

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
 Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00343137

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

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

Type or Print Name of Treasurer Douglas W Lundy MD, MBA

Signature of Treasurer Douglas W Lundy MD, MBA [Electronically Filed] Date 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="788449.05"/>	<input type="text" value="788449.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="788449.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="518377.10"/>	<input type="text" value="518377.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1306826.15"/>	<input type="text" value="1306826.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="343337.17"/>	<input type="text" value="343337.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="963488.98"/>	<input type="text" value="963488.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450357.83	450357.83
(ii) Unitemized	59464.66	59464.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	509822.49	509822.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	509822.49	509822.49
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).....	8358.00	8358.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	196.61	196.61
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))..... ▶	518377.10	518377.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	518377.10	518377.10

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	8238.23	8238.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8238.23	8238.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	320150.00	320150.00
24. Independent Expenditures (use Schedule E)	13348.94	13348.94
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1600.00	1600.00
(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)).....	1600.00	1600.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	343337.17	343337.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	343337.17	343337.17

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)	509822.49	509822.49
34. Total Contribution Refunds (from Line 28(d))	1600.00	1600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	508222.49	508222.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8238.23	8238.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8358.00	8358.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-119.77	-119.77

**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 350
	<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. Philip A Deffer Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 1st Ave E Ste C
 City State Zip Code
 Spencer IA 51301-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N.W. Iowa Bone, Joint & Sports Surg., Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : 7624302
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Adam Mirarchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Upper Dr
 City State Zip Code
 Lake Oswego OR 97035-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Health and Science University Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : 7628075
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. William J Robb III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Indian Hill Rd
 City State Zip Code
 Winnetka IL 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Illinois Bone & Joint Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : 7630318
 Amount of Each Receipt this Period
 1000.00
 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 7 OF 350
	<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. Robert Louis Pierron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30765 Overlook Run
 City Buena Vista State CO Zip Code 81211-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer College Park Family Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 06 / 2016
Transaction ID : 7633867
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Casey Lee Lagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 E 2nd Street
 City Dumas State TX Zip Code 79029-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore County Hospital District Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 07 / 2016
Transaction ID : 7639569
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James M Loddengaard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23456 Hawthorne Blvd Ste 300
 City Torrance State CA Zip Code 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733098
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 350
	<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. Robert O Anderson MD
Full Name (Last, First, Middle Initial)

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 Summit Orthopedics Occupation 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
 01 / 08 / 2016
Transaction ID : 7733099

Amount of Each Receipt this Period
 1000.00

Memo Item

B. J Christopher Noonan MD
Full Name (Last, First, Middle Initial)

Mailing Address 5141 Solar Heights Dr

City Eugene State OR Zip Code 97405

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

Name of Employer Samaritan Health System Occupation 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
 01 / 08 / 2016
Transaction ID : 7733100

Amount of Each Receipt this Period
 250.00

Memo Item

C. Rick Wilkerson DO
Full Name (Last, First, Middle Initial)

Mailing Address Walnut Lane Farm
2470 Hwy 18

City Spencer State IA Zip Code 51301

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

Name of Employer NW Iowa Bone,Joint & Sports Surgeons Occupation 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
 01 / 08 / 2016
Transaction ID : 7733138

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 9 OF 350
	<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. Jay E Jolley II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Citico Ave
 City Chattanooga State TN Zip Code 37406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733139
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robert E Van Demark Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 Aspen Circle
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733140
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733404
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 350
	<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. Nicholas J Honkamp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 681 50th St
 City Des Moines State IA Zip Code 50312-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : 7733405
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Timothy M Risko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7902 Valcour Dr
 City Amarillo State TX Zip Code 79119-6267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : 7733406
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jerald L Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7601 W Jefferson Blvd
 City Fort Wayne State IN Zip Code 46804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ft. Wayne Orthopaedics Occupation 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 Y Y
 01 / 08 / 2016
Transaction ID : 7733408
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 350
	<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. Bruce A Bollinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 Ridgehaven Rd
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733409
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Michael R Pagnotto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Rolling Hills Dr
 City Wexford State PA Zip Code 15090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri-State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733421
 Amount of Each Receipt this Period 250.00
 Memo Item

c. David Arthur Detrisac MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 E Arbutus
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Lansing Orthopaedic Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : 7733424
 Amount of Each Receipt this Period 500.00
 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 12 OF 350
	<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. Thomas B Fleeter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Town Center Dr Ste 300
 City Reston State VA Zip Code 20190-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Town Center Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : 7733843
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Michael W Cantrell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Covemont Dr SE
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : 7733848
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Richard Franklin Bruch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Pineview Rd
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 09 / 2016**
Transaction ID : 7733860
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 350
	<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. Keith A Heier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6408 Riverhill Dr
 City Plano State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoTexas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 09 / 2016
Transaction ID : 7733862
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thomas Blake Viehe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W287N6331 Broadwing Ct
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 09 / 2016
Transaction ID : 7733864
 Amount of Each Receipt this Period 500.00
 Memo Item

C. William L Oppenheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Outrigger Mall
 City Marina Del Rey State CA Zip Code 90292-6795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geffen School of Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 09 / 2016
Transaction ID : 7733868
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 350
	<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. Jeffrey C Wint MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hand Center of Western Mass
 3550 Main St Ste 204
 City Springfield State MA Zip Code 01107-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hand Center of Western MA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 01 / 10 / 2016
Transaction ID : 7733869
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Douglas W Pahl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500-1 Green Island Drive
 City Columbus State GA Zip Code 31904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt
 01 / 10 / 2016
Transaction ID : 7733872
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. James K Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Belvin St
 City San Marcos State TX Zip Code 78666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt
 01 / 10 / 2016
Transaction ID : 7733877
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 350
	<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. Philip William Mack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Ericka Circle
 City East Longmeadow State MA Zip Code 01028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Children's Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 10 / 2016
Transaction ID : 7733893
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Robert A Kayal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Dogwood Trail
 City Franklin Lakes State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 10 / 2016
Transaction ID : 7733900
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Alan T Kawaguchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Doverton Dr
 City Stockton State CA Zip Code 95219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpine Orthopedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7734023
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 350 (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. James W Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13004 N Georgetown Rd
 City Dunlap State IL Zip Code 61525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Plains Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7735820
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Michael Shay Womack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Oakmont Circle
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7736050
 Amount of Each Receipt this Period 500.00
 Memo Item

C. John T Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4153 Hyer #7
 City Dallas State TX Zip Code 75205-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7736073
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 350
	<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. James T Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Quarry Dr
 City Conway State AR Zip Code 72034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Conway Ortho & Sports Med Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7779684
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Norman Douglas Boardman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surgery Box 980153 MCV Station
 City Richmond State VA Zip Code 23298-0153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VCU Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7779714
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Alexandra Elizabeth Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Coast Blvd Unit 12B
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Permanente Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 11 / 2016
Transaction ID : 7783679
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 350
	<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. Joseph E Alhadeff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Oakwood Dr
 City Red Lion State PA Zip Code 17356-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 12 / 2016
Transaction ID : 7783680
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Eric Truumees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 Windsor Rd
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 12 / 2016
Transaction ID : 7784358
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. James Bicos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2910 Meadowood Lane
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Performance Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 12 / 2016
Transaction ID : 7784366
 Amount of Each Receipt this Period 250.00
 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 19 OF 350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Benjamin David Sutker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hibernia Rd
 City Savannah State GA Zip Code 31400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 12 / 2016
Transaction ID : 7785076
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Barry J Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 Long Ln
 City Huntingdon Valley State PA Zip Code 19006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 13 / 2016
Transaction ID : 7787369
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Douglas Bentley Freedberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5315 E Calle Del Norte
 City Phoenix State AZ Zip Code 85018-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoArizona Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 13 / 2016
Transaction ID : 7791103
 Amount of Each Receipt this Period 500.00
 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 20 OF 350
	<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. Daniel B Chan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 NE 11th Ave
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : 7791105
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Matthew David Olin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Sunset Dr
 City Greensboro State NC Zip Code 27408-6412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greensboro Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7791112
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Jeffrey Mark Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 San Elijo St
 City San Diego State CA Zip Code 92106-3414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 01 / 14 / 2016
Transaction ID : 7794820
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 350
	<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. Benjamin Jay Justice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Old Eagle Way
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7794841
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Arthur L Valadie III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 526 56th St
 City Holmes Beach State FL Zip Code 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795582
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Jaafar M Bazih MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 S Birmingham Pl
 City Tulsa State OK Zip Code 74104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795583
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 350
	<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. George F Muschler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2270 Chatfield Dr
 City Cleveland Heights State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795585
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Robert Thomas Fisher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Thomas Johnson Dr
 City Frederick State MD Zip Code 21702-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialists of Frederick Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795587
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795588
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
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 350
	<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. Gerald J Ortiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Steadmill Rd
 City Amsterdam State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mohawk Valley Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795590
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Bruce Wolock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8564 Leisure Hill Dr
 City Baltimore State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Towson Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795591
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Jeffrey A Rodgers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3750 Plumwood Drive
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 7795592
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 350
	<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. Russell S VanderWilde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W 5th Ave Ste 400
 City Spokane State WA Zip Code 99204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 563.00

Date of Receipt 01 / 15 / 2016
Transaction ID : 7795597
 Amount of Each Receipt this Period 563.00
 Memo Item

B. Michael G Kogan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21908 Tall Oaks Dr
 City Kildeer State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7795601
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jeffrey K Moore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4218-M Arendell Street
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Orthopaedics and Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7795602
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1313.00
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 350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Eric J Lindberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 E Hale Pkwy Ste 550
 City State Zip Code
 Denver CO 80220-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7795604
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Joe T Minchew MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Ellsworth Pl
 City State Zip Code
 Chapel Hill NC 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke Private Diagnostic Clinic 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
 01 / 14 / 2016
Transaction ID : 7795605
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dennis M Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1774 Kylemore Ct
 City State Zip Code
 Dayton OH 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Premier Health Specialists 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
 01 / 14 / 2016
Transaction ID : 7795606
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 350
	<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. Paul Jeffrey Richards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12610 Panasoffkee Dr
 City North Fort Myers State FL Zip Code 33903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796136
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. James McMaster Bryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Pelican Circle
 City Daytona Beach State FL Zip Code 32118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Clinic of Daytona Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796138
 Amount of Each Receipt this Period
 475.00
 Memo Item

