

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

ADDRESS (number and street) 317 Massachusetts Ave., N.E. 1st Floor Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00343137 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 10/24/2022

5. Covering Period 10/01/2022 through 10/19/2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Igram, M, , Cassim, MD,FAAOS

Type or Print Name of Treasurer Signature of Treasurer Igram, M, , Cassim, MD,FAAOS [Electronically Filed] Date 10/26/2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/>		571228.52
(b) Cash on Hand at Beginning of Reporting Period.....	491234.08	
(c) Total Receipts (from Line 19)	40629.90	950860.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	531863.98	1522088.88
7. Total Disbursements (from Line 31).....	146229.20	1136454.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	385634.78	385634.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	36691.90	848160.87
(ii) Unitemized	3938.00	80199.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40629.90	928360.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40629.90	933360.16
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).....	0.00	0.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	40629.90	950860.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40629.90	950860.36

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	0.00	23474.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	23474.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	139500.00	1040000.00
24. Independent Expenditures (use Schedule E)	5704.20	25704.20
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	1025.00	2275.00
(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)).....	1025.00	2275.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	45000.00
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)) ..	146229.20	1136454.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146229.20	1136454.10

DETAILED SUMMARY PAGE
of Disbursements

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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)	40629.90	933360.16
34. Total Contribution Refunds (from Line 28(d))	1025.00	2275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39604.90	931085.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	23474.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	23474.70

**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 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 11390857
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bushnell, Brandon, Dubose, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fallen Branch Circle SE
 City Rome State GA Zip Code 30161-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 11390858
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515
 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 ▼ 850.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 11390859
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	254.00
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 71
	<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. Casey, Brett, Edward, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6064 Louis XIV St

City New Orleans	State LA	Zip Code 70124-2919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gulf Coast Orthopedics	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
10		02		2022

Transaction ID : 11390860

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Eric, Louis, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
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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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2022

Transaction ID : 11390861

Amount of Each Receipt this Period
84.00

Memo Item

C. Bailey, James, R, , MD,FAAOS
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
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2022

Transaction ID : 11390926

Amount of Each Receipt this Period
42.00

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 8 OF 71
	<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. Anderson, Robert, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 55th St N
 City Lake Elmo State MN Zip Code 55042
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 11390927
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Swards, Joseph, Milo, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Westwind Way
 City Dresher State PA Zip Code 19025
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Temple University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 11390928
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 840.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 11391556
 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: PAGE 9 OF 71
(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. Prohaska, Matthew, G, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Griggs Hill Road

City Danville	State VT	Zip Code 05828-9756
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2022

Transaction ID : 11391558

Amount of Each Receipt this Period
84.00

Memo Item

B. Carlson, William, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SE Tuscan Lane

City Stuart	State FL	Zip Code 34996-6754
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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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2022

Transaction ID : 11391560

Amount of Each Receipt this Period
500.00

Memo Item

C. Tait, Robert, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10561 Jeffreys St Ste 230

City Henderson	State NV	Zip Code 89052-4268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Institute of Henderson	Occupation (for Individual) Orthopaedic Surgeon
-------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2022

Transaction ID : 11392321

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 10 OF 71
	<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. Keller, Julie, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 W Essex Street
Suite 201

City Maywood State NJ Zip Code 07607-1023

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

Name of Employer (for Individual) Restoration 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
 10 / 06 / 2022

Transaction ID : 11392596

Amount of Each Receipt this Period
250.00

Memo Item

B. Schmale, Gregory, A, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6515 126th Ave NE

City Kirkland State WA Zip Code 98033-8569

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

Name of Employer (for Individual) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2022

Transaction ID : 11392597

Amount of Each Receipt this Period
84.00

Memo Item

C. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Delafield Rd
Ste 4010

City Pittsburgh State PA Zip Code 15215-3235

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

Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2022

Transaction ID : 11392598

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 11 OF 71
	<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. Pushkin, Gary, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway
 City Baltimore State MD Zip Code 21218-1133
 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 ▼ 1000.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 11392600
 Amount of Each Receipt this Period 250.00
 Memo Item

B. King, David, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N21W29802 Glen Cove Rd
 City Pewaukee State WI Zip Code 53072-4842
 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 ▼ 500.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 11393765
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Green, Daniel, William, , MD,FAOS
 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 ▼ 1750.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 11393775
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
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 71
<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. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 11393776
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 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 ▼ 840.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 11393777
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gallant, Gregory, G, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 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 ▼ 833.30

