 31 Prince St			Amount of Each Receipt this Period 84.00		
City Beverly	State MA	Zip Code 01915	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NYU Langone Medical Center		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 588.00			

SUBTOTAL of Receipts This Page (optional).....▶	668.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mejia, Alfonso, , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Illinois Association of Orthopedic Sur Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : 9791512
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Lewis St
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ochsner Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : 9791515
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. Lopez, David, Vincent, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orthopaedic & Sports Medicine Speciali Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : 9791517
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mather, Richard, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 02 / 2018
Transaction ID : 9791972
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Uppal, Renny, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Sharpe Hill Circle
 City Reno State NV Zip Code 89523-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 02 / 2018
Transaction ID : 9791973
 Amount of Each Receipt this Period 84.00
 Memo Item

C. O'Hara, James, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1358
 City Point Reyes Station State CA Zip Code 94956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2018
Transaction ID : 9793337
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Matsuura, Peter, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Ponahawai St Ste 214
 City Hilo State HI Zip Code 96720-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 08 / 02 / 2018
Transaction ID : 9793338
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Garon, Mark, Tyson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 Belvedere Dr
 City Baton Rouge State LA Zip Code 70808-8602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJCBR Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 02 / 2018
Transaction ID : 9793382
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wyatt, Ronald, W B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 08 / 03 / 2018
Transaction ID : 9793530
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Baumgarten, Thomas, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Ridgeland Dr
 City Greenville State SC Zip Code 29601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Piedmont Ortho Assoc Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2018
Transaction ID : 9793550
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Renard, Regis, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Chenal Woods Drive
 City Little Rock State AR Zip Code 72223-9199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UAMS, Department of Orthopaedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2018
Transaction ID : 9794312
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Santore, Richard, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7016
 City Rancho Santa Fe State CA Zip Code 92067-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Sharp Healthcare Hip Preservation Cent Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2018
Transaction ID : 9794313
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mosley, Emmett, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Upland Crest Ct
 City Gulf Breeze State FL Zip Code 32563-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2018
Transaction ID : 9794314
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Smith, Eric, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 04 / 2018
Transaction ID : 9794315
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Jennings, Randall, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Roosevelt St
 City North Bend State OR Zip Code 97459-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Bend Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 04 / 2018
Transaction ID : 9794316
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Allard, Mark, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 04 / 2018
Transaction ID : 9794317
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Nelson, Daniel, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9794353
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cameron, Julian A, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 S Riverside Dr
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 06 / 2018
Transaction ID : 9794358
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Musgrave, Douglas, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61800 Somerset Dr
 City Bend State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Surgical Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9796417
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Green, Daniel, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9796418
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Rosenwasser, Melvin, Paul, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Ludlow Ln
 City Palisades State NY Zip Code 10964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9796419
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Justice, Benjamin, Jay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4676 Pascagoula Run
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoIndy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9796420
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kiner, Dirk, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9796422
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Fankhauser, Richard, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 W Broad St Ste 300
 City Columbus State OH Zip Code 43222-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9800211
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Keenen, Timothy, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19260 SW 65th Ave Ste 270
 City Tualatin State OR Zip Code 97062-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Spine Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9800238
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Taksali, Sudeep, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7535 SW Schroeder Way
 City Wilsonville State OR Zip Code 97070-9574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hope Orthopedics of Oregon Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9800239
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James, Jeremy, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Green Leaf Circle
 City Madisonville State LA Zip Code 70447-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9800240
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Leddy, Michael, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9800241
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kamps, Bryan, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9801775
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Clain, Michael, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9801797
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Braaton, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9801799
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Silverman, Lance, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2774 W. Lake of the Isles Pkwy
 City Minneapolis State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silverman Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9801801
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mumford, Joseph, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3110 SW Briarwood Circle
 City Topeka State KS Zip Code 66611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stormont Vail Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 08 / 10 / 2018
Transaction ID : 9803351
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Garner, Richard, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 E Chester Heights Circle
 City Anchorage State AK Zip Code 99504-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 11 / 2018
Transaction ID : 9803375
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Pushkarewicz, Michael, J, , MD, FACS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 12 / 2018
Transaction ID : 9803376
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Krueger, Chad, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.00

Date of Receipt 08 / 13 / 2018
Transaction ID : 9803377
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ellis, Henry, Bone, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 13 / 2018
Transaction ID : 9803378
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Angel, Jeffery, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 13 / 2018
Transaction ID : 9803379
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Bash, Evan, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Traymore Ln
 City Media State PA Zip Code 19063-5972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2018
Transaction ID : 9804337
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Edwards, Thomas, Bradley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 S Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 14 / 2018
Transaction ID : 9804358
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Courtney, Paul, Maxwell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 14 / 2018
Transaction ID : 9804359
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Carter, Ralph, E, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Ln
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2018
Transaction ID : 9804667
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fellars, Todd, A, , MD, MBA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18715 Bernardo Trails Dr

City San Diego	State CA	Zip Code 92128-1112
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Naval Medical Center San Diego	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2018

Transaction ID : 9805168

Amount of Each Receipt this Period
250.00

Memo Item

B. Kinder, Jeremy, Ron, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8709 Stoll Place

City Denver	State CO	Zip Code 80238
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Limb Consultants	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2018

Transaction ID : 9805177

Amount of Each Receipt this Period
250.00

Memo Item

c. Melvin, James, Stuart, , III, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 45th St NW

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoVirginia	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2018

Transaction ID : 9805193

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Junius, R, William, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 Amethyst St
 City New Orleans State LA Zip Code 70124-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crescent City Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2018
Transaction ID : 9805195
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lunt, John, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Riverview Drive
 City Danbury State CT Zip Code 06810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2018
Transaction ID : 9805197
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jester, Adam, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 Boxwood Dr
 City Tampa State FL Zip Code 33615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Medical Group of Tampa Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : 9805199
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Worthen, James, Vann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address St Vincent's Bldg II
 2700 10th Ave S Suite 200
 City Birmingham State AL Zip Code 35205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2018
Transaction ID : 9805201
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Fogle, Evander, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4162 North Stratford Rd NE
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805203
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hussain, Suleman, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 53rd Street Suite #100
 City Bettendorf State IA Zip Code 52804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805204
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pinto, Mark, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805205
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Snyder, Matthew, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805206
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Grimm, Matthew, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805207
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linschoten, Niels, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11428 Center Court Blvd
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805208
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Forman, Scott, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 San Miguel Dr Ste 701
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805210
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rungee, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2802 Pavilion Pl
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805211
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Backe, Henry, A, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Blackrock Turnpike
 City Fairfield State CT Zip Code 06825
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopaedic Specialty Group PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9805989
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kingsberg, Jessica, Gordon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Rock Springs Dr Apt 2137
 City Las Vegas State NV Zip Code 89128-3138
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Silver State Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9806032
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Tripuraneni, Krishna, Raj, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9212 Lexie Lane NE
 City Albuquerque State NM Zip Code 87122
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) New Mexico Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9806035
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Morgan, Steven, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Preserve Drive
 City Greenwood Village State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOTUS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9806037
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Albert, Todd, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St Rm 836W
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9806038
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Carlson, William, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SE Tuscan Lane
 City Stuart State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Florida Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9806039
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gross, Thomas, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Southlake Road
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9806040
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Samora, Julie, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Slate Run Woods Court
 City Upper Arlington State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9806213
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. DiRaimondo, Joseph, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 Miriam Rd
 City Manitowoc State WI Zip Code 54220-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9806231
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wood, David, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16709 Little Leaf Lane

City Edmond	State OK	Zip Code 73012
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2018