C. Harlan E Hiramoto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Potterstown Rd
 City Lebanon State NJ Zip Code 08833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796139
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	975.00
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 27 OF 350
	<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. Mark W Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 Bird Dog Lane
 City Deland State FL Zip Code 32724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796140
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Robert S Schultz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2667 Weldon Rd
 City Billings State MT Zip Code 59101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796143
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James W Gallentine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3121 Sheridan Blvd
 City Lincoln State NE Zip Code 68502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Ortho & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796145
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Kent Steven Marangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3813 Vista Blanca
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796146
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Scott A Langford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 W 87th Terrace
 City Prairie Village State KS Zip Code 66207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockhill Orthopaedics
 Occupation 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 Y Y
 01 / 14 / 2016
Transaction ID : 7796147
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Stephen Schneider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Church St
 City Bound Brook State NJ Zip Code 08805-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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 Y Y
 01 / 14 / 2016
Transaction ID : 7796148
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 350
	<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. Alan Joseph Sarokhan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Old Coach Rd
 City Basking Ridge State NJ Zip Code 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796149
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kurt F Konkel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3488 Lake Drive
 City Hartford State WI Zip Code 53027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796166
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas A Malvitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5480 Forest Bend Dr
 City Ada State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Michigan Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796169
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 350
	<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. Barrett Shytles Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5626 Cedar Creek Dr
 City Houston State TX Zip Code 77056-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fondren Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796171
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Allen A Deutsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Oleander St
 City Bellaire State TX Zip Code 77401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey Seybold Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796172
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Jeffrey Raleigh Cummings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 33
 City Genoa State NV Zip Code 89411-0033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tahoe Fracture Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796175
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 350
	<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. Champ L Baker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Mountainbrook Ct
 City Columbus State GA Zip Code 31904
 FEC ID number of contributing federal political committee. C
 Name of Employer Hughston Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796177
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Terry Jackman Beal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Eagle Trail
 City Copperas Cove State TX Zip Code 76522-1967
 FEC ID number of contributing federal political committee. C
 Name of Employer Central Texas Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796178
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Steven C Copeland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2209 Heatherwood Dr
 City Findlay State OH Zip Code 45840
 FEC ID number of contributing federal political committee. C
 Name of Employer Ohio Orthopaedics & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796179
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 350
	<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. John Drkulec MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Long and Winding Road
 City Mansfield State TX Zip Code 76063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796186
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Steven Braxton Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1222 San Saba Ct
 City Allen State TX Zip Code 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoTexas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796187
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomas H Kay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Peppercreek Bridge Pkwy
 City Valparaiso State IN Zip Code 46385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796188
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 350
	<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. Surrender P Dhiman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Village Center Drive
 Unit 113
 City Burr Ridge State IL Zip Code 60527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796189
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Melburn K Huebner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 North Dowell Road
 City Amarillo State TX Zip Code 79124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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 Y Y
 01 / 14 / 2016
Transaction ID : 7796192
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. J Patrick Kessler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Hemlock Hills Dr.
 City Franklin State NC Zip Code 28734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mission Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796196
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 350
	<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. Howard J Gelb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6214 NW 120th Dr
 City State Zip Code
 Coral Springs FL 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 01 / 14 / 2016
Transaction ID : 7796232
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Thomas J Grogan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 S. Westgate Ave
 City State Zip Code
 Los Angeles CA 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 01 / 14 / 2016
Transaction ID : 7796233
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mark C Meier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4601 N Ginzel St
 City State Zip Code
 Boise ID 83703-4263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Alphonsus Hip and Knee Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796235
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 350
	<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. Andrew T Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Exeter Ct
 City State Zip Code
 Davis CA 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796236
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. Richard J. Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Barclay Cir
 City State Zip Code
 Inverness IL 60010-5263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Orthopaedic Surg Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796242
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Cornelis M Elmes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5311 Laurel Ridge Ct
 City State Zip Code
 Fairfield CA 94534-6786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 7796243
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James John Verner MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 Transaction ID : 7796244
Mailing Address 23075 Nottingham		Amount of Each Receipt this Period 250.00
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Glenn B Rankin MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 Transaction ID : 7796248
Mailing Address 651 N Granados Ave		Amount of Each Receipt this Period 250.00
City Solana Beach	State CA	Zip Code 92075
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Southern California Permanente Medical	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert Johnson Morgan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2016 Transaction ID : 7796249
Mailing Address 3637 Richwood Circle		Amount of Each Receipt this Period 250.00
City Kannapolis	State NC	Zip Code 28081
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Ortho Carolina	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 350
	<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. S Lamont Wooten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Country Club Dr
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796252
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. R Shane Barton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Cliffewood Place
 City Shreveport State LA Zip Code 71106-7703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis-Knighton Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796255
 Amount of Each Receipt this Period 250.00
 Memo Item

C. William A Junglas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Los Molinos Way
 City Sacramento State CA Zip Code 95864-5252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2016
Transaction ID : 7796256
 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 38 OF 350
	<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. Neil Thomas Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 62076
 City Irvine State CA Zip Code 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 15 / 2016
Transaction ID : 7798100
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Richard N Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Long Pond Rd
 City Armonk State NY Zip Code 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 16 / 2016
Transaction ID : 7799153
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Donald A deGrange MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12433 Conway Rd.
 City Creve Coeur State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 16 / 2016
Transaction ID : 7799155
 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 39 OF 350
	<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. Jonathan P Garino MBA, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Stoke Road
 City Villanova State PA Zip Code 19085-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 16 / 2016
Transaction ID : 7799165
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Richard D Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 Overlook Rd
 City Orefield State PA Zip Code 18069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 16 / 2016
Transaction ID : 7799248
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Christopher W Maender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 Turtle Bay
 City Springfield State IL Zip Code 62711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799858
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 350
	<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. Douglas D Nowak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8602 54th PI W
 City Mukilteo State WA Zip Code 98275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799859
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Peter F Townsend MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Brandywine prkw suite 201
 City Wilmington State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware Ortho Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799861
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Eric L Hume MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 369 Penn Road
 City Wynnewood State PA Zip Code 19096-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U Penn Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799865
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 350
	<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. John P Nash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Turnberry Lane
 City State Zip Code
 Lookout Mountain GA 30750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chattanooga Bone & Joint Center 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 Y Y
 01 / 17 / 2016
Transaction ID : 7799871
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Laith A Farjo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 Hermitage
 City State Zip Code
 Ann Arbor MI 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Orthopaedic Specialists 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 Y Y
 01 / 17 / 2016
Transaction ID : 7799875
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ray Payne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Clearfield Ave Ste 124
 City State Zip Code
 Virginia Beach VA 23462-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2016
Transaction ID : 7799878
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 350
	<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. Michael Champine MD
Full Name (Last, First, Middle Initial)

Mailing Address 2928 Stanford Ave.

City Dallas State TX Zip Code 75225

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

Name of Employer Texas Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799880

Amount of Each Receipt this Period 1000.00

Memo Item

B. Kimberly Lee Furry MD
Full Name (Last, First, Middle Initial)

Mailing Address 41 Rio Vista Cir

City Durango State CO Zip Code 81301

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

Name of Employer Durango Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799882

Amount of Each Receipt this Period 1000.00

Memo Item

c. John Ignatius Kung MD
Full Name (Last, First, Middle Initial)

Mailing Address 21325 Windy Hill Dr

City Frankfort State IL Zip Code 60423

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

Name of Employer Premier Ortho & Hand Ctr Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2016
Transaction ID : 7799884

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 350
	<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

Full Name (Last, First, Middle Initial) A. George Christopher Galjour MD		Date of Receipt MM / DD / YYYY 01 / 17 / 2016 Transaction ID : 7799886
Mailing Address 586 Crosby Ln		Amount of Each Receipt this Period 1000.00
City Columbus	State MS	Zip Code 39701-8787
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mark T Wichman MD		Date of Receipt MM / DD / YYYY 01 / 17 / 2016 Transaction ID : 7800519
Mailing Address 4414 W River Willows Ct		Amount of Each Receipt this Period 250.00
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Aurora Advanced Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David K Solacoff MD		Date of Receipt MM / DD / YYYY 01 / 17 / 2016 Transaction ID : 7800523
Mailing Address 100 W. 10th Street, Suite 1109		Amount of Each Receipt this Period 500.00
City Wilmington	State DE	Zip Code 19801
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Casscells Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 350
	<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. Ramesh Gidumal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 East 74th Apt 2G
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 18 / 2016
Transaction ID : 7800533
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Joel Roger Politi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 South Columbia Ave
 City Columbus State OH Zip Code 43209-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 18 / 2016
Transaction ID : 7800616
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomas J Mathews MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 Forest Ridge Pkwy Ste 240
 City New Castle State IN Zip Code 47362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry County Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 19 / 2016
Transaction ID : 7801523
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 350
	<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. Robert P Good MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Steeplechase Ln
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 19 / 2016**
Transaction ID : 7801534
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Randeep S Kahlon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Hockessin Cir
 City Hockessin State DE Zip Code 19707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 19 / 2016**
Transaction ID : 7801536
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Paul Calvin Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 W Sandstone Ct
 City Boise State ID Zip Code 83702-6509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 19 / 2016**
Transaction ID : 7801539
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 350
	<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. Daniel Lister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2407 Evergreen Ln
 City Aberdeen State SD Zip Code 57401-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACMC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7801905
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Steven E Casey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Lawn Ave Ste 3
 City Sellersville State PA Zip Code 18960-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upper Buck Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7802030
 Amount of Each Receipt this Period 500.00
 Memo Item

C. James A Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7221 3rd Ave
 City Kenosha State WI Zip Code 53143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHSI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7802193
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 350
	<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. Carla S Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 E 24th Ave
 City Spokane State WA Zip Code 99203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 21 / 2016
Transaction ID : 7802195
 Amount of Each Receipt this Period 500.00
 Memo Item

B. John J McCrosson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2749 Fountainhead Way
 City Mt Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper St Francis Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 21 / 2016
Transaction ID : 7802201
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Richard B Schultz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4081 CR 233
 City Florence State TX Zip Code 76527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott & White Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 21 / 2016
Transaction ID : 7802210
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 350
	<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. Stephen M McCollam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Peachtree Rd NE Ste 705
 City Atlanta State GA Zip Code 30309-1476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2016
Transaction ID : 7802787
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Michael Gayle Klassen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1302
 City Monterey State CA Zip Code 93942-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804018
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jonathan P Keeve MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12410 E. Sinto Ave Suite 201
 City Spokane Valley State WA Zip Code 99216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NWOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804020
 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 49 OF 350
	<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. Gordon M Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 51455
 City Shreveport State LA Zip Code 71135-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highland Clinic Occupation 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804023
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Bruce T Henderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44555 Woodward Ste 407
 City Pontiac State MI Zip Code 48341-2965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804024
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Brian J McGinley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Caterham Ln
 City East Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island Bone & Joint Occupation 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804025
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 350
	<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. Inez M Kelleher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 N Country Club Ln
 City Biloxi State MS Zip Code 39532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Gulfport Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804026
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pietro M Tonino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 Keystone Ave
 City River Forest State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804029
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Julius Stephen Brecht MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Chatham Rd
 City Longmeadow State MA Zip Code 01106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New England Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804053
 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 51 OF 350
	<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. John Thomas Lynn II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Hillside Dr
 City Hollis State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804054
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. David Thull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10250 N 92nd St #114
 City Scottsdale State AZ Zip Code 85258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804055
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Jeffery A McMath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Bright Rd
 City Findlay State OH Zip Code 45840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Orthopaedics & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804057
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 350
	<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. Alfred Ainsley Durham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2954 Lockridge Rd
 City State Zip Code
 Roanoke VA 24014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lewis Gale Physicians Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804059
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Douglas S Musgrave MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 NW Fair Acres Dr
 City State Zip Code
 Vancouver WA 98685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rebound Orthopaedics 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804333
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Edward S Homan Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 St Augustine Ave
 City State Zip Code
 Tampa FL 33617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804334
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 350
	<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. Steven Tradonsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7485 Mission Valley Rd
 Ste 104
 City San Diego State CA Zip Code 92108
 Name of Employer California Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804336
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stephen C Weber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4440 Willard Way
 #319
 City Chevy Chase State MD Zip Code 20815
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804337
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cooper L Terry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 S Lamar Blvd
 City Oxford State MS Zip Code 38655-4732
 Name of Employer Oxford Orthopaedics & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804338
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 350
	<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. Thomas E Trumble MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7683 SE 27th St. #254
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804339
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. David B Thordarson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Hanley Ave.
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cedars Sinai Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804340
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Ajoy K Jana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17259 Valley Drive
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Methodist Physicians Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804342
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Samuel R Rosenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Bennington Dr
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APOS Occupation 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804344
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Michael Francis Harrer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4th floor
 999 Route 73 North
 City Marlton State NJ Zip Code 08053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804345
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jon A Simpson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4124 Taylors Chapel Rd
 City Crossville State TN Zip Code 38572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cumberland Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804379
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 350
	<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. Daniel I Singer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 South Beretania St
 Suite 750
 City Honolulu State HI Zip Code 96814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Assoc of Hawaii Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804381
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Brian Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4413 Highway 15
 City Silver City State NM Zip Code 88061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804382
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. William G Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8299 Glen Cove Ct
 City Alexandria State VA Zip Code 22308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804383
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 2400.00
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 57 OF 350
(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