Date of Receipt 10 / 07 / 2022
Transaction ID : 11393778
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.33
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 71
<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. Bernholt, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Chapel Woods Cv
 City Germantown State TN Zip Code 38139
 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 ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2022
Transaction ID : 11394092
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Bettin, Clayton, Charles, , MD,FAAOS
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2022
Transaction ID : 11394093
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Calandrucchio, James, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S Germantown Road
 City Germantown State TN Zip Code 38138-2205
 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
 10 / 07 / 2022
Transaction ID : 11394094
 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 14 OF 71
	<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. Campion, Chad, Evan, , MD

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

Mailing Address Dept of Orthopaedic Surgery
1400 South Germantown Rd

City Germantown State TN Zip Code 38138

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 07 / 2022

Transaction ID : 11394095

Amount of Each Receipt this Period 41.67

Memo Item

B. Crockarell, John, R, , Jr, MD, FA

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

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 ▼ 416.70

Date of Receipt 10 / 07 / 2022

Transaction ID : 11394096

Amount of Each Receipt this Period 41.67

Memo Item

C. Ford, Marcus, Christopher, , MD, FAAOS

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

Mailing Address 2255 Duntreath Rd

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 ▼ 208.40

Date of Receipt 10 / 07 / 2022

Transaction ID : 11394097

Amount of Each Receipt this Period 20.84

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.18

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 71
	<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. Grear, Benjamin, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 219 Lagrange Creek Drive

City Eads	State TN	Zip Code 38028
--------------	-------------	-------------------

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 ▼
416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2022

Transaction ID : 11394098

Amount of Each Receipt this Period
41.67

Memo Item

B. Guyton, James, L, , MD,FAOS
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 ▼
416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2022

Transaction ID : 11394099

Amount of Each Receipt this Period
41.67

Memo Item

C. Harkess, James, W, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

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 ▼
416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2022

Transaction ID : 11394100

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 16 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 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, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394101
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Kelly, Derek, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Suite 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394102
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Mascioli, Anthony, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Goodwyn
 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 ▼ 208.30

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394103
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 104.17
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 71
	<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. Mauck, Benjamin, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Central Ave
 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 ▼ 208.30

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394104
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Mihalko, Marc, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394105
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Murphy, Garnett, Andrew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394106
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	104.17
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 71
	<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. Phillips, Barry, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8681 Windrush
 City Memphis State TN Zip Code 38125
 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 ▼ 208.30

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394107
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Richardson, David, R, , MD,FAAOS
 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394108
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Rider, Carson, Mills, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2372 Corinne Oak Court
 City Memphis State TN Zip Code 38119-1065
 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394109
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
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 71
	<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. Rudloff, Matthew, Ian, , MD, FAAOS

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 ▼
416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2022

Transaction ID : 11394110

Amount of Each Receipt this Period
41.67

Memo Item

B. Sawyer, Jeffrey, R, , MD, FAAOS

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 ▼
416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2022

Transaction ID : 11394111

Amount of Each Receipt this Period
41.67

Memo Item

c. Sheffer, Benjamin, West, , MD,FAAOS

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 ▼
416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2022

Transaction ID : 11394112

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 20 OF 71
	<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, Kirk, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2022
Transaction ID : 11394113
 Amount of Each Receipt this Period
 20.83
 Memo Item

B. Thompson, Norfleet, Buckner, , MD, FAAOS
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2022
Transaction ID : 11394114
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Throckmorton, Thomas, Ward, , MD,FAAOS
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2022
Transaction ID : 11394115
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
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 71
	<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. Warner, William, C, , Jr, MD, FA
 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 ▼ 458.37

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394116
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2707
 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394117
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Williams, Keith, D, , MD, FAAOS
 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 ▼ 416.70

Date of Receipt 10 / 07 / 2022
Transaction ID : 11394118
 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 22 OF 71
<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

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. Dines, David, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Highland Ct
 City Old Westbury State NY Zip Code 11568
 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 10 / 04 / 2022
Transaction ID : 11394149
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 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 ▼ 1596.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 11394157
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Floyd, Waldo, E, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3708 Northside Dr
 City Macon State GA Zip Code 31210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Georgia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 11394161
 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 23 OF 71
	<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. Clain, Michael, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Road

City Riverside	State CT	Zip Code 06878-2403
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2022

Transaction ID : 11394166

Amount of Each Receipt this Period
84.00

Memo Item

B. Service, Benjamin, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8710 Crestgate Circle

City Orlando	State FL	Zip Code 32819-3855
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2022

Transaction ID : 11394167

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 3611 Brook St

City Lafayette	State CA	Zip Code 94549-4201
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Muir Orthopaedic Specialists Inc	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
10		09		2022

Transaction ID : 11394169

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 24 OF 71
	<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, James, D, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street
 Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Pacific Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11394958
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045-8684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11394959
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Glassman, Andrew, H, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209-1427
 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 ▼ 840.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11394960
 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 25 OF 71
	<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. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21549 Glebe View Dr