Transaction ID : 9806253

Amount of Each Receipt this Period
500.00

Memo Item

B. Homlar, Kelly, Cornett, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3481 Stallings Island Road

City Martinez	State GA	Zip Code 30907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Augusta University	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2018

Transaction ID : 9808264

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 610 West 110th Street
Apt 3E

City New York	State NY	Zip Code 10025
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2018

Transaction ID : 9808300

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wint, Jeffrey, C, , MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2018 Transaction ID : 9808301
Mailing Address Hand Center of Western Mass 3550 Main St Ste 204		Amount of Each Receipt this Period 250.00
City Springfield	State MA	Zip Code 01107-1708
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coles, Robert, E, , MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2018 Transaction ID : 9808302
Mailing Address 201 Lands End Rd		Amount of Each Receipt this Period 84.00
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Carolinas Center For Surgery	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Greene, Robert, Neil, , MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2018 Transaction ID : 9808303
Mailing Address 1211 N 16th Ave		Amount of Each Receipt this Period 84.00
City Yakima	State WA	Zip Code 98902
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 672.00	

SUBTOTAL of Receipts This Page (optional).....▶	418.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Odgers, Charles, Justice, , IV, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Meadow Dr
 City West Chester State PA Zip Code 19380-6235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2018
Transaction ID : 9808305
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Foley, James, Alexander, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 E Bristlecone Dr
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2018
Transaction ID : 9808308
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Swayze, Orrin, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 West Wesley Road
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2018
Transaction ID : 9808310
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brown, Barrett, Shytle, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5626 Cedar Creek Dr
 City Houston State TX Zip Code 77056-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 20 / 2018
Transaction ID : 9808311
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Olson, Craig, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 20 / 2018
Transaction ID : 9808312
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Versteeg, Charles, N, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Yale Dr
 City Medford State OR Zip Code 97504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2018
Transaction ID : 9809595
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kleweno, Conor, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 9th Ave
 Campus Box 359798
 City Seattle State WA Zip Code 98104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harborview Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2018
Transaction ID : 9811881
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Adams, Julie, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Plummer Circle SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2018
Transaction ID : 9811883
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Sherbondy, Paul, Strawn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Drive
 City State College State PA Zip Code 16801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 21 / 2018
Transaction ID : 9811884
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1084.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chapman, Cary, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Flagg Court
 City Staten Island State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **672.00**

Date of Receipt **08 / 21 / 2018**
Transaction ID : 9811885
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Chandler, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **672.00**

Date of Receipt **08 / 21 / 2018**
Transaction ID : 9811887
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. Stoeckl, Andrew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **332.00**

Date of Receipt **08 / 21 / 2018**
Transaction ID : 9811888
 Amount of Each Receipt this Period **83.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sheehan, John, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 06 / 2018
Transaction ID : 9812552
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Harrison, Alicia, Karin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Knob Hill Ln
 City Excelsior State MN Zip Code 55331-8062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9812553
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cannada, Lisa, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9812554
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lister, Daniel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 Evergreen Ln
 City Aberdeen State SD Zip Code 57401-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9812555
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. Huddleston, James, I, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Harkins Road
 City Woodside State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford Medicine Outpatient Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 13 / 2018
Transaction ID : 9812556
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Furry, Kimberly, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Rio Vista Cir
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2018
Transaction ID : 9812557
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Buckwalter, Joseph, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Ortho 01008 JPP
 200 Hawkins Dr
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Iowa Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2018
Transaction ID : 9812585
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Press, Cyrus, Minoo, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11216 Hunting Horse Drive
 City Fairfax Station State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nova Orthopedic & Spine Care Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2018
Transaction ID : 9812705
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mansfield, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 872.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9812706
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hayter, Ronald, G, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2146 Camden Way

City Clearwater	State FL	Zip Code 33759
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2018

Transaction ID : 9812708

Amount of Each Receipt this Period
250.00

Memo Item

B. Szczech, Bartlomiej, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Intervale Way

City Lake Placid	State NY	Zip Code 12946
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Joseph's Hospital Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2018

Transaction ID : 9812709

Amount of Each Receipt this Period
100.00

Memo Item

C. Veitch, Andrew, John, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13416 Desert Zinnia Ct NE

City Albuquerque	State NM	Zip Code 87111
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2018

Transaction ID : 9812710

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paynter, Thomas, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4900 Deer View Rd NE
 City Cedar Rapids State IA Zip Code 52411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elmendorf Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9812711
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hebert-Davies, Jonah, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 9th Ave Mailstop 359798
 City Seattle State WA Zip Code 98104-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harborview Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9812740
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Eckrich, Stephen, G J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5511 Shooting Star Trail
 City Rapid City State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 668.00

Date of Receipt 08 / 23 / 2018
Transaction ID : 9814566
 Amount of Each Receipt this Period 83.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Navarro, Ronald, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 23 / 2018
Transaction ID : 9814567
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Jackson, Jeffrey, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5150 Alvera Dr
 City Holladay State UT Zip Code 84117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salt Lake Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2018
Transaction ID : 9814568
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Stapor, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2076 Hycroft Dr
 City Pittsburgh State PA Zip Code 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2018
Transaction ID : 9814569
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. More, Robert, Cameron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive
 Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hunterdon Orthopaedic Institute Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 23 / 2018
Transaction ID : 9814570
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Scales, Darrell, Kevin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tee Dr
 City Braselton State GA Zip Code 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 08 / 23 / 2018
Transaction ID : 9814571
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Russell, George, V, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Univ of Mississippi Med Ctr Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 08 / 21 / 2018
Transaction ID : 9814894
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Carreira, Dominic, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Downwood Circle NE Ste 700
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Broward Hlth Dist Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 08 / 21 / 2018
Transaction ID : 9814895
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Hartsock, Langdon, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815212
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815213
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gerlinger, COL. (ret) Tad, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 596 Provident Ave
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815214
 Amount of Each Receipt this Period 250.00
 Memo Item

B. LeGrand, Alexander, Benton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 Ellis St Ste 201
 City Bozeman State MT Zip Code 59715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridger Orthopedics and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815215
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Frisch, Nicholas, Blair, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Bloomfield Woods
 City Bloomfield Hills State MI Zip Code 48304-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815216
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Monson, David, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9815217
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Jarrett, Glenn, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2360 Mullan Rd Ste C
 City Missoula State MT Zip Code 59808-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 24 / 2018
Transaction ID : 9816163
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 08 / 25 / 2018
Transaction ID : 9816165
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **418.00**
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hire, Justin, , MD

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

Mailing Address 8 Newton Court

City Fort Leonard Wood	State MO	Zip Code 65473
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2018

Transaction ID : 9816166

Amount of Each Receipt this Period
42.00

Memo Item

B. Kennedy, E, Jeff, , MD

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

Mailing Address 235 Johnstone Dr

City Madison	State MS	Zip Code 39110-7686
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2018

Transaction ID : 9816168

Amount of Each Receipt this Period
250.00

Memo Item

C. Kirol, Bernard, G, , MD

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

Mailing Address 106 Buckthorn Circle

City Elgin	State SC	Zip Code 29045
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Midlands Orthopaedics, PA	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2018