Full Name (Last, First, Middle Initial)
A. Matthew J Kirsch MD

Mailing Address 1527 20th St NE

City Byron State MN Zip Code 55920-6019

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

Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804384

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Kenneth A Martin MD

Mailing Address # 5 Platt Ct

City Maumelle State AR Zip Code 72113

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

Name of Employer Martin Bowen Hefley Orthopaedi Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804385

Amount of Each Receipt this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Larry D Herron MD

Mailing Address 219 Indio

City Shell Beach State CA Zip Code 93449

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

Name of Employer Central Coast Orthopaedic Medicine Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804387

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 350
	<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. Edward L Morgan MD
Full Name (Last, First, Middle Initial)

Mailing Address 420 Regency Blvd

City Shreveport State LA Zip Code 71106

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

Name of Employer Willis Knighton Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804388

Amount of Each Receipt this Period 250.00

Memo Item

B. Edward J Bieber MD
Full Name (Last, First, Middle Initial)

Mailing Address 7407 Beverly Road

City Bethesda State MD Zip Code 20814

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

Name of Employer BCCOA Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804391

Amount of Each Receipt this Period 500.00

Memo Item

C. Raymond L Horwood MD
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Balmoral Way

City Westlake State OH Zip Code 44145

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804392

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 350
	<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. Donald Knapke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3744 Thatcher Dr #1
 City Rochester Hills State MI Zip Code 48309-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804394
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. David Vittetoe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24761 Timber Hills Ln
 City Adel State IA Zip Code 50003-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804395
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. J Lockwood Ochsner Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 Jefferson Ave.
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Clinic Foundation 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 Y Y
 01 / 20 / 2016
Transaction ID : 7804396
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 350
	<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. George F Chimento MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Chester St
 City State Zip Code
 Metairie LA 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804398
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. David M Henneghan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Shadow View Circle
 City State Zip Code
 Plover WI 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Klasinski Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 7804399
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Michael M Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Sturbridge Ln
 City State Zip Code
 Southport CT 06890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoConnecticut 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
 01 / 20 / 2016
Transaction ID : 7804400
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 350
	<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. David B Robie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic One Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804429
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robert Gordon Veith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Midland Rd
 City Medina State WA Zip Code 98039-5336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804430
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Craig Anthony Cummins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Spruce Rd
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake County Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804431
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 350
	<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. Douglas W Kiburz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5075 Hwy Y
 City Sedalia State MO Zip Code 65301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 01 / 20 / 2016
Transaction ID : 7804439
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Aram M Donigian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3846 Woodhurst Ct
 City Beavercreek State OH Zip Code 45430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kettering Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 20 / 2016
Transaction ID : 7804440
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Craig G Smucker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Oakland Ct
 City Newark State DE Zip Code 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 20 / 2016
Transaction ID : 7804441
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 350
	<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. Richard J D'Ascoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1028 Valerie Drive
 City Schenectady State NY Zip Code 12309-1630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SROA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804444
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Thomas G Craven MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7395 S 26th West Ave
 City Tulsa State OK Zip Code 74132-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central States Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804445
 Amount of Each Receipt this Period 203.00
 Memo Item

C. Michael P Nancollas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Melville Ct
 City Lenox State MA Zip Code 01240-2589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berkshire Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804449
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 703.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 350
	<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. William L Henrikus Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804450
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. John Kirk Drake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12018 Oak Hollow
 City Vancleave State MS Zip Code 39565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804451
 Amount of Each Receipt this Period 500.00
 Memo Item

C. John G Mowbray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 590 Kensington Farms Dr
 City Milton State GA Zip Code 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804453
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 350
	<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. Russell G Tigges MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Townsend Farm Road
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804454
 Amount of Each Receipt this Period 500.00
 Memo Item

B. William A Leone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 NE 27th Ave
 City Lighthouse Point State FL Zip Code 33064-8107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Cross Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804455
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Matthew J Bueche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1259 Rickert Dr Ste 101
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804457
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 350
	<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. James Michael Grimes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Orthopaedic Pl
 City Saint Augustine State FL Zip Code 32086-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of St Augustine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804458
 Amount of Each Receipt this Period 500.00
 Memo Item

B. James C Karegeannes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Skyview Dr
 City Asheville State NC Zip Code 28804-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804459
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Michael Alan MacKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedic Surgeons of Oak Ridge
 90 Vermont Ave Ste 300
 City Oak Ridge State TN Zip Code 37830-6478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Tennessee Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 20 / 2016
Transaction ID : 7804460
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1800.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 350
	<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. David A Halsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Proctor Kelly Lane
 City Shelburne State VT Zip Code 05482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Health Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804722
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Patrick G Kirk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8405 Eustisfarm Ln
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Christ Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804747
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Ward Sayre Oakley Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 63
 City Pinehurst State NC Zip Code 28370-0063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinehurst Surgical Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804748
 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 68 OF 350
	<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. Joseph W Clark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 Macon Drive
 City Huntsville State AL Zip Code 35802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804751
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Brian C Aamlid MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 W 18th Street Ste G01
 City Sioux Falls State SD Zip Code 57104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804752
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Andrew A Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14159 Beresford Rd
 City Beverly Hills State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Orthopedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804754
 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 69 OF 350
	<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. Gregory J Austin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Narragansett Bay Ave
 City Warwick State RI Zip Code 02889-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804782
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Thomas S Gorsche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1633 Dakota Drive
 City Waterloo State IA Zip Code 50701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVMS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804783
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kevin Charles Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 S. Wedgewood Rd
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NCSI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804785
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 350
	<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. John Marshall Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Shadelands Dr Ste 210
 City Walnut Creek State CA Zip Code 94598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804786
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Charles Cannon Edwards II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 N Wind Rd
 City Towson State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Maryland Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804790
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Matthew R Brand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Finger Lake Ortho Surgery
 300 Hoffman St
 City Elmira State NY Zip Code 14905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arnot Ogden Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7804791
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 OF 350 (check only one)
<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. Joseph E Slaphey Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 North Rivoli Farms Drive
 City Macon State GA Zip Code 31210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoGeorgia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804793
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Steven I Grindel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7615 N Beach Dr
 City Fox Point State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7804794
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Mark A Noffsinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9111 Pq Ave
 City Mattawan State MI Zip Code 49071-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borgess Health Alliance Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2016
Transaction ID : 7804828
 Amount of Each Receipt this Period
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 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 350
	<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. D Kay Kirkpatrick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2926 Ashebrooke Dr
 City Marietta State GA Zip Code 30068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2016
Transaction ID : 7804830
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Robert V Knowlan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2266 Morgan Ave N
 City West Lakeland State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 23 / 2016
Transaction ID : 7804834
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Robert J Benz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Linden Lake Road
 City Fort Collins State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Spine Ctr of Rockies Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2016
Transaction ID : 7819203
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mark A Dodson MD

Mailing Address 3444 Masonic Dr

City Alexandria State LA Zip Code 71301

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

Name of Employer Mid-State Orthopaedics & Sports Occupation 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
 01 / 25 / 2016
Transaction ID : 7820808

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregory Alexander Brown MD, PhD

Mailing Address 7690 Thornapple Club Dr SE

City Ada State MI Zip Code 49301-9435

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

Name of Employer Olympia Orthopaedic Associates Occupation 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
 01 / 25 / 2016
Transaction ID : 7821375

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mark E Baratz MD

Mailing Address 2000 Oxford Dr Suite 510

City Bethel Park State PA Zip Code 15102

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

Name of Employer University of Pittsburgh Medical Cente Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7823192

Amount of Each Receipt this Period
 500.00

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 74 OF 350
	<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. Junichi Tamai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 356 Warren Ave
 City Cincinnati State OH Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Childrens Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : 7824137
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Chris John Dangles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 W University Ave
 City Champaign State IL Zip Code 61821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson Area Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : 7824141
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Jeffrey R Kuhlman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 179 Arnold Palmer Dr
 City Advance State NC Zip Code 27006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Healthcare, PA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : 7824143
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 350
	<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. Humberto A Galleno MD

Full Name (Last, First, Middle Initial)
Mailing Address Inter-Community Prof Plaza
315 N 3rd Ave Ste 302

City Covina State CA Zip Code 91723-1916

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824144

Amount of Each Receipt this Period
 250.00

Memo Item

B. John A Papa MD

Full Name (Last, First, Middle Initial)
Mailing Address 1440 Hibiscus Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Occupation
Jewett Orthopaedic Clinic 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 Y Y
 01 / 22 / 2016
Transaction ID : 7824146

Amount of Each Receipt this Period
 500.00

Memo Item

C. James Vincent Bruno MD

Full Name (Last, First, Middle Initial)
Mailing Address 37832 Atkins Knoll

City Oconomowoc State WI Zip Code 53066-3921

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

Name of Employer Occupation
Fort Medical Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824149

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 350
	<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. Kent Jason Lowry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3746 N Faust Lake Rd
 City Rhinelander State WI Zip Code 54501
 Name of Employer Ascension Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824150
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robert A Gurtler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Ute Ave Unit 304
 City Aspen State CO Zip Code 81611
 Name of Employer Carle Clinic Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824152
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Brett Raymond Grebing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Schwarz Rd
 City Edwardsville State IL Zip Code 62025
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7824179
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 350
	<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. John Anthony DiPreta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824182
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Paul T Rud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15684 Birchwood Ln
 City Brainerd State MN Zip Code 56401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824184
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Xavier A Duralde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 Peachtree Road NE Suite 700
 City Atlanta State GA Zip Code 30309-1476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824185
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 350
	<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. Thomas J Nordstrom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Gateshead Drive
 City Bridgewater State NJ Zip Code 08807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824186
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Christopher T Donaldson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Donato Ct
 City Johnstown State PA Zip Code 15905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western PA Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824188
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Shelden L Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10720 E Cholla Ln
 City Scottsdale State AZ Zip Code 85259-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoArizona Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824189
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 350
	<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. Lana Kang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 E 76th St Apt 12B
 City New York State NY Zip Code 10021-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824190
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Rick W Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Orthopaedic Surgery 660 South Euclid Avenue, Campus Bo
 City Saint Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824196
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jerry L Followwill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1065 Westpark Ave
 City Victoria State TX Zip Code 77905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Victoria Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824198
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 350
	<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. David A Carrier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Hagen Dr Ste 110
 City Rochester State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824201
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Robert H Harrington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marsh Brook Dr Ste 205
 City Somersworth State NH Zip Code 03878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Ortho & Sports Medicine
 Occupation 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 Y Y
 01 / 22 / 2016
Transaction ID : 7824203
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Richard A Rubinstein Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2259 NE 31st
 City Portland State OR Zip Code 97212-5102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824204
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 350
	<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. Erik J Bruce MD
Full Name (Last, First, Middle Initial)
Mailing Address 365 Heritage loop
City Hutto State TX Zip Code 78634-3121
FEC ID number of contributing federal political committee. **C**
Name of Employer CHI Health Clinic Occupation Orthopaedic Surgeon
Self Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824207
Amount of Each Receipt this Period 500.00
 Memo Item

B. Karl Andrew Bergmann MD
Full Name (Last, First, Middle Initial)
Mailing Address 19255 Walnut St.
City Omaha State NE Zip Code 68130
FEC ID number of contributing federal political committee. **C**
Name of Employer CHI Health Clinic Occupation Orthopaedic Surgeon
CHI Health Clinic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824208
Amount of Each Receipt this Period 500.00
 Memo Item