City Broadlands	State VA	Zip Code 20148-3625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) National Sports Medicine Institute	Occupation (for Individual) Orthopaedic Surgeon
-------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2022

Transaction ID : 11425404

Amount of Each Receipt this Period
84.00

Memo Item

B. Dodds, Julie, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2603 90th Ave

City Lone Rock	State IA	Zip Code 50559-8556
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Center for Specialty Care	Occupation (for Individual) Orthopaedic Surgeon
----------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2022

Transaction ID : 11425406

Amount of Each Receipt this Period
84.00

Memo Item

C. Espinoza, Luis, M, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Savannah Ridge Lane

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Center for Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2022

Transaction ID : 11425407

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 26 OF 71
<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. John, Thomas, K, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 Eastbrook Rd

City Ridgewood	State NJ	Zip Code 07450-2110
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : 11425408

Amount of Each Receipt this Period
84.00

Memo Item

B. Mansfield, David, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5019 Montoya Rd

City El Paso	State TX	Zip Code 79922-2031
-----------------	-------------	------------------------

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 ▼
1418.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : 11425409

Amount of Each Receipt this Period
166.67

Memo Item

C. Lenarz, Christopher, James, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17300 N Outer Forty Rd
Suite 316

City Chesterfield	State MO	Zip Code 63005-1364
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Excel Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : 11425410

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.67
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 27 OF 71
	<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. Krueger, Chad, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002-2531
 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 ▼ 840.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11425830
 Amount of Each Receipt this Period 84.00
 Memo Item

B. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 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 ▼ 1000.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11425831
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Fogel, Guy, Rutledge, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Candelaria
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guy R Fogel MD PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11425958
 Amount of Each Receipt this Period 500.00
 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 28 OF 71
	<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. Courtney, Paul, Maxwell, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1005 Millbrook Rd

City Berwyn	State PA	Zip Code 19312-2213
----------------	-------------	------------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 11426067

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 7092 Killdeer Drive

City Canfield	State OH	Zip Code 44406-9181
------------------	-------------	------------------------

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

Name of Employer (for Individual) Youngstown Orthopaedic Associates, Ltd	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
10		16		2022

Transaction ID : 11426539

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5865 Friars Rd
Unit 3310

City San Diego	State CA	Zip Code 92110-6011
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2022

Transaction ID : 11426540

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 29 OF 71
	<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. Battaglia, Michael, Jacob, , MD,FAAOS
 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 ▼ 1000.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 11426541
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kennedy, Thomas, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Pecks Canyon
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 11426544
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Goldberg, Steven, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5867 Whisperwood Ct
 City Naples State FL Zip Code 34110-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 11426630
 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 30 OF 71
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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	<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. Kwok, Moody, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 Presidential Dr

City Horsham	State PA	Zip Code 19044-1110
-----------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2022

Transaction ID : 11426631

Amount of Each Receipt this Period
250.00

Memo Item

B. Baker, Champ, , , III, MD,FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Overlook Dr

City Columbus	State GA	Zip Code 31906-4005
------------------	-------------	------------------------

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

Name of Employer (for Individual) Jack Hughston Memorial Hospital	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
10		17		2022

Transaction ID : 11426632

Amount of Each Receipt this Period
1000.00

Memo Item

C. Olsen, Adam, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 Washington Street
Apt 2520

City Boston	State MA	Zip Code 02130-3691
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2022

Transaction ID : 11426633

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.00
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 31 OF 71
<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. Kraushaar, Barry, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 11426634
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Winston, Jonathan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 11427194
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Carnduff, Mary, Foley, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Rhode Island Ave
 City McLean State VA Zip Code 22101-4919
 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 10 / 18 / 2022
Transaction ID : 11427195
 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 32 OF 71
	<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. Johnson, Brian, Douglas, , MD,FAAOS

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

Mailing Address 990 Wynstone Dr

City Jefferson	State SD	Zip Code 57038-6868
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : 11427202

Amount of Each Receipt this Period
1000.00

Memo Item

B. Cooper, Scott, Snow, , MD,FAAOS

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

Mailing Address 405 NW A St
1101 Horsebarn Road

City Bentonville	State AR	Zip Code 72712-5216
---------------------	-------------	------------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2022

Transaction ID : 11427635

Amount of Each Receipt this Period
84.00

Memo Item

C. Marsh, J, Lawrence, , MD,FAAOS

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

Mailing Address 200 Hawkins Drive
01002JPP

City Iowa City	State IA	Zip Code 52242-1088
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Iowa	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
10		19		2022