Transaction ID : 9816171

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	367.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Reynolds, Kirk, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 N Ridge Road
 City Little Rock State AR Zip Code 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 27 / 2018
Transaction ID : 9816172
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mitros, Stephen, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 27 / 2018
Transaction ID : 9816173
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cooper, Scott, Snow, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 NW A St
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 27 / 2018
Transaction ID : 9816174
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sarwahi, Vishal, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 West 42nd St Apt 3912
 City New York State NY Zip Code 10036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen Children's Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 27 / 2018
Transaction ID : 9816175
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Early, John, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2018
Transaction ID : 9817677
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Giammattei, Frank, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817679
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary, Joshua, Layne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817680
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Easley, Mark, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Duke Medicine 4709 Creekstone Drive
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817681
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Carolan, Gregory, Francis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817682
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Foster, W, Stanley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Valerie Dr
 City Lafayette State LA Zip Code 70508-6008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817683
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817684
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kelly, James, D, , II, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2351 Clay St Ste 510
 City San Francisco State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9817685
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kain, Michael, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Blossom St

City Lexington	State MA	Zip Code 02421
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2018

Transaction ID : 9818884

Amount of Each Receipt this Period
200.00

Memo Item

B. Beaty, James, H, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 464 Goodwyn St

City Memphis	State TN	Zip Code 38111-2309
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822482

Amount of Each Receipt this Period
41.67

Memo Item

c. Bettin, Clayton, Charles, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5047 Shady Hall Ct

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822483

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Calandrucchio, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Campbell Clinic
 1400 S Germantown Rd

City Germantown	State TN	Zip Code 38138-2205
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822484

Amount of Each Receipt this Period
 41.67

Memo Item

B. Cannon, David, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 Fox Hill Circle East

City Germantown	State TN	Zip Code 38139
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 672.00

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822485

Amount of Each Receipt this Period
 84.00

Memo Item

C. Crockarell, John, R, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar Ave Ste 100

City Collierville	State TN	Zip Code 38017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822486

Amount of Each Receipt this Period
 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	167.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Grear, Benjamin, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 219 LaGrange Creek Dr

City Eads	State TN	Zip Code 38028-8015
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822488

Amount of Each Receipt this Period
41.67

Memo Item

B. Guyton, James, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6422 Massey Estates Cove

City Memphis	State TN	Zip Code 38120
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822489

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1458 W Poplar #100

City Collierville	State TN	Zip Code 38017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822490

Amount of Each Receipt this Period
41.67

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Heck, Robert, Kurt, , Jr, MD

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

Mailing Address Campbell Clinic
1211 Union Ave Ste 500

City Memphis	State TN	Zip Code 38104-6656
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822491

Amount of Each Receipt this Period
41.67

Memo Item

B. Ishikawa, Susan, N, , MD

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

Mailing Address 488 Wolf View Cove

City Cordova	State TN	Zip Code 38018-7629
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822493

Amount of Each Receipt this Period
41.67

Memo Item

C. Kelly, Derek, Michael, , MD

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

Mailing Address 256 Brenrich Cove

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : 9822494

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LaVelle, David, Glen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2957 Mallard Lane
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822495
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Mihalko, Marc, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8974 Bridge Forest Drive
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822499
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Miller, Robert, H, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822500
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Murphy, Garnett, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822501
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Perez, Edward, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822502
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Richardson, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822504
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rudloff, Matthew, Ian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822505
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Sawyer, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822506
 Amount of Each Receipt this Period
 41.67
 Memo Item

c. Sheffer, Benjamin, West, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way
 City Memphis State TN Zip Code 38111-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 30 / 2018
Transaction ID : 9822507
 Amount of Each Receipt this Period
 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822508
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Throckmorton, Thomas, Ward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822510
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Warner, William, C, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822511
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Weinlein, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822512
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Whittle, A, Paige, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822513
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Williams, Keith, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822514
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Henneghan, David, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2111 Shadow View Circle
 City Plover State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Klasinski Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2018
Transaction ID : 9822550
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Cassidy, Carter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Alton Road c/o KOS
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 9822580
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Reed, Lori, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 9822581
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	669.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bailey, James, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 9822582
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kwong, Louis, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 9822762
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mather, Richard, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 9822763
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 237
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Uppal, Renny, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Sharpe Hill Circle

City Reno	State NV	Zip Code 89523-3924
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2018

Transaction ID : 9822764

Amount of Each Receipt this Period
84.00

Memo Item

B. Brophy, Robert, H, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Maryhill Dr

City St Louis	State MO	Zip Code 63124
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2018

Transaction ID : 9822765

Amount of Each Receipt this Period
250.00

Memo Item

C. Herzenberg, John, E, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Alterwood Lane

City Owings Mills	State MD	Zip Code 21117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2018

Transaction ID : 9822767

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Koenig, Scott, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Harvard Dr
 City Woodbury State NY Zip Code 11797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prohealth Care Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 9822771
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sanders, James, O, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Oakberry Lane
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 9822773
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wyatt, Ronald, W B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 03 / 2018
Transaction ID : 9822916
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McKay, Scott, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14206 Cloud Cliff Ln
 City Houston State TX Zip Code 77077-1783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2018
Transaction ID : 9824194
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hinchey, John, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824195
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Santore, Richard, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7016
 City Rancho Santa Fe State CA Zip Code 92067-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824196
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mosley, Emmett, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Upland Crest Ct
 City Gulf Breeze State FL Zip Code 32563-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824197
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Ayers, Michael, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Crescent Ave
 City Scituate State MA Zip Code 02066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824198
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Smith, Eric, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824199
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jennings, Randall, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Roosevelt St
 City North Bend State OR Zip Code 97459-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Bend Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824200
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Allard, Mark, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9824201
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Balfour, George, Walter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11538 Rubio Ave
 City Granada Hills State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VOSA Hand Therapy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 9825589
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jiranek, William, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9825664
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Director, Orthopaedic Registries
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9825665
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Besh, Basil, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 872.00

Date of Receipt 08 / 23 / 2018
Transaction ID : 9825666
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	218.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Damalas, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 27 / 2018
Transaction ID : 9825667
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Iorio, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 28 / 2018
Transaction ID : 9825668
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Mejia, Alfonso, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 28 / 2018
Transaction ID : 9825669
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Epps, Howard, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 30 / 2018
Transaction ID : 9825672
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Lewis St
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 30 / 2018
Transaction ID : 9825673
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Lopez, David, Vincent, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 30 / 2018
Transaction ID : 9825674
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schmidt, Todd, A., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 9825686
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nelson, Daniel, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 9825687
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Bear, Brian, Jeffrey, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Roxbury Rd
 City Rockford State IL Zip Code 61107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 9825690
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
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 Detailed Summary Page	FOR LINE NUMBER: PAGE 137 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lintecum, Neal, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road

City Lawrence	State KS	Zip Code 66049-9194
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2018
Transaction ID : 9826478

Amount of Each Receipt this Period
200.00

Memo Item

B. Murray, Thomas, F, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Falmouth Ridges Drive

City Falmouth	State ME	Zip Code 04105
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2018
Transaction ID : 9826485

Amount of Each Receipt this Period
250.00

Memo Item

C. Koenig, Karl, , , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5718 Standing Rock Dr

City Austin	State TX	Zip Code 78730-2859
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Texas Austin/Dept of Sur	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2018
Transaction ID : 9826487

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Goodman, David, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 380 Woodcreek Ln

City Fayetteville	State GA	Zip Code 30215
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : 9826491

Amount of Each Receipt this Period
1000.00

Memo Item

B. Farber, Daniel, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Fairhill Rd

City Wynnewood	State PA	Zip Code 19096-1804
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn Medicine Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2018

Transaction ID : 9826500

Amount of Each Receipt this Period
250.00

Memo Item

C. Green, Daniel, William, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th St

City New York	State NY	Zip Code 10021-4823
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : 9826827

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1425.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hildebrand, Randall, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 Lincoln St
 City Great Bend State KS Zip Code 67530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 9826828
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kiner, Dirk, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 9826829
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Law, Brian, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie Street Unit 314
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 9826845
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hsu, Joseph, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2816 Hedgewyk Pl