C. Kourosh Korsh Jafarnia MD
Full Name (Last, First, Middle Initial)
Mailing Address 6400 Fannin St Suite 1700
City Houston State TX Zip Code 77030
FEC ID number of contributing federal political committee. **C**
Name of Employer UT Physicians Occupation Orthopaedic Surgeon
UT Physicians
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824243
Amount of Each Receipt this Period 500.00
 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 82 OF 350
	<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. Paul R Gregory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4627 King Ranch Place
 City Granite Bay State CA Zip Code 95746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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 Y Y
 01 / 22 / 2016
Transaction ID : 7824244
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mark W Diehl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Hazeltine Ln
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinnacle Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824245
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. David Mark Christensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 1301
 1411 Falls Ave East
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Intermountain Spine & Ortho Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 7824246
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 350
	<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. Carl R Weinert Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 W Stewart Dr Ste 508
 City Orange State CA Zip Code 92868-3856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824248
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Thomas P Gross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Southlake Road
 City Columbia State SC Zip Code 29223-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824250
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gregory L D'Angelo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3480 Yorkshire Medical Park
 City Lexington State KY Zip Code 40509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluegrass Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824252
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 350
	<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. Sean Lager MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 Leonard Street
Apt 6E

City New York State NY Zip Code 10013-4095

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

Name of Employer Gotham City Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 22 / 2016
Transaction ID : 7824253

Amount of Each Receipt this Period
500.00

Memo Item

B. Jeffrey Kleiner MD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6287

City Denver State CO Zip Code 80206-0287

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

Name of Employer Spine Consultants Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 22 / 2016
Transaction ID : 7824254

Amount of Each Receipt this Period
500.00

Memo Item

C. Todd V Swanson MD
Full Name (Last, First, Middle Initial)

Mailing Address 42 Meadowhawk Ln

City Las Vegas State NV Zip Code 89135-5201

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 22 / 2016
Transaction ID : 7824257

Amount of Each Receipt this Period
500.00

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 85 OF 350
	<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. Robert Elliot Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6016 Lazo Del Norte
 City Las Cruces State NM Zip Code 88011-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824258
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Peter F Sharkey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Rothman Institute
 1118 W Baltimore Pike Ste 302
 City Media State PA Zip Code 19063-6107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reconstruction Ortho. Assoc. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2016
Transaction ID : 7824259
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Daniel K Wilcox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 Tall Pines Ct
 City Petoskey State MI Zip Code 49770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7824435
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 350
	<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. Alan W Christensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Lincoln Circle
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7824954
 Amount of Each Receipt this Period 500.00
 Memo Item

B. William Rozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51116 Shamrock Hills Ct
 City Granger State IN Zip Code 46530-7824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Bend Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7824965
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Julie M Keller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Forest Hills Way
 City Cedar Grove State NJ Zip Code 07009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825183
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 350
	<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. Stefano Alec Bini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Wildwood Gdns
 City State Zip Code
 Piedmont CA 94611-3834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser Redwood City 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
 01 / 26 / 2016
Transaction ID : 7825185
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. William H Seitz Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1730 W 25th St
 City State Zip Code
 Cleveland OH 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic 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
 01 / 26 / 2016
Transaction ID : 7825187
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. John J McGraw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 Mill Springs Rd
 City State Zip Code
 New Market TN 37820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoTennessee 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
 01 / 25 / 2016
Transaction ID : 7825189
 Amount of Each Receipt this Period
 1000.00
 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 88 OF 350
	<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. Thomas J Dowling Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 763 Larkfield Rd 2nd Fl
 City Commack State NY Zip Code 11725-3131
 Name of Employer Long Island Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825190
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Alan S Hilibrand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 North Latches Lane
 City Merion Station State PA Zip Code 19066
 Name of Employer Reconstruction Ortho. Assoc. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825191
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kristoffer Meyers Breien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10977 57th St N
 City Lake Elmo State MN Zip Code 55042-9697
 Name of Employer Summit Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825192
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 350
	<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. Jason A Higgins MD
Full Name (Last, First, Middle Initial)

Mailing Address 102 Estates Dr

City Thibodaux State LA Zip Code 70301

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

Name of Employer OrthoLouisiana Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825193

Amount of Each Receipt this Period 250.00

Memo Item

B. Robert V Dawe MD
Full Name (Last, First, Middle Initial)

Mailing Address 75 Kings Hwy Cutoff Ste 100

City Fairfield State CT Zip Code 06430-6537

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

Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825195

Amount of Each Receipt this Period 500.00

Memo Item

C. Franklin Mirrer MD
Full Name (Last, First, Middle Initial)

Mailing Address 351 Elm Grove Ave

City Providence State RI Zip Code 02906

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825198

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 350
	<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. Patrick McNulty MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10981 Keymar Dr
 City Las Vegas State NV Zip Code 89135-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825200
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Daniel A Sheldon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 213
 601 North Flamingo Rd
 City Pembroke Pines State FL Zip Code 33028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825203
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Brian R Wolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Crabapple Ct
 City Iowa City State IA Zip Code 52246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825204
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 350
	<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. Richard A Kube MD
Full Name (Last, First, Middle Initial)

Mailing Address 212 W Ravinswood Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Occupation
Prairie Spine & Pain Institute Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 25 / 2016
Transaction ID : 7825206

Amount of Each Receipt this Period
1000.00

Memo Item

B. Donald H Rosenbaum DO
Full Name (Last, First, Middle Initial)

Mailing Address 118 Shadowood Dr

City Warner Robins State GA Zip Code 31088

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

Name of Employer Occupation
Dodge County Hospital Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 25 / 2016
Transaction ID : 7825208

Amount of Each Receipt this Period
250.00

Memo Item

c. John T Capo MD
Full Name (Last, First, Middle Initial)

Mailing Address 504 Observer Highway Unit 2

City Hoboken State NJ Zip Code 07030

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

Name of Employer Occupation
NYU Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
01 / 26 / 2016
Transaction ID : 7825281

Amount of Each Receipt this Period
350.00

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 92 OF 350
	<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. Bryan T Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 7825283
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. John Covey Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1551 S Renaissance Town Dr Ste 400
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 7825284
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Michael A Thorpe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2979 Squalicum Pkwy Ste 203
 City Bellingham State WA Zip Code 98225-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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 Y Y
 01 / 25 / 2016
Transaction ID : 7825297
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 350
	<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. William D Allen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 My Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Zanesville Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825298
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. William H Warden III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Ortho Surgical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825300
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Kenneth E Teter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 SW Kings Forest Rd
 City Topeka State KS Zip Code 66610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallgrass Orthopaedics and Sports Medi Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825305
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 350
	<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. Soheil Motamed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 42nd Ave
 City San Mateo State CA Zip Code 94403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Peak Orthopaedic Occupation 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 Y Y
 01 / 25 / 2016
Transaction ID : 7825307
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. David Blum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Dockside Circle
 City Weston State FL Zip Code 33327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCSF Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825308
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Nicholas G Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14916 122nd St N
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Orthopaedics Occupation 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 Y Y
 01 / 25 / 2016
Transaction ID : 7825309
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 350
	<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. William Bugbee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13219 Winstanley Way
 City San Diego State CA Zip Code 92130-1335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825311
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Patrick A Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Westview Terrace
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825315
 Amount of Each Receipt this Period **225.00**
 Memo Item

C. Harish Sadanand Hosalkar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15151 Almond Orchard Lane
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825316
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James C Vailas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Cortland Dr
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825317
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Joshua J Jacobs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2407 Pomona Ln
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825318
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Peter J Stern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5780 Drewry Farm Lane
 City Cincinnati State OH Zip Code 45267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Cincinnati Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825319
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 350
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<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. Charles M Blitzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Canney Rd
 City Durham State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825320
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Jesse Ellis Templeton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2906 Nottingham Drive
 City Parma State OH Zip Code 44134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825321
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Perry William Greene III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30575 N Woodward Ave Ste 100
 City Royal Oak State MI Zip Code 48073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oakland Orthopedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825322
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 350
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<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. David John Clark MD
Full Name (Last, First, Middle Initial)

Mailing Address 109 Lamplighter Ln

City Racine State WI Zip Code 53402

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

Name of Employer Occupation
Aurora Health Care Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 25 / 2016
Transaction ID : 7825323

Amount of Each Receipt this Period
500.00

Memo Item

B. Byron H Izuka MD
Full Name (Last, First, Middle Initial)

Mailing Address 98-1967 Wilou St

City Aiea State HI Zip Code 96701

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
01 / 27 / 2016
Transaction ID : 7825391

Amount of Each Receipt this Period
125.00

Memo Item

C. Byron H Izuka MD
Full Name (Last, First, Middle Initial)

Mailing Address 98-1967 Wilou St

City Aiea State HI Zip Code 96701

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 27 / 2016
Transaction ID : 7825393

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 350
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard D Guyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd #200
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2016
Transaction ID : 7825435
 Amount of Each Receipt this Period: 500.00
 Memo Item

B. David A Mattingly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Longwood Orthopedic Associates
 830 Boylston St Ste 106
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Longwood Orthopedic Associates
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 26 / 2016
Transaction ID : 7825436
 Amount of Each Receipt this Period: 1000.00
 Memo Item

C. Brian A Shaw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8340 Westwood Rd
 City Colorado Springs State CO Zip Code 80919-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UPI
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt: 01 / 26 / 2016
Transaction ID : 7825437
 Amount of Each Receipt this Period: 462.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1962.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Treg D Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Sunrise Trail
 City Carbondale State IL Zip Code 62902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OISI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825439
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Laura Lowe Tosi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3729 Harrison St, NW
 City Washington State DC Zip Code 20015-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNMC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825452
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gregory A Vrabec MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 579 White Tail Ridge Dr
 City Fairlawn State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron General Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825463
 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: PAGE 101 OF 350
(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. Mary Haus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Briarwood Dr
 City Jeannette State PA Zip Code 15644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Valley Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825464
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Samuel D Gerber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Ruggiero Way
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Surgical Associate Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825465
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Richard W Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Field Stone Lane
 City Tiverton State RI Zip Code 02878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primecare Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825466
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 350
	<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. Brian L Davison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8090 Crossgate Ct S
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic One Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825467
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. John C Richmond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Malcolm Street
 City Hingham State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Sports & Shoulder Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825468
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. William R Boulden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12499 University Ave # 210
 City Clive State IA Zip Code 50325-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Ortho Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2016**
Transaction ID : 7825469
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 350
	<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. Patricia McHale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15819 Glenmiro Dr
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Carolina Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825470
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Raymond M P Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 East Sawgrass Trail
 City State Zip Code
 Dakota Dunes SD 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CNOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825471
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Kent E Woo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Mcalpin Dr
 City State Zip Code
 Savannah GA 31406-8923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optim Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825472
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	3000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 350
	<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. C Lowry Barnes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 E. Palisades
 City Little Rock State AR Zip Code 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825473
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Stefan Ivan Strapko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Cherry Hollow Rd
 City Nashua State NH Zip Code 03062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825491
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James F Barwick Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Honey Pod Farm Rd
 City Washington State NC Zip Code 27889-5262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vidant Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825501
 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 105 OF 350
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kevin J Reagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Kennedy Dr
 City Putnam State CT Zip Code 06260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center of Bone & Joint Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825502
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. James Lee Knavel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 Peller Rd
 City Lake Geneva State WI Zip Code 53147-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825519
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Peter D Pizzutillo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 Bowman Ave
 City Wynnewood State PA Zip Code 19096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825521
 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 106 OF 350
	<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. David E Ede MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 Morris St Ste 104
 City Charleston State WV Zip Code 25301-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Healthcare Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825522
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stephen Edward Faust MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Presidents Point Drive Unit A3
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anne Arundel Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825524
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Andrew Gurman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Twelfth Ave Ste C-2
 City Altoona State PA Zip Code 16601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825525
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Roland Y Nakata MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 S Fairmont Ave
 City Lodi State CA Zip Code 95240-5116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825526
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Charles A Sommer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Wagon Dr
 City Wilbraham State MA Zip Code 01095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harrington Physician Services Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825530
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Randall Duane Roush MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Summer Blossom Place
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SSM Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 7825531
 Amount of Each Receipt this Period
 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 350
	<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. Dori N Cage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4105 Alameda Dr
 City San Diego State CA Zip Code 92103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825533
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Todd Michael Oliver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8295 W Hwy UU
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2016
Transaction ID : 7825534
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Joel Wolfe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6645 Forest Beach Dr
 City Holland State MI Zip Code 49423-8993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shoreline Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825585
 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 109 OF 350
	<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. Vincent E Vena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Waterfall Dr
 City Johnstown State PA Zip Code 15906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western PA Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825586
 Amount of Each Receipt this Period 250.00
 Memo Item