Transaction ID : 11428767

Amount of Each Receipt this Period
1000.00

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 33 OF 71
	<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. Urband, Lindsey, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15066 Almond Orchard Lane
Suite 403

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

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

Name of Employer (for Individual) San Diego Hand Specialists	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2022

Transaction ID : 11430102

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 5 Pembroke Dr

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer (for Individual) Advanced Orthopaedics New England	Occupation (for Individual) Orthopaedic Surgeon
------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2022

Transaction ID : 11430103

Amount of Each Receipt this Period
84.00

Memo Item

C. Tabaie, Sean, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 Delafield PI NW

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Children's National Medical Center	Occupation (for Individual) Orthopaedic Surgeon
-------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2022

Transaction ID : 11430104

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 34 OF 71
	<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. Delanois, Ronald, Emilio, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Brookfield Garth

City Lutherville	State MD	Zip Code 21093
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Lifebridge	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
10		04		2022

Transaction ID : 11430105

Amount of Each Receipt this Period
250.00

Memo Item

B. Engstrom, Stephen, Matthew, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9207 Duncaster Ct

City Brentwood	State TN	Zip Code 37027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst	Occupation (for Individual) Orthopaedic Surgeon
----------------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2022

Transaction ID : 11430106

Amount of Each Receipt this Period
84.00

Memo Item

C. Holmes, S, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Belleclave Rd

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Palmetto Health	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
10		05		2022

Transaction ID : 11430107

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 35 OF 71
	<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. Schmitz, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City San Antonio State TX Zip Code 78231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 11430108
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sheehan, John, P, , MD,FAOS
 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 ▼ 840.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 11430110
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Woolf, Shane, Kelby, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2644 Burden Creek Rd
 City Johns Island State SC Zip Code 29455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 11430111
 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 36 OF 71
<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. Chutkan, Norman, Barrington, , MD,FAOS

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

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The CORE Institute	Occupation (for Individual) Orthopaedic Surgeon
---------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2022

Transaction ID : 11430112

Amount of Each Receipt this Period
84.00

Memo Item

B. Baker, Matthew, , , MD, FAAOS

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

Mailing Address 1946 Sue Ann Trail

City Cape Girardeau	State MO	Zip Code 63701
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercy 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
10	/	11	/	2022

Transaction ID : 11430113

Amount of Each Receipt this Period
500.00

Memo Item

C. Nolan, Elizabeth, McAllister, , MD,FAOS

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

Mailing Address 508 NW 16th St

City Oklahoma City	State OK	Zip Code 73103-2108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oklahoma Shoulder Center PLLC	Occupation (for Individual) Orthopaedic Surgeon
--------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2022

Transaction ID : 11430114

Amount of Each Receipt this Period
1000.00

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 37 OF 71
	<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. Lenarz, Christopher, James, , MD,FAAOS

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

Mailing Address 17300 N Outer Forty Rd
Suite 316

City Chesterfield State MO Zip Code 63005-1364

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

Name of Employer (for Individual) Excel Orthopedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 11 / 2022
Transaction ID : 11430115

Amount of Each Receipt this Period
5000.00

Memo Item

B. Walsh, Christofer, J, , MD, FAAOS

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

Mailing Address 180 Newhaven Dr

City Fayetteville State GA Zip Code 30215-2390

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 ▼
1200.00

Date of Receipt
10 / 11 / 2022
Transaction ID : 11430117

Amount of Each Receipt this Period
200.00

Memo Item

C. Nepola, James, V, , MD,FAAOS

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

Mailing Address 200 Hawkins Drive
Ortho Office 01067

City Iowa City State IA Zip Code 52242-1009

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
10 / 11 / 2022
Transaction ID : 11430121

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6200.00
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 71
	<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. Stanley, Rodney, Jay, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Pointe Harbor Ln
 City Mooresville State NC Zip Code 28117-3511
 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 ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430123
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Maassen, Nicholas, Henry, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 837 E Drexel Sq
 City Chicago State IL Zip Code 60615-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Chicago Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430124
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bohsali, Kamal, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24636 Deer Trace Drive
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jacksonville Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430128
 Amount of Each Receipt this Period 300.00
 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 39 OF 71
	<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. More, Robert, Cameron, , MD, FAAOS

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) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 11430131

Amount of Each Receipt this Period
84.00

Memo Item

B. Bruce, James, F, , Jr, MD, FA

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

Mailing Address 848 Rainwater Trail

City Tiger State GA Zip Code 30576

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 11430134

Amount of Each Receipt this Period
250.00

Memo Item

C. Messerschmidt, Cory, , , MD,FAAOS

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

Mailing Address 53 Boxhall Ln

City Thomasville State GA Zip Code 31792

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

Name of Employer (for Individual) Emory University Orthopaedics and Spin Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 11430135