City Charlotte	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : 9826846

Amount of Each Receipt this Period
250.00

Memo Item

B. Hsu, Joseph, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2816 Hedgewyk Pl

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : 9827444

Amount of Each Receipt this Period
250.00

Memo Item

C. Keenen, Timothy, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19260 SW 65th Ave Ste 270

City Tualatin	State OR	Zip Code 97062-5705
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2018

Transaction ID : 9827690

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James, Jeremy, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Green Leaf Circle
 City Madisonville State LA Zip Code 70447-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2018
Transaction ID : 9827691
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Clain, Michael, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2018
Transaction ID : 9827692
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Rawlings, John, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Whitaker Way N
 City Richmond Hill State GA Zip Code 31324-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madigan Healthcare System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2018
Transaction ID : 9827693
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	209.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Braaton, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2018
Transaction ID : 9827694
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hu, Serena, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Broadway Street - mc: 6342
 City Redwood City State CA Zip Code 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2018
Transaction ID : 9827709
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Knavel, James, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Peller Rd
 City Lake Geneva State WI Zip Code 53147-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Systems, Janesville WI Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 9828429
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Garner, Richard, W, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7201 E Chester Heights Circle

City Anchorage	State AK	Zip Code 99504-3563
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 9829169

Amount of Each Receipt this Period
85.00

Memo Item

B. Pushkarewicz, Michael, J, , MD, FACS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 Braken Ave

City Wilmington	State DE	Zip Code 19808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) First State Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 9829677

Amount of Each Receipt this Period
42.00

Memo Item

C. Krueger, Chad, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Seton Dr

City Shrewsbury	State MA	Zip Code 01545-5468
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 9830027

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Macey, Lance, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Merrimack St
 City Hooksett State NH Zip Code 03106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830029
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ellis, Henry, Bone, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830030
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Marks, Michael, , , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Marine Ave
 City Westport State CT Zip Code 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830031
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Angel, Jeffery, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830032
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hogan, MaCalus, Vinson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Field Brook Lane
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830033
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lang, Gerald, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Redan Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9830034
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 237
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Powell, John, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9323 Phoenix Village Pkwy
 City O Fallon State MO Zip Code 63368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Signature Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831204
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kamps, Bryan, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831205
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Beaty, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 Goodwyn St
 City Memphis State TN Zip Code 38111-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831206
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	641.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bettin, Clayton, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831207
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Calandrucchio, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831208
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Cannon, David, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2639 Fox Hill Circle East
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831209
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Crockarell, John, R, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Ste 100

City Collierville	State TN	Zip Code 38017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831210

Amount of Each Receipt this Period
41.67

Memo Item

B. Grear, Benjamin, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr

City Eads	State TN	Zip Code 38028-8015
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831212

Amount of Each Receipt this Period
41.67

Memo Item

C. Guyton, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove

City Memphis	State TN	Zip Code 38120
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831213

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harkess, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831214
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Heck, Robert, Kurt, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic 1211 Union Ave Ste 500
 City Memphis State TN Zip Code 38104-6656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831215
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Ishikawa, Susan, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 488 Wolf View Cove
 City Cordova State TN Zip Code 38018-7629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831216
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831217
 Amount of Each Receipt this Period 41.67
 Memo Item

B. LaVelle, David, Glen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2957 Mallard Lane
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831218
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Mihalko, Marc, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8974 Bridge Forest Drive
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831223
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Miller, Robert, H, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831224
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Murphy, Garnett, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831225
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Perez, Edward, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831226
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 OF 237 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831228
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Rudloff, Matthew, Ian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831229
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Sawyer, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831230
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831231
 Amount of Each Receipt this Period 41.67
 Memo Item

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

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831232
 Amount of Each Receipt this Period 41.67
 Memo Item

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

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831233
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Warner, William, C, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831234
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831235
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Whittle, A, Paige, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 13 / 2018
Transaction ID : 9831236
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Williams, Keith, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831237
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Hariri, Sanaz, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1169 Trinity Drive
 City Menlo Park State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Sports and Joint Replacement Specialis Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831275
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. McCraney, William, Owen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 Poplar Blvd
 City Jackson State MS Zip Code 39202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : 9831282
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2041.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Courtney, Paul, Maxwell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 9831295
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hussain, Suleman, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 53rd Street Suite #100
 City Bettendorf State IA Zip Code 52804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 9831760
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Snyder, Matthew, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 9831761
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Grimm, Matthew, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 9831762
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Biggs, William, Davis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6565 Rookery Rd
 City Fort Collins State CO Zip Code 80528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center of the Rockies Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 9831764
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rungee, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2802 Pavilion Pl
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 9831765
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pula, David, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Evergreen Trail
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 9834031
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hagstrom, Lindsey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 W Beech St Unit 1809
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 9834238
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Blotter, Robert, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 W Fair Ave Ste 190
 City Marquette State MI Zip Code 49855-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Center of Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 9834240
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Keeney, James, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Shallow Ridge Circle
 City Columbia State MO Zip Code 65201
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 9834241
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sheehan, John, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 9834242
 Amount of Each Receipt this Period 84.00
 Memo Item

c. DiCaprio, Matthew, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 9834244
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Harrison, Alicia, Karin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Knob Hill Ln
 City Excelsior State MN Zip Code 55331-8062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 9834245
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Cannada, Lisa, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 9834246
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Shrock, Kevin, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 SE 3rd Ave
 City Fort Lauderdale State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 9834247
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Davis, Daniel, E, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Brookside Rd

City Wallingford	State PA	Zip Code 19086-6208
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2018

Transaction ID : 9834249

Amount of Each Receipt this Period
250.00

Memo Item

B. Walker, John, Hollis, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4715 Whitesburg Dr

City Huntsville	State AL	Zip Code 35802
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2018

Transaction ID : 9834307

Amount of Each Receipt this Period
1000.00

Memo Item

c. Christensen, Alan, W, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 Lincoln Circle

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : 9834308

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dy, Christopher, John, , MD, MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7394 Norwood Ave

City Saint Louis	State MO	Zip Code 63130-4129
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospital St Louis	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 9834309

Amount of Each Receipt this Period
250.00

Memo Item

B. Heaps, Robert, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Colonel Daniels Dr

City Bedford	State NH	Zip Code 03110-5010
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 9834310

Amount of Each Receipt this Period
500.00

Memo Item

C. Sanders, Steven, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9124 Eagle Hills Dr

City Las Vegas	State NV	Zip Code 89134
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 9835355

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 610 West 110th Street
Apt 3E

City New York	State NY	Zip Code 10025
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2018

Transaction ID : 9836025

Amount of Each Receipt this Period
84.00

Memo Item

B. Greene, Robert, Neil, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 N 16th Ave

City Yakima	State WA	Zip Code 98902
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2018

Transaction ID : 9836027

Amount of Each Receipt this Period
84.00

Memo Item

C. Shen, Wen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Pond Hills Ct

City Pleasant Valley	State NY	Zip Code 12569
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2018

Transaction ID : 9836610

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brown, Barrett, Shytle, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5626 Cedar Creek Dr
 City Houston State TX Zip Code 77056-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 9836612
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Olson, Craig, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 9836613
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Golladay, Gregory, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8913 Tolman Rd
 City Henrico State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCUHS-MCV Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 9836728
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kain, Christopher, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 E 18th Ave
 City Hutchinson State KS Zip Code 67502-5559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutchinson Clinic-Dept of Orth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 9836729
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Schmaltz, Harry, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 702
 113 Waverly Rd
 City Waverly State PA Zip Code 18471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Co-Ordinated Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 9836735
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 09 / 21 / 2018
Transaction ID : 9836900
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Chapman, Cary, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Flagg Court
 City Staten Island State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 9836901
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Chandler, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 9836902
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Stoeckl, Andrew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 9836903
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	251.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mansfield, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 9838349
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 9838351
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Veitch, Andrew, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 9838352
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Navarro, Ronald, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 9838389
 Amount of Each Receipt this Period 84.00
 Memo Item