B. William John Jason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12212 Cortez Boulevard
 City Brooksville State FL Zip Code 34613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825591
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Scott P Schemmel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Pamela Court
 City Dubuque State IA Zip Code 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Associates Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825594
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 350
	<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. Ferdinand J Liotta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Blake Ave
 City State Zip Code
 Glenwood Springs CO 81601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley View Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 7825596
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Michael David Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 N Camino Katrina
 City State Zip Code
 Tucson AZ 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Orthopedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 7825597
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Nicholas Benjamin Bruggeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22626 Atwood Ave
 City State Zip Code
 Elkhorn NE 68022-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 7825598
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 350
(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. Ronald K Robinson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2715 W Kettleman Lane
Suite 203-349

City Lodi State CA Zip Code 95242

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

Name of Employer Sutter Gould Med Foundation Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2016
Transaction ID : 7825599

Amount of Each Receipt this Period 500.00

Memo Item

B. William E Schobert MD
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Newport Blvd
Suite 445

City Costa Mesa State CA Zip Code 92627

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2016
Transaction ID : 7829520

Amount of Each Receipt this Period 500.00

Memo Item

C. John N Hall MD
Full Name (Last, First, Middle Initial)

Mailing Address 3196 Turnberry Circle

City Charlottesville State VA Zip Code 22911

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7866464

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 350
	<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. Kent R Adamson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7866466
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brian Keith Vickaryous MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Lakeview Oaks Drive
 City Longwood State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7867127
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jason Kirk Lowry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Orthopedic Way
 City Arlington State TX Zip Code 76015-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7869758
 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 113 OF 350
	<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. Franklin H Sim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Woodland Dr SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7873447
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brian J Galinat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Hillside Rd
 City Greenville State DE Zip Code 19807-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2016
Transaction ID : 7874616
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Timothy S Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 43854 Kittiwake Dr
 City Leesburg State VA Zip Code 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Sports Med Inst. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2016
Transaction ID : 7874622
 Amount of Each Receipt this Period 500.00
 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 114 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Maneesh Bawa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1064 Diamond St
 City San Diego State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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 Y Y
 01 / 31 / 2016
Transaction ID : 7874624
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Robert M Orfaly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13593 Streamside Dr
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Health & Science University Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 7874626
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. John W Durham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 W Fir Ave
 City Flagstaff State AZ Zip Code 86001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Arizona Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7874822
 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: PAGE 115 OF 350
(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

Full Name (Last, First, Middle Initial)
A. Magdiel Mayol-Urdaz MD

Mailing Address Vereda #5 URB Monte Verde Real

City San Juan State PR Zip Code 00926-5985

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : 7874825

Amount of Each Receipt this Period
 450.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ryan C Meis MD

Mailing Address 466 Firethorn Trail

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer Occupation
 CNOS Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : 7874835

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Craig S Roberts MD, MBA

Mailing Address 5803 Apache Rd

City Louisville State KY Zip Code 40207

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

Name of Employer Occupation
 Univ of Louisville Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : 7874837

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 350
	<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. Robert E Bayless MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Laurel Ln
 City Southlake State TX Zip Code 76092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7874838
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Steven B Wertheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Stratton Chase NW
 City Atlanta State GA Zip Code 30328-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 7874849
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. James K Mantone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 8th Ave NW Ste A
 City Aberdeen State SD Zip Code 57401-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Center of the Dakotas 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 Y Y
 01 / 28 / 2016
Transaction ID : 7874850
 Amount of Each Receipt this Period
 500.00
 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 117 OF 350
	<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. Jeffrey C Dick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18709 Ridgewood Rd
 City State Zip Code
 Deephaven MN 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Twin Cities Orthopaedics 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
 01 / 28 / 2016
Transaction ID : 7874853
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Hugh A Frederick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6330 Prestonshire Drive
 City State Zip Code
 Dallas TX 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 01 / 29 / 2016
Transaction ID : 7876482
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Vincent P Genovese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Burkley Dr
 City State Zip Code
 Greenville AL 42345-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Owensboro Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 7876484
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 350
	<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. David B Coward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 K St Ste 310
 City Sacramento State CA Zip Code 95816-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sacramento Knee & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876486
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Michael Robson Fraser Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 Olney Street
 City San Diego State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876488
 Amount of Each Receipt this Period 250.00
 Memo Item

C. John P K Featheringill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 Grand Rock Ln
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Sports Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876583
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 350
	<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. Marlen S Strefling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Stonebrook
 City Brownwood State TX Zip Code 76801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876585
 Amount of Each Receipt this Period 300.00
 Memo Item

B. William A Jiranek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4066 Old River Tr
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876587
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Stephen D Helper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29001 Cedar Rd Ste 519
 City Lyndhurst State OH Zip Code 44124-4041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 7876588
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 120 OF 350
	<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. Joel H Hurt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7503 Stonecliff Dr
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877143
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Abdul Foad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19152 247th Avenue
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877145
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ralph M Costanzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 Gregory Drive N
 City Billings State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoMontana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877146
 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 121 OF 350
	<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. Gregg Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Russell Rd
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Ortho & Sports Med Inst Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877148
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Michael Rowland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Summer Path Way
 City Pembroke State MA Zip Code 02359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877149
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Robert J Hagen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 S Creasy Ln Ste 120
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 7877150
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 350
	<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. Paul E Papierski MD
Full Name (Last, First, Middle Initial)

Mailing Address 913 S Dryden Pl

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : 7877154

Amount of Each Receipt this Period
300.00

Memo Item

B. Gregory A Mencio MD
Full Name (Last, First, Middle Initial)

Mailing Address 906 Riverbend Rd

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
Vanderbilt University 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
02 / 01 / 2016
Transaction ID : 7877506

Amount of Each Receipt this Period
1000.00

Memo Item

C. Justin R Kauk MD
Full Name (Last, First, Middle Initial)

Mailing Address 919 Steel Dust Rd

City State Zip Code
Frisco TX 75034

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

Name of Employer Occupation
Hinsdale Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2016
Transaction ID : 7878117

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 123 OF 350
	<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. Adolph Samuel Flemister Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Elmwood Ave Box 665
 City Rochester State NY Zip Code 14642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879170
 Amount of Each Receipt this Period 250.00
 Memo Item

B. David J Caucci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Stoney Creek Road
 City S Abington Twp State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Memorial Healthcare System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879228
 Amount of Each Receipt this Period 250.00
 Memo Item

C. J Bohannon Mason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Hermitage Rd
 City Charlotte State NC Zip Code 28207-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879230
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 350
	<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. Michael R Schuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10061 Oak Springs Trail
 City Franktown State CO Zip Code 80116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879231
 Amount of Each Receipt this Period 500.00
 Memo Item

B. C Perry Cooke III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6797 Knollwood Rd
 City Fayetteville State NY Zip Code 13066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879232
 Amount of Each Receipt this Period 500.00
 Memo Item

C. David B Lumsden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2422 Golupski Road
 City Baltimore State MD Zip Code 21221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879234
 Amount of Each Receipt this Period 500.00
 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 125 OF 350
	<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. Bruce Leon Greene MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Pembroke Lane

City Ithaca State NY Zip Code 14850

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

Name of Employer Guthrie Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879236

Amount of Each Receipt this Period 250.00

Memo Item

B. Michael A Wasylik MD
Full Name (Last, First, Middle Initial)

Mailing Address 2919 Swann Ave Ste 201

City Tampa State FL Zip Code 33609-4050

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879239

Amount of Each Receipt this Period 1000.00

Memo Item

c. Antonio A de la Cruz MD
Full Name (Last, First, Middle Initial)

Mailing Address Calle Poppy B-17 Parque Forestal

City SAN JUAN State PR Zip Code 00926

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879278

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 126 OF 350
	<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

Full Name (Last, First, Middle Initial) A. Benjamin Gulli MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 Transaction ID : 7879293
Mailing Address 3366 Oakdale Avenue North Suite 103		Amount of Each Receipt this Period 1000.00
City Robbinsdale	State MN	Zip Code 55422
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. C Thomas Hopkins MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 Transaction ID : 7879294
Mailing Address 717 S. 8th Street		Amount of Each Receipt this Period 250.00
City Griffin	State GA	Zip Code 30224
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer OrthoGeorgia	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Daniel E Murphy MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 Transaction ID : 7879298
Mailing Address 602 S Howard Ave		Amount of Each Receipt this Period 375.00
City Tampa	State FL	Zip Code 33606-2413
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Tampa Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 350
	<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. Linda J Rasmussen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 Kanaha St
 City Kailua State HI Zip Code 96734
 Name of Employer Occupation
 Woodward Ortho Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 7879299
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Todd Busse Orvald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-2950
 Name of Employer Occupation
 Orthopaedics Northwest PLC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879314
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Christopher John Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 W Chaucer
 City Spokane State WA Zip Code 99208-8675
 Name of Employer Occupation
 Spokane Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879316
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 350
	<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. Richard A Cautilli Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Pin Oak Dr
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COSS Occupation 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 Y Y
 02 / 02 / 2016
Transaction ID : 7879317
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Richard Layfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12722 Clifton Heights Lane
 City Clifton State VA Zip Code 20124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nova Ortho and Spine Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879323
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ian Lin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Foster Dr
 City Des Moines State IA Zip Code 50312-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879324
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 350
	<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. Jack R Steel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Fern Street
 City Huntington State WV Zip Code 25701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879325
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Michael Betsy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Sparrowbush Rd
 City Upper Saddle River State NJ Zip Code 07458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879326
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James D McKinney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Brown's Mill Rd
 City Cookeville State TN Zip Code 38506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tier One Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879327
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 350
	<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. Richard M Bochner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Tara Drive
 City Roslyn State NY Zip Code 11576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwell Health Occupation 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
 02 / 01 / 2016
Transaction ID : 7879343
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. John A Gracy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 92 Dallon Lane
 City Ringgold State GA Zip Code 30736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 7879345
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Upshur M Spencer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9124 Gloralee St
 City Anchorage State AK Zip Code 99502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 7879346
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 350
	<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. Daniel R Ripa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 S 98th St
 City Lincoln State NE Zip Code 68520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : 7879349
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Arthur F Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Drake Road
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Orthopaedic Consultants of Cincinnati
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : 7879350
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Jeffrey D Thomson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Fitzwilliam Park
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Connecticut Children's Specialty Group
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : 7879351
 Amount of Each Receipt this Period: 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 350
(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. Jeffrey H Berg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Town Center Dr Ste 300
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Town Center Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879352
 Amount of Each Receipt this Period 250.00
 Memo Item

B. John R Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Suwanee Court
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879354
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Peter W Gilmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 Moore's Mill Rd
 City Rougemont State NC Zip Code 27572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triangle Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879359
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 350
	<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. Matthew Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 E 72nd St Apt 9C
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879360
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jeffrey M Colbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Attn Fay 4644 Lincoln Blvd #530
 City Marina Del Rey State CA Zip Code 90292-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879361
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jeffrey John Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 O'Connor Dr
 City San Jose State CA Zip Code 95128-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016
Transaction ID : 7879362
 Amount of Each Receipt this Period 500.00
 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 134 OF 350
	<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. Eugene D DellaMaggiore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Sierra Ave
 City San Jose State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 7879364
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brian Powers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 447 Office Plaza
 600 Plaza Court Ste C
 City East Stroudsburg State PA Zip Code 18301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879425
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Andrew Stuart Levy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Park Ave
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Advanced Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : 7879426
 Amount of Each Receipt this Period
 1000.00
 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 135 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jesse Cole Botker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Hidden Oaks Circle
 City Mankato State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Fracture Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2016
Transaction ID : 7879427
 Amount of Each Receipt this Period 250.00
 Memo Item

