

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

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

Full Name of Payee <b>Mammen Group, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>
Mailing Address <b>1901 L Street, N.W.</b>		Amount <b>20133.35</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure <b>Mail piece-Brad Ashford</b>	Category/Type <b>011</b>	Transaction ID : <b>8345774</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Ashford, Brad, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NE</b>
Calendar Year-To-Date Per Election for Office Sought <b>2016.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20133.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>20133.35</b>

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

 MM / DD / YYYY  
**10 / 20 / 2016**

Signature