B. More, Robert, Cameron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hunterdon Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 9838390
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Scales, Darrell, Kevin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tee Dr
 City Braselton State GA Zip Code 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 9838391
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Moon, Daniel, K, , MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4964 Akron St

City Denver	State CO	Zip Code 80238-3742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 9838392

Amount of Each Receipt this Period
250.00

Memo Item

B. Gottschalk, Michael, Brandon, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4799 Olde Village Cv

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 9838393

Amount of Each Receipt this Period
250.00

Memo Item

C. Hartsock, Langdon, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 188 Tradd Street

City Charleston	State SC	Zip Code 29401
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 9838396

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 9838397
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Frisch, Nicholas, Blair, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Bloomfield Woods
 City Bloomfield Hills State MI Zip Code 48304-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 9838398
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Monson, David, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 9838399
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McCulloch, Patrick, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Ortho & Rehab Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 09 / 25 / 2018
Transaction ID : 9843045
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Newton Court
 City Fort Leonard Wood State MO Zip Code 65473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 25 / 2018
Transaction ID : 9843046
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Rosen, Craig, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1802 Champlain Dr
 City Voorhees Township State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Cooper Bone & Joint at Inspira Woodbur Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 26 / 2018
Transaction ID : 9844228
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	626.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gobezie, Reuben, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E Putnam Ave
 Suite 307
 City Old Greenwich State CT Zip Code 06870-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 9844386
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kirol, Bernard, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 9844394
 Amount of Each Receipt this Period 75.00
 Memo Item

c. Hettrich, Carolyn, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pearl Ln
 City Nicholasville State KY Zip Code 40356-9220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Sports Medicine Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 9844395
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1325.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Reynolds, Kirk, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 N Ridge Road
 City Little Rock State AR Zip Code 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 9844396
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mitros, Stephen, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 9844398
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cooper, Scott, Snow, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 NW A St
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 9844399
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sarwahi, Vishal, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 West 42nd St Apt 3912

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

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

Name of Employer (for Individual) Cohen Children's Medical Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : 9844400

Amount of Each Receipt this Period
84.00

Memo Item

B. Wolfe, Scott, W, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Birch Ln

City Greenwich	State CT	Zip Code 06830-3912
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : 9844649

Amount of Each Receipt this Period
500.00

Memo Item

C. Giammattei, Frank, P, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Woodbrook Rd

City Swarthmore	State PA	Zip Code 19081
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Premier Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : 9844650

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gary, Joshua, Layne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844651
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Easley, Mark, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Duke Medicine 4709 Creekstone Drive
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844652
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Fontanetta, A, Philip, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Hunt Ln
 City Manhasset State NY Zip Code 11030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844653
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Carolan, Gregory, Francis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844654
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Foster, W, Stanley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Valerie Dr
 City Lafayette State LA Zip Code 70508-6008
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844655
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 765.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9844656
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Razi, Afshin, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Dogwood Rd

City Great Neck	State NY	Zip Code 11024
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : 9844657

Amount of Each Receipt this Period
250.00

Memo Item

B. Reid, J, Spence, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Drayer Drive

City Hummelstown	State PA	Zip Code 17036
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Penn State	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : 9846608

Amount of Each Receipt this Period
1000.00

Memo Item

C. Huang, David, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4911 Quail Springs Dr

City Wichita Falls	State TX	Zip Code 76302-3921
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : 9846609

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gosey, James, Ragan, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Robert Blvd Ste 240
 City Slidell State LA Zip Code 70458-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846610
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mungo, David, Victor, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11218 Clapsaddle Ave NE
 City Alliance State OH Zip Code 44601-9765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alliance Medical Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846612
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Burton, Paul, D, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Campbell Ave
 City Redlands State CA Zip Code 92374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrowhead Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846613
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 237
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hekmat, Farshid, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9763 W Pico Blvd Ste 200
 City Los Angeles State CA Zip Code 90035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846624
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Burstein, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Farmington Valley Ortho Assoc 34 Dale Rd Ste 208
 City Avon State CT Zip Code 06001-3659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846625
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mullin, Timothy, I, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N49W28220 Maryanns Way
 City Pewaukee State WI Zip Code 53072-1783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Bend Clinic - Forward Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846626
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Andersen, Christian, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Stafford Ln
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Group Agility Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9846627
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Allard, Mark, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 09 / 29 / 2018
Transaction ID : 9846853
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Ricchetti, Eric, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Montgomery Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 30 / 2018
Transaction ID : 9846854
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Berlet, Gregory, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5297 Hoovergate Ln
 City Westerville State OH Zip Code 43082-8072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Foot and Ankle Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2018
Transaction ID : 9846857
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wright, Craig, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 Essex Ave
 City Bloomfield State NJ Zip Code 07003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 9848358
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Brien, Glenn, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Lineage Lane
 City Flowood State MS Zip Code 39232-8105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Orthopaedic & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 9848359
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jiranek, William, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018
Transaction ID : 9848361
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Director, Orthopaedic Registries
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018
Transaction ID : 9848362
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Daubs, Michael, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 S Ring Dove Dr
 City Las Vegas State NV Zip Code 89144-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nevada School of Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018
Transaction ID : 9848365
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Besh, Basil, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018
Transaction ID : 9848367
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Damalas, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018
Transaction ID : 9848506
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Iorio, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : 9848508
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mejia, Alfonso, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9848509
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Prather, John, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 W Broughton St #4A
 City Savannah State GA Zip Code 31401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 9848510
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gross, Thomas, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Southlake Road
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2018
Transaction ID : 9882135
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

SUBTOTAL of Receipts This Page (optional).....	334.00
TOTAL This Period (last page this line number only).....	134717.24

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 237
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19247.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : 9786387

Amount of Each Receipt this Period
1723.04

Memo Item

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20796.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2018

Transaction ID : 9815812

Amount of Each Receipt this Period
1549.22

Memo Item

Refund of bank fees from affiliated organization

C. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21717.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 9838348

Amount of Each Receipt this Period
920.85

Memo Item

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional).....	4193.11
TOTAL This Period (last page this line number only).....	4193.11

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 237
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4357.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 9791947

Amount of Each Receipt this Period
0.08

Memo Item

Interest earned on bank account

B. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4357.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 9791948

Amount of Each Receipt this Period
528.95

Memo Item

Interest earned on bank account

C. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4867.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : 9825650

Amount of Each Receipt this Period
0.09

Memo Item

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional).....	529.12
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 237
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4866.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : 9825651

Amount of Each Receipt this Period
509.15

Memo Item

Interest earned on bank account

B. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5321.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : 9848327

Amount of Each Receipt this Period
0.08

Memo Item

Interest earned on bank account

C. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5321.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 9848328

Amount of Each Receipt this Period
454.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	963.54
TOTAL This Period (last page this line number only).....	1492.66

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 237
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Pat Meehan For Congress
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 S Providence Rd
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C** C00466870
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2018
Transaction ID : 9784076
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Refund of contribution

B. Friends Of Dennis Ross
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Post Office Box 7310
 City Lakeland State FL Zip Code 33807
 FEC ID number of contributing federal political committee. **C** C00459461
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2018
Transaction ID : 9806221
 Amount of Each Receipt this Period
 4000.00
 Memo Item
 Refund of contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Department of the Treasury-Internal Revenue Service