B. David Teuscher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Thomas Rd
 City Beaumont State TX Zip Code 77706-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 03 / 2016
Transaction ID : 7882854
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ryan Edward Will MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 60th Ave NW
 City Gig Harbor State WA Zip Code 98335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multicare Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 03 / 2016
Transaction ID : 7883287
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 350
	<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. Daniel K. Guy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Country Club Rd
 City Lagrange State GA Zip Code 30240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : 7883289
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. W Stanley Foster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Valerie Dr
 City Lafayette State LA Zip Code 70508-6008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette General Health Ventures Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016
Transaction ID : 7883921
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Michael Paul Chapman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Prince Phillip Dr
 City Dubuque State IA Zip Code 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Associates of Dubuque Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016
Transaction ID : 7883923
 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 137 OF 350
	<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. Robert S Sterling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Stream Valley Garth
 City Owings Mills State MD Zip Code 21201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7883924
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Isador H Lieberman MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd Ste 200 Scoliosis and Spine Tumor Center
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Back Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7883925
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Regis Louis Renard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Farnham Loop
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7883926
 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 138 OF 350
	<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. Robert Douglas Bostick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7884347
 Amount of Each Receipt this Period 500.00
 Memo Item

B. David Eli Rojer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Walton Rd
 City Maplewood State NJ Zip Code 07040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union County Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 05 / 2016
Transaction ID : 7885174
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Howard G Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 199 Ledge View Drive
 City Huntsville State AL Zip Code 35802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885233
 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 139 OF 350
	<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. Peter J Mandell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1663 Rollins Rd

City State Zip Code
Burlingame CA 94010

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2016
Transaction ID : 7885234

Amount of Each Receipt this Period
3000.00

Memo Item

B. Kirk Kindsfater MD
Full Name (Last, First, Middle Initial)

Mailing Address 16285 CR 76

City State Zip Code
Eaton CO 80615

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2016
Transaction ID : 7885235

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hugo Banda Sanchez MD, PhD
Full Name (Last, First, Middle Initial)

Mailing Address 5116 Cliffrose Lane

City State Zip Code
Fort Worth TX 76109

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

Name of Employer Occupation
UNT Health Science Center Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2016
Transaction ID : 7885236

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 350
	<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. James O Maher III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Peckham Ave
 City Newport State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885237
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Douglas Peter Galuk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1740 Riverwood Ln
 City Wisconsin Rapids State WI Zip Code 54494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wisconsin River Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885238
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Richard T Laughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Cleek Springs Ct
 City Beavercreek State OH Zip Code 45440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885240
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 350
	<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. Elliott Nelson Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6880 SW 101st St
 City Miami State FL Zip Code 33156-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 02 / 04 / 2016
Transaction ID : 7885241
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brett R Bolhofner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 4th St N
 City Saint Petersburg State FL Zip Code 33703-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer All Florida Orthopaedic Associates
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2016
Transaction ID : 7885282
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Paul G Melaragno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3288 Scioto Run Blvd
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic One
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2016
Transaction ID : 7885283
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 350
	<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. Joseph M Lane MD
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 86th St Apt 14F

City New York City State NY Zip Code 10028

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

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885285

Amount of Each Receipt this Period 500.00

Memo Item

B. Joseph E Mumford MD
Full Name (Last, First, Middle Initial)

Mailing Address 3110 SW Briarwood Circle

City Topeka State KS Zip Code 66611

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

Name of Employer Stormont Vail Healthcare Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885293

Amount of Each Receipt this Period 500.00

Memo Item

C. Alex B Bodinstab MD
Full Name (Last, First, Middle Initial)

Mailing Address 105 Fawn Lane

City Chadds Ford State PA Zip Code 19317

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

Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885295

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 350
	<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. Richard M Little MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1313
 City Spearfish State SD Zip Code 57783-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885296
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Anthony Festa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Laurel Hill Rd
 City Mountain Lakes State NJ Zip Code 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885297
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885298
 Amount of Each Receipt this Period 250.00
 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 144 OF 350
	<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. Constantine Charoglu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Waterford Drive
 City Hattiesburg State MS Zip Code 39402-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Bone & Joint Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2016**
Transaction ID : 7885300
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. William J Krywicki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Pinecone Lane
 City Shavertown State PA Zip Code 18708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 04 / 2016**
Transaction ID : 7885303
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Richard M Bochner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Tara Drive
 City Roslyn State NY Zip Code 11576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwell Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2016**
Transaction ID : 7885304
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 350
	<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. Joseph Andrew Mannino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Tamarack Lane
 City Trumansburg State NY Zip Code 14886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cayuga Med Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885310
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Leon P Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Barefoot Beach Blvd
 City Bonita Springs State FL Zip Code 34134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885311
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. James J Dietz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1156 Yorkshire
 City Grosse Pointe Park State MI Zip Code 48230-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 7885321
 Amount of Each Receipt this Period 500.00
 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 146 OF 350
	<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. Laurie O Hughes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Kings Arms Rd
 City Little Rock State AR Zip Code 72227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Arkansas Veterans Heal Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2016
Transaction ID : 7885634
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 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 Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2016
Transaction ID : 7885635
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Adrian B Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13000 Birch Road
 City Anchorage State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2016
Transaction ID : 7891201
 Amount of Each Receipt this Period
 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1675.00
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 147 OF 350
(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. Charles F Leinberry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Worstall Alley
 City Newtown State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2016
Transaction ID : 7891203
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Charles E Cook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 Bonham Court
 City Irving State TX Zip Code 75038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7896133
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Charles D Hummer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1157 Avonlea Circle
 City Glen Mills State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7897590
 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 148 OF 350
	<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. Damian Michael Andrisani MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Springbrook Ln
 City Newark State DE Zip Code 19711
 Name of Employer Delaware Ortho Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2016
Transaction ID : 7898864
 Amount of Each Receipt this Period 250.00
 Memo Item

B. M Angela Mayeux MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W Pinhook Rd Ste 305
 City Lafayette State LA Zip Code 70503
 Name of Employer Lafayette General Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901383
 Amount of Each Receipt this Period 500.00
 Memo Item

C. James D Slover MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 East 33rd Street Apt 8A
 City New York State NY Zip Code 10016-7612
 Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901384
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 350
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. William V Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 Randolph Road
 City Meadowbrook State PA Zip Code 19046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 09 / 2016**
Transaction ID : 7901385
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. David Victor Mungo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11218 Clapsaddle Ave NE
 City Alliance State OH Zip Code 44601-9765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AIMM Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2016**
Transaction ID : 7901386
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Andrew W Parker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 E Hale Pkwy Ste 550
 City Denver State CO Zip Code 80220-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2016**
Transaction ID : 7901387
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 350
	<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. Robert L Welch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 Downers Dr
 City Downers Grove State IL Zip Code 60515-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dupage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901389
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Jeffrey M LaPorte MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5202 Laree Ct
 City Missoula State MT Zip Code 59803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901400
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. John R Dorris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Millledge Circle
 City Athens State GA Zip Code 30606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Athens Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901402
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1800.00**
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 151 OF 350
(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. Christopher J Spagnuolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 Grange Avenue
 City State Zip Code
 Fair Haven NJ 07704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Seaview Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901403
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Stephane Lavoie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Lake Harbor Drive
 City State Zip Code
 Deland FL 32724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 02 / 09 / 2016
Transaction ID : 7901404
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Yamil C Rivera MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Monte Verde Real Vereda 20
 City State Zip Code
 San Juan PR 00926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901430
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 350
	<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. Jonathan Daniel Scherl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Evergreen Pl
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901433
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Baron Lonner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Second Avenue Suite 7A
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901434
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Alan J Dayan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1864 E 24th St
 City Brooklyn State NY Zip Code 11229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 02 / 09 / 2016
Transaction ID : 7901435
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 153 OF 350
	<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. Ravi Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Ladino Rd
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Group Occupation 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
 02 / 09 / 2016
Transaction ID : 7901485
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Craig H Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Champlain Dr
 City Voorhees Township State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cooper Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901488
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Jay M Lipke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10301 Kanis Rd
 City Little Rock State AR Zip Code 72205-6205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoArkansas Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : 7901489
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 154 OF 350
	<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. Larry Benz Marti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12110 State Rt CC
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901490
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Robert Allen Mileski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8555 E Voltaire
 City Scottsdale State AZ Zip Code 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901493
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Jeffrey C King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7665 Finnagen Dr
 City Mattawan State MI Zip Code 49071-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901494
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 155 OF 350
	<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. Alfred J Coppola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Vista Verde Way
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901495
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Christopher W Olcott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Dairy Glen Rd
 City Chapel Hill State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Carolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901496
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas Atkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5N105 Burr Rd
 City Saint Charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901497
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 350
	<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. Rodney Alan Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 1776 W Highland Ave

City State Zip Code
Wooster OH 44691-9070

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

Name of Employer Occupation
Wooster Orthopaedic & Sports Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2016
Transaction ID : 7901498

Amount of Each Receipt this Period
250.00

Memo Item

B. Thomas O Clanton MD
Full Name (Last, First, Middle Initial)

Mailing Address 181 W Meadow Dr Suite 200

City State Zip Code
Vail CO 81657

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2016
Transaction ID : 7901499

Amount of Each Receipt this Period
500.00

Memo Item

C. Simon Mears MD
Full Name (Last, First, Middle Initial)

Mailing Address 4301 W Markham St

City State Zip Code
Little Rock AR 72205

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

Name of Employer Occupation
UAMS Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2016
Transaction ID : 7901500

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 350
	<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. Joseph W Pulekines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Cedar Ridge Drive
 City London State KY Zip Code 40744
 Name of Employer Baptist Health Corbin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901501
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Timothy Charles Fitzgibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9824 Nottingham Dr
 City Omaha State NE Zip Code 68114
 Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : 7901504
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Michael E Ayers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Crescent Ave
 City Scituate State MA Zip Code 02066
 Name of Employer South Shore Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2016
Transaction ID : 7901635
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 350
	<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. Stephen William Samelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 365 Timberlane Rd
 City State Zip Code
 Pike Road AL 36064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Ortho Surgeons 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
 02 / 11 / 2016
Transaction ID : 7901636
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kurre Thomas Lubner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Rayner Rd
 City State Zip Code
 Oxford MS 38655-2521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oxford Orthopaedics & Sports Medicine 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
 02 / 11 / 2016
Transaction ID : 7902429
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jay E Jolley II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Citico Ave
 City State Zip Code
 Chattanooga TN 37406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2016
Transaction ID : 7902545
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 350
	<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. Fred C Redfern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2218 Chatsworth Court
 City Henderson State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2016
Transaction ID : 7903622
 Amount of Each Receipt this Period: 1000.00
 Memo Item

B. Michael A Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: University Orthopedic Specialists
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 13 / 2016
Transaction ID : 7904115
 Amount of Each Receipt this Period: 250.00
 Memo Item

c. Craig W Goodhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2708 Creek View Dr
 City Flower Mound State TX Zip Code 75022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: OrthoTexas
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 14 / 2016
Transaction ID : 7904517
 Amount of Each Receipt this Period: 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 350
(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. Craig Dunwoody Cameron DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Big Holley Drive
 City State Zip Code
 Martinez GA 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Department of the Army Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2016
Transaction ID : 7904519
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Victor R Kalman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Summerknoll Circle
 City State Zip Code
 Newark DE 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2016
Transaction ID : 7904523
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Timothy Allen Gibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Springview Drive
 City State Zip Code
 Mason City IA 50401-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016
Transaction ID : 7904676
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel C Farber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Maryland School of Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905320
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Michael Edward Pollack MD
 Full Name (Last, First, Middle Initial)
 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 MidJersey Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905522
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Martin Boublik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 614 Cliffgate Lane
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905523
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 350
	<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. Young Jo Kim MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hunnewell 2
 300 Longwood Ave
 City Boston State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Children's Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905524
 Amount of Each Receipt this Period
500.00
 Memo Item