Amount of Each Receipt this Period
350.00

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 40 OF 71
	<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. Pope, Wood, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Fieldstone Dr
 City Macon State GA Zip Code 31210-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoGeorgia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430136
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bush, Jenkins, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Eagles Landing Way
 City McDonough State GA Zip Code 30253-4221
 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 10 / 11 / 2022
Transaction ID : 11430138
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Stiefel, Eric, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4466 Robert Dr
 City Valdosta State GA Zip Code 31603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valdosta Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430139
 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 41 OF 71
	<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. Kirkpatrick, D, Kay, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2926 Ashebrooke Dr
 City Marietta State GA Zip Code 30068
 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 10 / 11 / 2022
Transaction ID : 11430140
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bradbury, Thomas, Lane, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4269 Bakers Farm Place SE
 City Atlanta State GA Zip Code 30339-4804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430146
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sanders, Brett, Stanford, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7530 Twisting Creek Lane
 City Ooltewah State TN Zip Code 37363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430147
 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 42 OF 71
	<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. Lashgari, Cyrus, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Placid Court
 City Arnold State MD Zip Code 21012-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic and Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430148
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Orvets, Nathan, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1035 Bayberry Road
 City Lake Oswego State OR Zip Code 97034-1701
 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 ▼ 1000.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 11430150
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Reed, Lori, K, , MD,FAAOS
 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 10 / 11 / 2022
Transaction ID : 11430151
 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 43 OF 71
	<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. Hatzidakis, Armodios, Miltiadis, , MD,FAAOS

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

Mailing Address 60 Fairfax St

City Denver	State CO	Zip Code 80220-6330
----------------	-------------	------------------------

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

Name of Employer (for Individual) Western Orthopaedics PC	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
10		11		2022

Transaction ID : 11430152

Amount of Each Receipt this Period
250.00

Memo Item

B. Austin, Luke, Stanford, , MD,FAAOS

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

Mailing Address 201 Washington Ave

City Haddonfield	State NJ	Zip Code 08033-3322
---------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2022

Transaction ID : 11430153

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cimino, William, Gerard, , MD,FAAOS

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

Mailing Address 52 Beach Road
Suite 207

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Transaction ID : 11430154

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 44 OF 71
	<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. Deutch, Allen, A., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Oleander St
 City Bellaire State TX Zip Code 77401
 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 10 / 12 / 2022
Transaction ID : 11430155
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Parsley, Brian, S., MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr Suite 2400
 City Houston State TX Zip Code 77056
 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 ▼ 840.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11430156
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Damalas, Konstantinos, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 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 ▼ 840.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11430157
 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 45 OF 71
	<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. DiCaprio, Matthew, R, , MD,FAAOS
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) Albany Medical College	Occupation (for Individual) Orthopaedic Surgeon
-------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 11430158

Amount of Each Receipt this Period
250.00

Memo Item

B. Roberson, Rowland, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 641 N Lamar Blvd

City Oxford	State MS	Zip Code 38655-3235
----------------	-------------	------------------------

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

Name of Employer (for Individual) Specialty Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 11430159

Amount of Each Receipt this Period
84.00

Memo Item

C. Lisella, Jordan, Mills, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Turner Lane

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon
-----------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 11430160

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 46 OF 71
	<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. Steinmann, Scott, P, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3584 Reflecting Drive

City Chattanooga	State TN	Zip Code 37415
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : 11430164

Amount of Each Receipt this Period
100.00

Memo Item

B. Lajam, Claudette, Malvina, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Knollwood Dr

City Larchmont	State NY	Zip Code 10538-1238
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hosp for Joint Disease	Occupation (for Individual) Orthopaedic Surgeon
-------------------------------------------------------------	----------------------------------------------------

Receipt For:
 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
10		18		2022

Transaction ID : 11430165

Amount of Each Receipt this Period
1250.00

Memo Item

C. Kuhn, John, E, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3724 Richland Avenue

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : 11430166

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
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 71
	<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. Bernstein, Jenna, Alysse, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 Merwin Ave
 Unit C
 City Milford State CT Zip Code 06460
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Yale Medicine Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 11430457
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Lenarz, Christopher, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17300 N Outer Forty Rd
 Suite 316
 City Chesterfield State MO Zip Code 63005-1364
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Excel Orthopedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 11437542
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$5000.00

C. Van Eperen, Erik, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 N 85th St
 City Wauwatosa State WI Zip Code 53226
 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 ▼ 25.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 11437543
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$25.00