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2018

Mailing Address 1500 Pennsylvania Avenue, NW

FEC Identification Number

C

Transaction ID : 9745531

Amount of Each Disbursement this Period

493.43

Federal income tax on interest income
 Memo Item

City Washington State DC Zip Code 20220

Purpose of Disbursement
Federal income tax on interest income

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2018

Mailing Address 50 S La Salle St

FEC Identification Number

C

Transaction ID : 9745532

Amount of Each Disbursement this Period

359.01

Bank fees deducted from account
 Memo Item

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2018

Mailing Address 50 S La Salle St

FEC Identification Number

C

Transaction ID : 9752455

Amount of Each Disbursement this Period

117.62

Bank fees deducted from account
 Memo Item

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

970.06

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2018

FEC Identification Number

C
Transaction ID : 9779152
Amount of Each Disbursement this Period
 30.25

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2018

FEC Identification Number

C
Transaction ID : 9779153
Amount of Each Disbursement this Period
 12.38

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2018

FEC Identification Number

C
Transaction ID : 9779154
Amount of Each Disbursement this Period
 64.64

Bank fees deducted from account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

107.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2018

FEC Identification Number

C
Transaction ID : 9779664
Amount of Each Disbursement this Period
165.81

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2018

FEC Identification Number

C
Transaction ID : 9783862
Amount of Each Disbursement this Period
111.10

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2018

FEC Identification Number

C
Transaction ID : 9790036
Amount of Each Disbursement this Period
427.30

Bank fees deducted from account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

704.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2018

FEC Identification Number

C

Transaction ID : 9795627

Amount of Each Disbursement this Period

93.89

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2018

FEC Identification Number

C

Transaction ID : 9795628

Amount of Each Disbursement this Period

170.64

Bank fees deducted from account
 Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2018

FEC Identification Number

C

Transaction ID : 9795629

Amount of Each Disbursement this Period

76.24

Bank fees deducted from account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

340.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 9795630

Amount of Each Disbursement this Period

[REDACTED] 173.56

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 9804377

Amount of Each Disbursement this Period

[REDACTED] 93.77

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 9809589

Amount of Each Disbursement this Period

[REDACTED] 513.82

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 781.15

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9816197

Amount of Each Disbursement this Period

[REDACTED] 212.43

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9825652

Amount of Each Disbursement this Period

[REDACTED] 95.85

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 9826501

Amount of Each Disbursement this Period

[REDACTED] 203.23

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 511.51

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 05 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9826502 Amount of Each Disbursement this Period 45.00 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 10 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9829199 Amount of Each Disbursement this Period 208.52 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9833862 Amount of Each Disbursement this Period 27.50 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....	281.02
TOTAL This Period (last page this line number only).....	281.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9833863 Amount of Each Disbursement this Period 48.13 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 18 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9833884 Amount of Each Disbursement this Period 80.19 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northern Trust Company			Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603		
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	FEC Identification Number C Transaction ID : 9848325 Amount of Each Disbursement this Period 87.48 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	215.80
TOTAL This Period (last page this line number only).....▶	4489.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. First in Freedom PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address 824 S Millidge Ave
Suite 101

FEC Identification Number

C C00540146

City Athens State GA Zip Code 30605

Transaction ID : 9754589
Amount of Each Disbursement this Period

Purpose of Disbursement
Hudson, Richard LPAC

011
Category/
Type

2500.00

Candidate Name

Hudson, Richard LPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address PO Box 235

FEC Identification Number

C C00472159

City Olympia State WA Zip Code 98507

Transaction ID : 9754590
Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

1000.00

Candidate Name

Heck, Denny, , ,

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 10

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address PO Box 2059

FEC Identification Number

C C00467571

City Lexington State KY Zip Code 40588

Transaction ID : 9754593
Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

1000.00

Candidate Name

Barr, Andy, , ,

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 06

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9754594

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9754595

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoosiers For Rokita, Inc.

Mailing Address 5868 E 71st Street Suite E-202

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement
Void - Hoosiers For Rokita, Inc.

Category/
Type

Candidate Name

Rokita, Todd, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781659

Amount of Each Disbursement this Period

Void - Hoosiers For Rokita, Inc.

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Category/Type

Candidate Name
Carter, Buddy, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781674

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Building America's Republican Representation (BARR PAC)

Mailing Address 402 S. Capitol St, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Andy Barr LPAC

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781675

Amount of Each Disbursement this Period

Andy Barr LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller High Water PAC

Mailing Address 1006 Pendleton St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Heller LPAC

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781676

Amount of Each Disbursement this Period

Heller LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement

Category/
Type

Candidate Name

Delauro, Rosa, , ,

Office Sought: House Senate President
State: CT District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781677

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

Category/
Type

Candidate Name

Marchant, Kenny, , ,

Office Sought: House Senate President
State: TX District: 24

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781678

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Doing Right - Results, Action, Unity, Leadership PAC

Mailing Address P.O. Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
Ruiz LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9781679

Amount of Each Disbursement this Period

Ruiz LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lance For Congress

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818

Purpose of Disbursement

011

Category/Type

Candidate Name

Lance, Leonard, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2018

FEC Identification Number

C00444224

Transaction ID : 9781680

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE FUND FOR AMERICAN EXCEPTIONALISM

Mailing Address 499 South Capitol Street SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Rokita LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2018

FEC Identification Number

C00512855

Transaction ID : 9781681

Amount of Each Disbursement this Period

2500.00

Rokita LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement 5/15/18 Rep Gallego Reception

011

Category/Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 07

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2018

FEC Identification Number

C00558627

Transaction ID : 9781730

Amount of Each Disbursement this Period

250.00

5/15/18 Rep Gallego Reception

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sherman For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sherman, Brad, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2018

FEC Identification Number

C C00308742

Transaction ID : 9785447

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. John Carter For Congress

Mailing Address 201 University Oaks Blvd.

City Round Rock State TX Zip Code 78665

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carter, John, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2018

FEC Identification Number

C C00371203

Transaction ID : 9785448

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. More Conservatives McPAC

Mailing Address 228 S. Washington Street
SUITE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
McHenry LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2018

FEC Identification Number

C C00540187

Transaction ID : 9785449

Amount of Each Disbursement this Period

3000.00

McHenry LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00450049

Transaction ID : 9785688

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00460063

Transaction ID : 9785689

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Darren Soto For Congress

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

011

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00581074

Transaction ID : 9785690

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. New Pioneer PAC

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Greg Walden LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	8		

FEC Identification Number

Transaction ID : 9785691
 Amount of Each Disbursement this Period

Memo Item
Greg Walden LPAC

Full Name (Last, First, Middle Initial)

B. Making Business Excel PAC

Mailing Address P.O. Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
Enzi LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	8		

FEC Identification Number

Transaction ID : 9785692
 Amount of Each Disbursement this Period

Memo Item
Enzi LPAC

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

Category/
Type

Candidate Name
Pascrell, William, , , Jr.

