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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Political Action Committee of the American Association of Orthopaed	dic
SurgeonsPAC of AAOS	C C00343137
check if X 24-hour report 48-hour report New report Amends report filed	on May / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Politics with Purpose LLC	M M / D D / Y Y Y Y
Mailing Address 104 14th Street NE	06 11 2020
5 TOT THII GROOTINE	Amount
City State Zip Code	40000.00
Washington DC 20002	Transaction ID : 10621607
Purnose of Expanditure	Date of Disbursement or Obligation
Digital Ads  Category/ Type  O04	06 / 11 / 2020
Name of Federal Candidate Support Office	e Sought: 🗶 House District:03
Suozzi, Thomas, R., Rep.,	President Senate State: NY
Calendar Year-To-Date Disbu	ursement For: X Primary General
Per Election for Office Sought 0.00 2020	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	D
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40000.00
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	M / D D / Y Y Y Y
[Electronically Filed] Date	06 12 2020
Signature	