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	36691.90

**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. Ron Estes For Congress

Mailing Address PO Box 782952

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2022			

FEC Identification Number

C C00632067

Transaction ID : 11392602

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City
Newnan

State
GA

Zip Code
30271

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ferguson, A. Drew, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: GA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2022			

FEC Identification Number

C C00607838

Transaction ID : 11392603

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 251 East Front Street

City
Boise

State
ID

Zip Code
83702

Purpose of Disbursement
Crapo LPAC

011

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
10			06			2022			

FEC Identification Number

C C00390674

Transaction ID : 11392604

Amount of Each Disbursement this Period

1500.00

Crapo LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500.00

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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. Boozman For Arkansas

Mailing Address PO Box 671

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: AR

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 06 / 2022

FEC Identification Number

C C00476317

Transaction ID : 11392605

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Families For James Lankford

Mailing Address PO Box 1639

City
Bethany

State
OK

Zip Code
73008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lankford, James, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 06 / 2022

FEC Identification Number

C C00466482

Transaction ID : 11392606

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City
Charleston

State
SC

Zip Code
29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, Tim, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: SC

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 06 / 2022

FEC Identification Number

C C00540302

Transaction ID : 11392607

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. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 3743

FEC Identification Number

C	C00459255
---	-----------

City Carmel State IN Zip Code 46082

Transaction ID : 11392608

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Young, Todd, Christopher, Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoeven For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 861

FEC Identification Number

C	C00473371
---	-----------

City Bismarck State ND Zip Code 58502

Transaction ID : 11392609

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

Hoeven, John, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: ND District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 1159

FEC Identification Number

C	C00482984
---	-----------

City Oshkosh State WI Zip Code 54903

Transaction ID : 11392610

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Johnson, Ron, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: WI District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

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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. Friends Of Mike Lee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 1537

City Salt Lake City	State UT	Zip Code 84110
------------------------	-------------	-------------------

FEC Identification Number

C	C00473827
---	-----------

Purpose of Disbursement

011
Category/ Type

Transaction ID : 11392611

Amount of Each Disbursement this Period

1000.00

Candidate Name

Lee, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: UT District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 541

City Belleville	State KS	Zip Code 66935
--------------------	-------------	-------------------

FEC Identification Number

C	C00458315
---	-----------

Purpose of Disbursement

011
Category/ Type

Transaction ID : 11392612

Amount of Each Disbursement this Period

1000.00

Candidate Name

Moran, Jerry, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KS District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Rand Paul For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2022

Mailing Address PO Box 72928

City Newport	State KY	Zip Code 41072
-----------------	-------------	-------------------

FEC Identification Number

C	C00496075
---	-----------

Purpose of Disbursement

011
Category/ Type

Transaction ID : 11392613

Amount of Each Disbursement this Period

1000.00

Candidate Name

Paul, Rand, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KY District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

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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. Friends Of John Thune

Mailing Address PO Box 841

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thune, John, R., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: SD

District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2022

FEC Identification Number

C00409581

Transaction ID : 11392614

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Morelle For Congress

Mailing Address PO Box 90914

City
Rochester

State
NY

Zip Code
14609

Purpose of Disbursement

011

Category/
Type

Candidate Name

Morelle, Joseph, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: NY

District: 25

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2022

FEC Identification Number

C00675108

Transaction ID : 11392615

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City
Christiansburg

State
VA

Zip Code
24068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Griffith, Morgan, H., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: VA

District: 09

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2022

FEC Identification Number

C00477240

Transaction ID : 11392616

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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. Kuster For Congress, Inc

Mailing Address PO Box 1498

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2022			

FEC Identification Number

C C00462861

Transaction ID : 11392617

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement

011

Category/
Type

Candidate Name

Banks, James, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: IN

District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2022			

FEC Identification Number

C C00577999

Transaction ID : 11392618

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 401 2nd Avenue South, Suite 303

City
Seattle

State
WA

Zip Code
98104

Purpose of Disbursement
Murray LPAC

011

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
10			06			2022			

FEC Identification Number

C C00365270

Transaction ID : 11392619

Amount of Each Disbursement this Period

2500.00

Murray LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

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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)

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<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	06	/	2022

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

FEC Identification Number

C C00450049

Transaction ID : 11392620

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 20

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	06	/	2022

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206

FEC Identification Number

C C00442921

Transaction ID : 11392621

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Carson, Andre, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 07

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	06	/	2022

Mailing Address PO Box 3411

City Chicago State IL Zip Code 60654

FEC Identification Number

C C00539866

Transaction ID : 11392622

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Kelly, Robin, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IL District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10500.00

**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)

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<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. Maggie For NH

Mailing Address PO Box 298

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hassan, Margaret, Wood, Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2022