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	8		

FEC Identification Number

Transaction ID : 9785693
 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nutmeg PAC

Mailing Address 777 Summer St, Suite 302

City Stamford State CT Zip Code 06901

Purpose of Disbursement Blumenthal LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00492983

Transaction ID : 9785694

Amount of Each Disbursement this Period

1000.00

Blumenthal LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement

011

Category/Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00497818

Transaction ID : 9785695

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Suozzi For Congress

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement

011

Category/Type

Candidate Name

Suozzi, Thomas, R., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C00607200

Transaction ID : 9785696

Amount of Each Disbursement this Period

2650.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6150.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diane Harkey For Congress

Mailing Address 31878 Del Obispo #118-106

City San Juan Capistran State CA Zip Code 92675

Purpose of Disbursement

011

Category/Type

Candidate Name

Harkey, Diane, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00665513

Transaction ID : 9785703

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alexander For Senate 2020 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

Alexander, Lamar, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: TN District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00383745

Transaction ID : 9785705

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kaptur For Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement

011

Category/Type

Candidate Name

Kaptur, Marcy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 09

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00154625

Transaction ID : 9785706

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Buck For Colorado

Mailing Address PO Box 338018

City Greeley State CO Zip Code 80633

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buck, Ken, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

FEC Identification Number

C C00573378

Transaction ID : 9785707

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

FEC Identification Number

C C00468579

Transaction ID : 9785708

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address P.O. Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mooney, Alexander, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

FEC Identification Number

C C00506774

Transaction ID : 9785709

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carla Nelson For Congress

Mailing Address 931 22nd Avenue Sw

City Rochester State MN Zip Code 55902

Purpose of Disbursement

Category/
Type

Candidate Name

Nelson, Carla, , ,

Office Sought: House Senate President
State: MN District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9793533

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Ben Cardin LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9793535

Amount of Each Disbursement this Period

Ben Cardin LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Deciding Critical Races PAC

Mailing Address PO BOX 701

City Clayton State NC Zip Code 27528

Purpose of Disbursement
Rouzer LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9793536

Amount of Each Disbursement this Period

Rouzer LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Rouzer For Congress

Mailing Address PO Box 3142

City
Wilmington

State
NC

Zip Code
28406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rouzer, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number

C C00501643

Transaction ID : 9793537

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Val Demings For Congress

Mailing Address PO Box 536926

City
Orlando

State
FL

Zip Code
32853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Demings, Valdez, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number

C C00590489

Transaction ID : 9793538

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Val Demings For Congress

Mailing Address PO Box 536926

City
Orlando

State
FL

Zip Code
32853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Demings, Valdez, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number

C C00590489

Transaction ID : 9793539

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jackie Speier For Congress

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Speier, Jackie, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number

C C00443705

Transaction ID : 9793540

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Braun For Indiana

Mailing Address 505 Main St

City Jasper State IN Zip Code 47546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Braun, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C C00653147

Transaction ID : 9804464

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C C00545749

Transaction ID : 9804465

Amount of Each Disbursement this Period

3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rob Wittman For Congress

Mailing Address PO Box 3770

City: Oakton State: VA Zip Code: 22124

Purpose of Disbursement

Category/Type

Candidate Name
Wittman, Robert, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: VA District: 01

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number
C C00441014
Transaction ID : 9804466
Amount of Each Disbursement this Period
3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City: Taylorville State: IL Zip Code: 62568

Purpose of Disbursement

Category/Type

Candidate Name
Davis, Rodney, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: IL District: 13

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number
C C00521948
Transaction ID : 9804469
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address Pobox 696

City: Madison State: WI Zip Code: 53701

Purpose of Disbursement

Category/Type

Candidate Name
Baldwin, Tammy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: WI District:

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number
C C00326801
Transaction ID : 9804470
Amount of Each Disbursement this Period
1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225

Purpose of Disbursement

011

Category/
Type

Candidate Name

Yoder, Kevin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C C00472365

Transaction ID : 9804477

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Macarthur For Congress Inc.

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement

011

Category/
Type

Candidate Name

MacArthur, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C C00557520

Transaction ID : 9804484

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
Void - Himes for Congress

011

Category/
Type

Candidate Name

Himes, Jim, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2018

FEC Identification Number

C C00434191

Transaction ID : 9806223

Amount of Each Disbursement this Period

- 5000.00

Void - Himes for Congress

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

- 2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement
Void - Citizens To Elect Rick Larsen

011

Category/
Type

Candidate Name

Larsen, Rick, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2018

FEC Identification Number

C C00345546

Transaction ID : 9806224

Amount of Each Disbursement this Period

- 2500.00

Void - Citizens To Elect Rick Larsen

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address P.O. Box 28

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement
Funds Reported On July 15, 2018 Quarterly Report

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2018

FEC Identification Number

C C00401034

Transaction ID : 9810765

Amount of Each Disbursement this Period

1000.00

Funds Reported On July 15, 2018
Quarterly Report

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Higgins For Congress

Mailing Address P.O. Box 28

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement
Re-designated funds for trans. dated 5/23/2018

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C C00401034

Transaction ID : 9810766

Amount of Each Disbursement this Period

1000.00

Re-designated funds for trans.
dated 5/23/2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

- 2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Braun For Indiana

Mailing Address 505 Main St

City Jasper State IN Zip Code 47546

Purpose of Disbursement

011

Category/Type

Candidate Name

Braun, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C00653147

Transaction ID : 9820645

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Harris For Congress

Mailing Address PO Box 77451

City Charlotte State NC Zip Code 28271

Purpose of Disbursement

011

Category/Type

Candidate Name

Harris, Mark, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: NC District: 09

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C00649236

Transaction ID : 9820805

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City Homewood State AL Zip Code 35209

Purpose of Disbursement

011

Category/Type

Candidate Name

Palmer, Gary, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: AL District: 06

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C00551374

Transaction ID : 9820809

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Handel For Congress Inc.

Mailing Address 4010 Old Milton Pkwy

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement

011

Category/Type

Candidate Name

Handel, Karen, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00633362

Transaction ID : 9820811

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/Type

Candidate Name

Paulsen, Erik, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00439661

Transaction ID : 9820812

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bridge PAC

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Clyburn LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00399196

Transaction ID : 9820819

Amount of Each Disbursement this Period

1000.00

Clyburn LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark Green For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2018

Mailing Address 346 Warfield Blvd
Suite A

City Clarksville State TN Zip Code 37043

FEC Identification Number

C C00658385

Transaction ID : 9829656

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Green, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2018

Mailing Address PO Box 387

City West Point State GA Zip Code 31833

FEC Identification Number

C C00607838

Transaction ID : 9829657

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 03

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2018

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

FEC Identification Number

C C00476820

Transaction ID : 9829658

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Johnson, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 06

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. McHenry For Congress

Mailing Address PO Box 2165

City
Gastonia

State
NC

Zip Code
28053

Purpose of Disbursement

011

Category/
Type

Candidate Name

McHenry, Patrick, Timothy, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NC

District: 10

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00393629

Transaction ID : 9829659

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: SC

District: 06

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00255562

Transaction ID : 9829662

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Prairie PAC

Mailing Address PO Box 2002

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Durbin LPAC

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00347195

Transaction ID : 9829663

Amount of Each Disbursement this Period

2000.00

Durbin LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lahood For Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lahood, Darin, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00575050

Transaction ID : 9829664

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dutch Ruppersberger For Congress Committee

Mailing Address PO Box 231

City
Lutherville

State
MD

Zip Code
21094

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruppersberger, C.A., , , C.A.

