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

Schedule E) FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS C C00343137	
Suigeonsr'AC of AAOS	
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Prevail Strategies	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 415 New Jersey Ave S.E.	
Suite 1	Amount
City State Zip Code	19632.32
Washington DC 20003	Transaction ID: 8348013 Date of Disbursement or Obligation
Purpose of Expenditure Mail piece-Ryan Costello Category/ Type	011
Name of Federal Candidate Suppo	ort Office Sought: House District: 06
Costello, Ryan, , ,	se President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Supp	ort Office Sought: House District:
Орро	se President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	19632.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	19632.32
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 21 2016	
Signature	