B. Bryan D Den Hartog MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Parkway
 City West Des Moines State IA Zip Code 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905525
 Amount of Each Receipt this Period
750.00
 Memo Item

C. John A Lombardi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 Big Rail Dr
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905526
 Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 350
	<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. Shepard R Hurwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Silver Cedar Ct Ste 100
 City Chapel Hill State NC Zip Code 27514-1585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : 7905527
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

Date of Receipt **02 / 12 / 2016**
Transaction ID : 7905529
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Jeffrey R Ginther MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13827 Driftwood Dr
 City Carmel State IN Zip Code 46033-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : 7905530
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 164 OF 350
(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. Daniel E Matthews MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Augusta Ct
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedic Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905542
 Amount of Each Receipt this Period 500.00
 Memo Item

B. David L Wiest MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 11th Street South #209
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905543
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James D Capozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Meadow Lane
 City East Williston State NY Zip Code 11596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winthrop University Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905544
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 350
<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 G Birch MD
Full Name (Last, First, Middle Initial)

Mailing Address 9107 Brady Drive

City Dallas State TX Zip Code 75243

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905551

Amount of Each Receipt this Period 1000.00

Memo Item

B. Kevin E Coates MD
Full Name (Last, First, Middle Initial)

Mailing Address 9344 Ingleside Farm N

City Germantown State TN Zip Code 38139

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

Name of Employer MSK Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905552

Amount of Each Receipt this Period 1000.00

Memo Item

C. Joseph T Moskal MD
Full Name (Last, First, Middle Initial)

Mailing Address 4940 FawnDell Rd

City Roanoke State VA Zip Code 24018

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

Name of Employer Carilion Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905553

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 350
	<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. Jeffrey R Ginther MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13827 Driftwood Dr
 City Carmel State IN Zip Code 46033-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905554
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gregory B Krivchenia II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Grand Central Ave. Suite 6
 City Vienna State WV Zip Code 26105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905556
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. John J Callaghan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedics
 200 Hawkins Dr / 01029 JPP
 City Iowa City State IA Zip Code 52242-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905557
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 167 OF 350
(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. Kevin James Kulwicki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hunter Street
 City Lantana State TX Zip Code 76226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : 7905558
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Baron Lonner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Second Avenue Suite 7A
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : 7905571
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dante A Brittis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Center St
 City Southport State CT Zip Code 06890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSG 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 Y Y
 02 / 16 / 2016
Transaction ID : 7905572
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 350
	<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. Vincent K McInerney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Valley Road
 Suite 200
 City Wayne State NJ Zip Code 07470
 Name of Employer New Jersey Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905573
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Alexandre Barbosa de Moura MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Merrick Ave
 City Westbury State NY Zip Code 11590-6608
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905574
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jeffrey Todd Brodie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Hambleton Court
 City Baltimore State MD Zip Code 21208
 Name of Employer University of Maryland Medical System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905577
 Amount of Each Receipt this Period 500.00
 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 169 OF 350
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert D Haar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 5th Ave
 Apt 9B
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : 7905578
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Donn A Fassero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 E. Briggsmore Avenue
 City Modesto State CA Zip Code 95355-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Gould Med Foundation 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
 02 / 16 / 2016
Transaction ID : 7905579
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ana K Palmieri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9716 Legends Dr
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 02 / 12 / 2016
Transaction ID : 7905596
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 350
	<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. Jeffrey B Burnette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8252 Seven Mile Dr
 City State Zip Code
 Ponte Vedra FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCA Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905597
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. R Scott Oliver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Plymouth Bay Orthopedic Associates
 95 Tremont Ste One
 City State Zip Code
 Duxbury MA 02332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905598
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Patrick J Halpin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3125 Anchor Ln NW
 City State Zip Code
 Olympia WA 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905599
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 350
(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. William F Tucker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 Southwestern Blvd.
 City State Zip Code
 Dallas TX 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 7905600
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Stephen Cunningham Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5824 Widewaters Parkway
 City State Zip Code
 East Syracuse NY 13057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Syracuse Orthopedic Specialists 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
 02 / 12 / 2016
Transaction ID : 7905603
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mathias A Masem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Grand Ave #600
 City State Zip Code
 Oakland CA 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 02 / 12 / 2016
Transaction ID : 7905606
 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 172 OF 350
	<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. Ali Reza Motamedi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2455 Dunstan Rd Apt 349
 City Houston State TX Zip Code 77005-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905607
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Paul David Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5126 E 106th St
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 7905610
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mark C Pinto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7905923
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 350
	<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. William E Carlson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 SE Tuscan Ln
 City State Zip Code
 Stuart FL 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Florida Orthopaedics 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
 02 / 17 / 2016
Transaction ID : 7906171
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. John Paul Houde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 175
 City State Zip Code
 Meriden NH 03770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alice Peck Day Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : 7906527
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Andre H Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Willowbrook Road
 Suite 2
 City State Zip Code
 Queensbury NY 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : 7906867
 Amount of Each Receipt this Period
 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 350
	<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. Stephen R Goll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Pinetree Rd
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation 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 Y Y
 02 / 16 / 2016
Transaction ID : 7908301
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Randy Steven Schwartzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Arrowhead Court
 City Winter Springs State FL Zip Code 32708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation 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 Y Y
 02 / 16 / 2016
Transaction ID : 7908302
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Samuel S Blick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8707 Southern Breeze Dr
 City Orlando State FL Zip Code 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation 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 Y Y
 02 / 16 / 2016
Transaction ID : 7908303
 Amount of Each Receipt this Period
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 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 175 OF 350
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven Weber DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 West Crystal Lake St Ste 200
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**
Transaction ID : 7908304
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Eric Gunn Bonenberger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10539 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**
Transaction ID : 7908305
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Bradd Burkhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Legion Drive
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2016**
Transaction ID : 7908306
 Amount of Each Receipt this Period **500.00**
 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 176 OF 350
	<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. Craig P Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 Spring Lake Dr
 City Orlando State FL Zip Code 32804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908307
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bryan Lee Reuss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 476 Sylvan Dr
 City Winter Park State FL Zip Code 32789-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908308
 Amount of Each Receipt this Period 900.00
 Memo Item

C. G Grady McBride MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 Palmer Ave
 City Winter Park State FL Zip Code 32789-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908309
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 350
	<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. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908310
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Stanley J Kupiszewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Apache Trail
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908363
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bradley Christopher Daily MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Red Fox Lane
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Clinic of Salina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908367
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dennis P Rivero MD

Mailing Address 8177 S Harvard St #533

City State Zip Code
Tulsa OK 74137

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2016
Transaction ID : 7908369

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Steven Arthur Herbst MD

Mailing Address 8620 S County Rd 560 E

City State Zip Code
Selma IN 47383

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

Name of Employer Occupation
Central Indiana Orthopedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2016
Transaction ID : 7908371

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Peter C Amadio MD

Mailing Address 200 1st St S W

City State Zip Code
Rochester MN 55905

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

Name of Employer Occupation
Mayo Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2016
Transaction ID : 7908374

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 350
	<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. George E Lewinnek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Trillium Ct
 City Lunenburg State MA Zip Code 01462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2016
Transaction ID : 7908377
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Randall L Davidson Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 200
 1050 N James Campbell Blvd
 City Columbia State TN Zip Code 38401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middle Tennessee Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016
Transaction ID : 7909041
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gregory M Hrasky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2767
 City Scottsdale State AZ Zip Code 85252-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1016.00

Date of Receipt 02 / 18 / 2016
Transaction ID : 7910333
 Amount of Each Receipt this Period 1016.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1516.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 350
	<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. Benjamin James Hackett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7808 Bluebell Ln
 City Wausau State WI Zip Code 54401-8444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 18 / 2016
Transaction ID : 7910355
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Donald A Hackbarth Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 18 / 2016
Transaction ID : 7910744
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brian A Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 Highknob Circle
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911430
 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: PAGE 181 OF 350
(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. Vermont Sims Esplin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite B
 560 Memorial Dr
 City Pocatello State ID Zip Code 83201
 Occupation Orthopaedic Surgeon
 Name of Employer Idaho Hand Institute
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911606
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Greg T Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Berry Hill Road
 City Fort Smith State AR Zip Code 72903-3501
 Occupation Orthopaedic Surgeon
 Name of Employer Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911608
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Robert A Bartosh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Magnolia Ct
 City Moultrie State GA Zip Code 31768-6764
 Occupation Orthopaedic Surgeon
 Name of Employer Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911610
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 350
	<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. John J Callahan Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Braunview Way
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911611
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Anthony R Marino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Misty Lane
 City Londonderry State NH Zip Code 03053-2675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911615
 Amount of Each Receipt this Period 500.00
 Memo Item

C. John M Olsewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Rivers Edge Drive #407
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911638
 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 183 OF 350
	<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. David Turner Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address Bone and Joint Surgery Clinic
3410 Executive Dr Ste 103

City Raleigh State NC Zip Code 27609

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2016
Transaction ID : 7911639

Amount of Each Receipt this Period
1000.00

Memo Item

B. Peter O Newton MD
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Children's Way Ste 410

City San Diego State CA Zip Code 92123-4228

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

Name of Employer Occupation
CSSD Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2016
Transaction ID : 7911640

Amount of Each Receipt this Period
500.00

Memo Item

C. Suresh Nayak MD
Full Name (Last, First, Middle Initial)

Mailing Address 7575 Five Mile Rd

City Cincinnati State OH Zip Code 45255

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

Name of Employer Occupation
Wellington Orthopedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2016
Transaction ID : 7911642

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: PAGE 184 OF 350
(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. Ricardo J Reina-Sanabria MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Grand Boulevard Paseos
 Suite 112 MSC 313
 City San Juan State PR Zip Code 00926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911643
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Wayne Anthony Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8212 NW Stonebridge Ct
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwestern Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911656
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Karen H Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road, Ste 250
 City Golden State CO Zip Code 80401-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911761
 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 185 OF 350
	<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. Mark J Conklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 Sand Lily Dr
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911762
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Thomas G Frierhood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2635 Vivian St
 City Lakewood State CO Zip Code 80215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911763
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. John Marshal Froelich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 Uinta Way
 City Denver State CO Zip Code 80230-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911764
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 350
	<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. Amit Agarwala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Rd Suite 250
 City State Zip Code
 Golden CO 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911765
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bharat M Desai MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7955 Spirit Ranch Rd
 City State Zip Code
 Golden CO 80403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911766
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Premjit Deol DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Utica Street
 City State Zip Code
 Denver CO 80212-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911772
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 350
(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

Full Name (Last, First, Middle Initial)
A. Patrick McNair MD

Mailing Address 10363 Carriage Club Drive

City Lone Tree State CO Zip Code 80124

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 19 / 2016
Transaction ID : 7911773

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jared R H Foran MD

Mailing Address 1735 19th Street 4A

City Denver State CO Zip Code 80202-1946

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 19 / 2016
Transaction ID : 7911774

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Douglas A Foulk MD

Mailing Address 660 Golden Ridge Road Ste. 250

City Golden State CO Zip Code 80401

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 19 / 2016
Transaction ID : 7911775