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00376673

Transaction ID : 9829665

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address PO Box 8197

City
Zanesville

State
OH

Zip Code
43702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Balderson, Troy, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00662650

Transaction ID : 9829666

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00420935

Transaction ID : 9829667

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Now PAC

Mailing Address 10605 Concord Street Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement Van Hollen's LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00416743

Transaction ID : 9829668

Amount of Each Disbursement this Period

1000.00

Van Hollen's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

011

Category/Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00521948

Transaction ID : 9829669

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brady, Kevin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00311043

Transaction ID : 9829670

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trey For Congress

Mailing Address PO Box 421

City
Jeffersonville

State
IN

Zip Code
47130

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hollingsworth, Trey, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00590463

Transaction ID : 9829671

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McNerney For Congress

Mailing Address P.O. Box 690371

City
Stockton

State
CA

Zip Code
95269

Purpose of Disbursement

011

Category/
Type

Candidate Name

McNerney, Jerry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00398644

Transaction ID : 9829672

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , , Jr

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00474189

Transaction ID : 9829673

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
Void - Kind For Congress Committee

011

Category/
Type

Candidate Name

Kind, Ron, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: WI

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2018

FEC Identification Number

C C00312017

Transaction ID : 9829946

Amount of Each Disbursement this Period

- 3500.00

Void - Kind For Congress Committee

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer's Majority Fund

Mailing Address 700 13th Street NW
Ste 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MD

District: 05

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00140715

Transaction ID : 9834233

Amount of Each Disbursement this Period

750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

- 1750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hoyer's Majority Fund

Mailing Address 700 13th Street NW
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00271338

Transaction ID : 9834235

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00546846

Transaction ID : 9836320

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chesapeake PAC

Mailing Address 170 Old Enterprise Rd
P.O. Box 5323

City Upper Marlboro State MD Zip Code 20774

Purpose of Disbursement
Harris LPAC

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00338756

Transaction ID : 9836321

Amount of Each Disbursement this Period

1500.00

Harris LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2018

FEC Identification Number

C C00435974

Transaction ID : 9836324

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CherPAC

Mailing Address PO Box 65322

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
Bustos LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2018

FEC Identification Number

C C00540906

Transaction ID : 9836326

Amount of Each Disbursement this Period

1000.00

Bustos LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Rand Paul For Us Senate

Mailing Address PO Box 72928

City
Newport

State
KY

Zip Code
41072

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul, Rand, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2018

FEC Identification Number

C C00496075

Transaction ID : 9836328

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pete Stauber For Congress Volunteer Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address 23 Central Entrance
Box 333

City Duluth State MN Zip Code 55811

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00650697
---	-----------

Transaction ID : 9836329

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Stauber, Pete, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00312017
---	-----------

Transaction ID : 9836331

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Kind, Ron, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. Burchett For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address PO Box 51345

City Knoxville State TN Zip Code 37950

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00652149
---	-----------

Transaction ID : 9836352

Amount of Each Disbursement this Period

1500.00

Memo Item

Candidate Name

Burchett, Tim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bringing America Together PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Fitzpatrick LAPC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00647354

Transaction ID : 9836356

Amount of Each Disbursement this Period

3000.00

Fitzpatrick LAPC

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of David Schweikert

Mailing Address 228 S Washington Street Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: AZ District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00540617

Transaction ID : 9836359

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 816 Congress Ave, Suite 960 Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement Cornyn LPAC

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00387464

Transaction ID : 9836360

Amount of Each Disbursement this Period

5000.00

Cornyn LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City West Point State GA Zip Code 31833

Purpose of Disbursement

011
Category/
Type

Candidate Name

Ferguson, A. Drew, , IV

Office Sought: House Senate President
State: GA District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00607838

Transaction ID : 9836362

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Don Bacon For Congress

Mailing Address P.O. Box 391368

City Omaha State NE Zip Code 68139

Purpose of Disbursement

011
Category/
Type

Candidate Name

Bacon, Donald, , Rep.,

Office Sought: House Senate President
State: NE District: 02

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00575167

Transaction ID : 9836364

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Bennie Thompson

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement

011
Category/
Type

Candidate Name

Thompson, Bennie, , ,

Office Sought: House Senate President
State: MS District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00279851

Transaction ID : 9836366

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/Type

Candidate Name

Guthrie, Brett, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C00445023

Transaction ID : 9836367

Amount of Each Disbursement this Period

2800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Takano For Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

011

Category/Type

Candidate Name

Takano, Mark, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C00498667

Transaction ID : 9836368

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

011

Category/Type

Candidate Name

Yoder, Kevin, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00472365

Transaction ID : 9844275

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4800.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Walker 4 NC

Mailing Address PO Box 99247

City Raleigh

State NC

Zip Code 27624

Purpose of Disbursement

011

Category/Type

Candidate Name

Walker, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00543231

Transaction ID : 9844280

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City West Point

State GA

Zip Code 31833

Purpose of Disbursement

011

Category/Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00607838

Transaction ID : 9844281

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Gonzalez For Congress

Mailing Address 9856 Archer Lane

City Dublin

State OH

Zip Code 43017

Purpose of Disbursement

011

Category/Type

Candidate Name

Gonzalez, Anthony, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00654079

Transaction ID : 9844282

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Welch, Peter, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2018

FEC Identification Number

C C00413179

Transaction ID : 9844283

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Mailing Address PO Box 3770

City
Oakton

State
VA

Zip Code
22124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wittman, Robert, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2018

FEC Identification Number

C C00441014

Transaction ID : 9844284

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2018

FEC Identification Number

C C00545749

Transaction ID : 9844285

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City Springfield

State MO

Zip Code 65804

Purpose of Disbursement

011

Category/Type

Candidate Name

Long, Billy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00460063

Transaction ID : 9844286

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie

State MN

Zip Code 55344

Purpose of Disbursement

011

Category/Type

Candidate Name

Paulsen, Erik, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00439661

Transaction ID : 9844287

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino

State CA

Zip Code 91436

Purpose of Disbursement

011

Category/Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00458125

Transaction ID : 9844288

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00513077

Transaction ID : 9844289

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lujan, Ben, Ray, Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00443689

Transaction ID : 9844290

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Building Fund

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00347864

Transaction ID : 9844296

Amount of Each Disbursement this Period

15000.00

2018 Building Fund

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

17000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tarkanian For Congress

Mailing Address 3008 Campbell Circle

City
Las Vegas

State
NV

Zip Code
89107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tarkanian, Danny, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	8

FEC Identification Number

C C00582320

Transaction ID : 9846041

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elise For Congress

Mailing Address PO Box 500

City
Glens Falls

State
NY

Zip Code
12801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stefanik, Elise, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	8

FEC Identification Number

C C00547893

Transaction ID : 9846042

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Jodey Arrington

Mailing Address PO Box 6687

City
Lubbock

State
TX

Zip Code
79493

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arrington, Jodey, Cook, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	8

FEC Identification Number

C C00588657

Transaction ID : 9846043

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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

168700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Gross, Thomas, P, , MD

Mailing Address 116 Southlake Road

City
Columbia

State
SC

Zip Code
29223

Purpose of Disbursement
Refund duplicate contribution

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number

C

Transaction ID : 9817675

Amount of Each Disbursement this Period

1000.00

Refund duplicate contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Defending Main Street

Mailing Address 430 Ferdinand Day Drive

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Super PAC donation

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2018

FEC Identification Number

C

Transaction ID : 9806218
Amount of Each Disbursement this Period

50000.00

Memo Item
Super PAC donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

50000.00

50000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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
Prevail Strategies
Mailing Address
7304 Aemilian Way
City
Austin State
TX Zip Code
78730
Purpose of Expenditure
Mailing for Julio Gonzalez
Category/Type
011
Date of Public Distribution/Dissemination
08 / 03 / 2018
Amount
24730.00
Transaction ID : 9793970
Date of Disbursement or Obligation
08 / 03 / 2018

Name of Federal Candidate:
Gonzalez, Julio, ,
Support
Office Sought:
House District: 17
State: FL
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Office Sought:
House District:
State:
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 24730.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures 24730.00.

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.

Lundy, W, , Douglas, MD, MBA

[Electronically Filed]

Date 10 / 11 / 2018

Signature