FEC Identification Number

C C00588772

Transaction ID : 11392623

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: CA

District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2022

FEC Identification Number

C C00461061

Transaction ID : 11392624

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMI PAC

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement
Bera 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 Y
10 / 06 / 2022

FEC Identification Number

C C00561779

Transaction ID : 11392626

Amount of Each Disbursement this Period

1000.00

Bera 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

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. Meuser For Congress

Mailing Address PO Box 183

City Hudson

State WI

Zip Code 54016

Purpose of Disbursement

011

Category/Type

Candidate Name

Meuser, Daniel, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2022

FEC Identification Number

C00654723

Transaction ID : 11392627

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Melanie For New Mexico

Mailing Address PO Box 51493

City Albuquerque

State NM

Zip Code 87181

Purpose of Disbursement

011

Category/Type

Candidate Name

Stansbury, Melanie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00765099

Transaction ID : 11425836

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. David Scott For Congress

Mailing Address PO Box 960821

City Riverdale

State GA

Zip Code 30296

Purpose of Disbursement

011

Category/Type

Candidate Name

Scott, David, Albert, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00369801

Transaction ID : 11425837

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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. Scanlon For Congress

Mailing Address PO Box 263

City Swarthmore

State PA

Zip Code 19081

Purpose of Disbursement

011

Category/Type

Candidate Name

Scanlon, Mary, Gay, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00669358

Transaction ID : 11425838

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria

State VA

Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

Beyer, Don, S., Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00555888

Transaction ID : 11425839

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Elaine For Congress

Mailing Address PO Box 66191

City Virginia Beach

State VA

Zip Code 23466

Purpose of Disbursement

011

Category/Type

Candidate Name

Luria, Elaine, G., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00664375

Transaction ID : 11425841

Amount of Each Disbursement this Period

1500.00

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**

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. Schneider For Congress

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2022			

FEC Identification Number

C C00495952

Transaction ID : 11425842

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ameripac: The Fund for a Greater America

Mailing Address 499 South Capitol Street, SW
Suite 414

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Hoyer LPAC

011

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
10			13			2022			

FEC Identification Number

C C00271338

Transaction ID : 11425843

Amount of Each Disbursement this Period

1000.00

Hoyer LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Perimeter PAC

Mailing Address 124 Washington Street
Suite 101

City
Foxboro

State
MA

Zip Code
02035

Purpose of Disbursement
Duckworth LPAC

011

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
10			13			2022			

FEC Identification Number

C C00544254

Transaction ID : 11425844

Amount of Each Disbursement this Period

1000.00

Duckworth LPAC

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)

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<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. Blumenauer For Congress

Mailing Address 1631 NE Broadway Street, #343

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blumenauer, Earl, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2022			

FEC Identification Number

C C00307314

Transaction ID : 11425846

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address PO Box 414

City
Scranton

State
PA

Zip Code
18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cartwright, Matt, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2022			

FEC Identification Number

C C00509968

Transaction ID : 11425847

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address PO Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2022			

FEC Identification Number

C C00458976

Transaction ID : 11425848

Amount of Each Disbursement this Period

2500.00

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

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
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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. Susie Lee For Congress

Mailing Address 5130 S Fort Apache Rd
Ste 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee, Susie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00655613

Transaction ID : 11425849

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of McCormick

Mailing Address PO Box 134

City Suwanee State GA Zip Code 30024

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCormick, Richard, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00706747

Transaction ID : 11425850

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lahood For Congress

Mailing Address PO Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2022

FEC Identification Number

C00575050

Transaction ID : 11425851

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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)

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<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. Hudson For Congress

Mailing Address PO Box 1875

City Southern Pines State NC Zip Code 28388

Purpose of Disbursement

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: NC District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11425852

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansans For Laturner

Mailing Address PO Box 67237

City Topeka State KS Zip Code 66667

Purpose of Disbursement

Category/
Type

Candidate Name

LaTurner, Jake, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: KS District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11425877

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 1220 SW Morrison St Ste 910

City Portland State OR Zip Code 97205

Purpose of Disbursement

Category/
Type

Candidate Name

Wyden, Ron, , Sen.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: OR District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11427221

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

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. Susie Lee For Congress

Mailing Address 5130 S Fort Apache Rd
Ste 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee, Susie, , Rep.,

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00655613

Transaction ID : 11427223

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00394957

Transaction ID : 11427224

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Steel For Congress

Mailing Address 9070 Irvine Center Drive
Suite 150

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steel, Michelle, Eunjoo Park, Rep.,

Office Sought: House
 Senate
 President
State: CA District: 48

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00704981

Transaction ID : 11427225

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

**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. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C C00512426

Transaction ID : 11427228

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mrvan For Congress

Mailing Address PO Box 55

City Crown Point State IN Zip Code 46308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mrvan, Frank, John, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 01

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C C00727529

Transaction ID : 11427230

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C C00410761

Transaction ID : 11427232

Amount of Each Disbursement this Period

2500.00

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. Elissa Slotkin For Congress

Mailing Address PO Box 4145

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement

011

Category/
Type

Candidate Name

Slotkin, Elissa, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00650150

Transaction ID : 11427233

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Pannill Fletcher For Congress

Mailing Address 3262 Westheimer Rd
#636

City
Houston

State
TX

Zip Code
77098

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fletcher, Elizabeth, Pannill, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00640045

Transaction ID : 11427235

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00226522

Transaction ID : 11427237

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

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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. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama City

State
FL

Zip Code
32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , Rep., MD

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C00582304

Transaction ID : 11427239

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Angie Craig For Congress

Mailing Address PO Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig, Angela, Dawn, Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C00575209

Transaction ID : 11427240

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: 2022

 Primary
 General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C00513077

Transaction ID : 11427241

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

14000.00

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. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Category/Type

Candidate Name

Bucshon, Larry, , Rep., MD

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00468256

Transaction ID : 11427242

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement

011

Category/Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00582890

Transaction ID : 11427243

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Axne For Congress

Mailing Address PO Box 65551

City West Des Moines State IA Zip Code 50265

Purpose of Disbursement

011

Category/Type

Candidate Name

Axne, Cindy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00646844

Transaction ID : 11427244

Amount of Each Disbursement this Period

3000.00

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. Chrissy Houlahan For Congress

Mailing Address PO Box 222

City
Devon

State
PA

Zip Code
19333

Purpose of Disbursement

011

Category/
Type

Candidate Name

Houlahan, Chrissy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00637371

Transaction ID : 11427246

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CA LUV PAC

Mailing Address 499 S Capitol Street, SW
Suite 303

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Aguilar LPAC

011

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
10			18			2022			

FEC Identification Number

C C00573709

Transaction ID : 11427247

Amount of Each Disbursement this Period

2500.00

Aguilar LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address PO Box 563

City
Merrifield

State
VA

Zip Code
22116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Connolly, Gerald, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00445452

Transaction ID : 11427257

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)..... ▶

8500.00

**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. Nancy Mace For Congress

Mailing Address 295 Seven Farms Drive
Suite C-186

City Charleston State SC Zip Code 29492

Purpose of Disbursement

Category/
Type

Candidate Name

Mace, Nancy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11427262

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bice For Congress

Mailing Address PO Box 21315

City Oklahoma City State OK Zip Code 73156

Purpose of Disbursement

Category/
Type

Candidate Name

Bice, Stephanie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11427263

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Casten For Congress

Mailing Address PO Box 132

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement

Category/
Type

Candidate Name

Casten, Sean, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11427264

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

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. Dean Phillips For Congress

Mailing Address PO Box 741

City Excelsior State MN Zip Code 55331

Purpose of Disbursement

011

Category/Type

Candidate Name

Phillips, Dean, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00640714

Transaction ID : 11427265

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Crow For Congress

Mailing Address 8547 E Arapahoe Road Ste J-543

City Greenwood Village State CO Zip Code 80112

Purpose of Disbursement

011

Category/Type

Candidate Name

Crow, Jason, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00637363

Transaction ID : 11427266

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: 2022
 Primary General Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2022

FEC Identification Number

C00458125

Transaction ID : 11427267

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

139500.00

**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

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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. Lenarz, Christopher, James, , MD,FAAOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2022

Mailing Address 17300 N Outer Forty Rd
Suite 316

City Chesterfield State MO Zip Code 63005-1364

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

FEC Identification Number

C

Transaction ID : 11426988

Amount of Each Disbursement this Period

1000.00

Refund of Contribution

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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)..... ▶

1000.00

1000.00

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
Gumbinner & Davies Communications
Mailing Address
3430 Connecticut Avenue NW, 11813
City
Washington State
DC Zip Code
20008
Purpose of Expenditure
Printing/Production/Shipping, Postage and List
Category/Type
003
Date of Public Distribution/Dissemination
10 / 19 / 2022
Amount
5704.20
Transaction ID : 11428762
Date of Disbursement or Obligation
10 / 19 / 2022

Name of Federal Candidate:
Schrier, Kim, , Rep., MD
Support
Office Sought:
House District: 08
State: WA
Disbursement For:
General 2022

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:
Office Sought:
House District:
State:
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 5704.20, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 5704.20

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.

Igram, M, , Cassim, MD,FAAOS

[Electronically Filed]

Date 10 / 26 / 2022

Signature