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 350
	<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. Michael Brian Ellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11646 E Maplewood Ave
 City Englewood State CO Zip Code 80111-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911776
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mark F Mills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 West Ranch Trail
 City Morrison State CO Zip Code 80465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911777
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lonnie E Loutzenhiser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Foothills Dr S
 City Golden State CO Zip Code 80401-9167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911782
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 350
	<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. Sameer J Lodha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2538 W 36th Ave
 City State Zip Code
 Denver CO 80211-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911783
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Timothy James Lehman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7050 S. Polo Ridge Dr.
 City State Zip Code
 Littleton CO 80128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911784
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Thomas Joseph Puschak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5275 Dunraven Circle
 City State Zip Code
 Golden CO 80403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911785
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 350
	<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. William Joseph Peace MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18968 W 54th Ln
 City Golden State CO Zip Code 80403-2182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911786
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Nimesh Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 Eagle Nest Ct
 City Golden State CO Zip Code 80401-0907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911787
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Roger E Murken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Rd Ste 250
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911788
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 350
(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

Full Name (Last, First, Middle Initial)
A. Craig Alan Zeman MD

Mailing Address 3525 Loma Vista Rd

City State Zip Code
 Ventura CA 93003

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

Name of Employer Occupation
 Ventura Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911817

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Robert M O'Hollaren MD

Mailing Address 3525 Loma Vista Rd

City State Zip Code
 Ventura CA 93003-3101

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

Name of Employer Occupation
 Ventura Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911819

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Harry C Eschenroeder Jr, MD

Mailing Address 1946 Royal Oak Dr

City State Zip Code
 Lynchburg VA 24503

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

Name of Employer Occupation
 OrthoVirginia 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 Y Y
 02 / 19 / 2016
Transaction ID : 7911820

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 350
	<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. Gautham Gondi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911821
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kenneth A Krumins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1628 Holts Grove Cr
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911822
 Amount of Each Receipt this Period 250.00
 Memo Item

C. David J Schneider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Skywalker Point
 City Lafayette State CO Zip Code 80026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911824
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 350
	<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. Robert L Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 Sunset Drive
 City Littleton State CO Zip Code 80123-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911825
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Douglas Cabot Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23769 Shooting Star Dr
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911826
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. James T Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4901 S Franklin St
 City Englewood State CO Zip Code 80113-7032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7911827
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 350
	<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. Peter Lammens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Rd Ste 250
 City Golden State CO Zip Code 80401-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Panorama Ortho & Spine Center
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2016
Transaction ID : 7911828
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Mitchel S Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road Suite 250
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Panorama Ortho & Spine Center
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2016
Transaction ID : 7911829
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Walter G Robinson Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3042 Nelson Dr
 City Lakewood State CO Zip Code 80215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Panorama Ortho & Spine Center
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2016
Transaction ID : 7911830
 Amount of Each Receipt this Period: 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 350
	<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. Edmund B Rowland Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 Skyhill Dr
 City Evergreen State CO Zip Code 80439-3797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911831
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mitchell D Seemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Attn: Susan Delphia
 660 Golden Ridge Road, Ste. 250
 City Golden State CO Zip Code 80401-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911832
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Michael A Fuller DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12933 Silver Elk Ln
 City Littleton State CO Zip Code 80127-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911837
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 350
	<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. Charles Adam Gottlob MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Panorama Orthopedics
 660 Golden Ridge Rd #250
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911838
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. William C Andrews Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4717 John Scott Dr
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911866
 Amount of Each Receipt this Period **850.00**
 Memo Item

C. John Robert Prahinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4016 Peakland Pl
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 7911867
 Amount of Each Receipt this Period **500.00**
 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 197 OF 350
	<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. Robert Wingfield Sydnor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911868
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jesse L Stem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Trents Ferry Rd
 City Lynchburg State VA Zip Code 24503-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911869
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Robert R Burger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 Michael Anthony Lane
 City Cincinnati State OH Zip Code 45247-7944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beacon Orthopaedics & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911870
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
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 198 OF 350
	<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. James A Slough MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Rivermist Drive
 City Buffalo State NY Zip Code 14202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911871
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. William F Webb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 F Country Center Dr #251
 City Pagosa Springs State CO Zip Code 81147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pagosa Springs Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : 7911872
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. John Minoru Itamura MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Monterey Rd
 City South Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kerlan-Jobe Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2016
Transaction ID : 7911895
 Amount of Each Receipt this Period 250.00
 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 199 OF 350
	<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. Joseph R Hsu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 Hedgewyk Pl
 City Charlotte State NC Zip Code 28211-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2016
Transaction ID : 7911899
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Daryll C Dykes MD, JD, Ph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4840 Park Ave S.
 City Minneapolis State MN Zip Code 55417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 7913486
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ronald G Hayter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Gulf to Bay Blvd
 City Clearwater State FL Zip Code 33755-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Knee & Ortho Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 7913488
 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 200 OF 350
	<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. Brian Jeffrey Bear MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Roxbury Rd
 City Rockford State IL Zip Code 61107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 7914016
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cassim M Igram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 NW 130th Street
 City Clive State IA Zip Code 50325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 7914553
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Paul Alan Kammerlocher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2907 NW 40th Pl
 City Newcastle State OK Zip Code 73065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McBride Clinic Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 7914555
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 350
	<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. Nithin C Reddy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5436 Soledad Rd
 City La Jolla State CA Zip Code 92037-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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 Y Y
 02 / 23 / 2016
Transaction ID : 7914557
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : 7914560
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Elliott H Leitman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 135
 4745 Ogletown Stanton Rd
 City Newark State DE Zip Code 19713-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics
 Occupation 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 Y Y
 02 / 23 / 2016
Transaction ID : 7914697
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 350
	<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. John Arthur Steubs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7032 Oak Pointe Curve
 City Bloomington State MN Zip Code 55348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Minnesota Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914698
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Joshua S Dines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Kings Lane
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914699
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914709
 Amount of Each Receipt this Period 500.00
 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 203 OF 350
	<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. Mark J Lemos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 Ocean Blvd
 City Rye State NH Zip Code 03870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2016**
Transaction ID : 7914710
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Stephen R Fisher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 658
 City Gainesville State GA Zip Code 30503-0658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Longstreet Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2016**
Transaction ID : 7914711
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dante A Marra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Eoff St #602
 City Wheeling State WV Zip Code 26003-6389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MKSC, Inc. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2016**
Transaction ID : 7914713
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark P Madden MD
Full Name (Last, First, Middle Initial)

Mailing Address 9463 Coral Crest Ln

City Vienna State VA Zip Code 22182

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

Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914715

Amount of Each Receipt this Period 1000.00

Memo Item

B. Murray J Goodman MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 Highland Ave Suite 101

City Salem State MA Zip Code 01970

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

Name of Employer Salem Orthopedic Surgeons, Inc Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914716

Amount of Each Receipt this Period 450.00

Memo Item

C. Michael R Meisterling MD
Full Name (Last, First, Middle Initial)

Mailing Address 12550 N. 72nd St

City Stillwater State MN Zip Code 55082

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

Name of Employer Twin Cities Orthopaedics East Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914738

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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 205 OF 350
	<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. Gerald J Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Redan Drive
 City Verona State WI Zip Code 53593
 Name of Employer University of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7914912
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gregory Scott DiFelice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 East 72nd Street Apt 28E
 City New York State NY Zip Code 10021
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 7914939
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Dirk H Alander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 W Adams Ave
 City Kirkwood State MO Zip Code 63122
 Name of Employer St Louis University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 7915035
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 350
	<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. David E Quinn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915049
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Richard A Fankhauser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 W Broad St Ste 300
 City Columbus State OH Zip Code 43222-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915053
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James B MacDougall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Avera Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915054
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 207 OF 350
	<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. Evan K Bash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Dauphin Drive
 City Media State PA Zip Code 19063-1456
 Name of Employer Premier Ortho & Sports Med Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915055
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sanford E Emery MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3958 Eastlake Dr
 City Morgantown State WV Zip Code 26508
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915056
 Amount of Each Receipt this Period 250.00
 Memo Item

C. John Robert Starynski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8118 Northern Rd
 City Minocqua State WI Zip Code 54548-9103
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 7915057
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 350
	<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. Frederick T Lohr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Talbot Blvd
 Suite W
 City Chestertown State MD Zip Code 21620-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 02 / 23 / 2016
Transaction ID : 7915060
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gregory S McDowell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 12th Ave N Ste 140W
 City Billings State MT Zip Code 59101-7503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoMontana 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
 02 / 23 / 2016
Transaction ID : 7915061
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Alan Dacre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Country Acres Road
 City Riverton State WY Zip Code 82501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoMontana 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
 02 / 23 / 2016
Transaction ID : 7915062
 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 209 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. John S Jackson DO

Mailing Address 741 Gary Ln

City El Paso State TX Zip Code 79922-2205

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : 7915064

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Scott A Protzman MD

Mailing Address 1720 Murchison Drive

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : 7915065

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Andrew J Palafox MD

Mailing Address 331 Crown Point Drive

City El Paso State TX Zip Code 79912-4805

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : 7915066

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 350
	<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. E Bruce Bynum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4292 SW Agate Ave
 City Corvallis State OR Zip Code 97333-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Corvallis Clinic PC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 7915140
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Edward R McDevitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 Drogue Ct
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Area Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 25 / 2016
Transaction ID : 7915151
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kenneth R Catalozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 East Shore Road
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 25 / 2016
Transaction ID : 7917280
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 350
	<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. James William Barber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Shirley Avenue
 City Douglas State GA Zip Code 31533-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 7918085
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Thomas C Barber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 EL Caminito
 City Orinda State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 7918687
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. K William Kumer MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Ridgewood Dr
 City Maysville State KY Zip Code 41056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lifepoint Hospitals, Inc. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 7919152
 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 212 OF 350
	<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. Kenneth D. Polivy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Gordon Rd
 City Waban State MA Zip Code 02468-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : 7919154
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Andrew David Bries MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3126 Westminster Rd
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : 7919155
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Thomas S Muzzonigro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5017 Karrington Dr
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016
Transaction ID : 7919192
 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 213 OF 350
	<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. Louis E Murdock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5012 N Quail Summit Way
 City Boise State ID Zip Code 83703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Regional Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 7919194
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wayne Z Burkhead Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9301 N Central Expy Ste 400
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Carrell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 7919197
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. William B Stetson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 429 24th St
 City Hermosa Beach State CA Zip Code 90254-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 7919497
 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 214 OF 350
	<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. Gerald R Williams Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 859 Lesley Rd
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 7919874
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. David R Morawski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Kaneville Rd
 City Geneva State IL Zip Code 60134-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 26 / 2016
Transaction ID : 7920306
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. David Huang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3512 Harrison St
 City Wichita Falls State TX Zip Code 76308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 02 / 26 / 2016
Transaction ID : 7920307
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael A Mont MD

Mailing Address 3 Grenadier Ct

City Owing Mills State MD Zip Code 21117

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

Name of Employer Sinai Hospital of Baltimore Occupation 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
 02 / 26 / 2016
Transaction ID : 7920341

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Paul Strawn Sherbondy MD

Mailing Address 507 Beaumont Drive

City State College State PA Zip Code 16801

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

Name of Employer Penn State Hershey Occupation 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
 03 / 01 / 2016
Transaction ID : 7920871

Amount of Each Receipt this Period
 84.00

Memo Item

Full Name (Last, First, Middle Initial)
C. James L Rungee MD

Mailing Address 2802 Pavilion Pl

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 7920872

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
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 216 OF 350
	<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. Richard C Mather III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 255.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7920873
 Amount of Each Receipt this Period 85.00
 Memo Item

B. John S Early MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231-4418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7921406
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Louis M Kwong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W Carson Street, Box 422
 City Torrance State CA Zip Code 90509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 02 / 2016
Transaction ID : 7921425
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1335.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 350
	<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. Stephen G J Eckrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5511 Shooting Star Trail
 City State Zip Code
 Rapid City SD 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Black Hills Orthopaedic & Spine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : 7926223
 Amount of Each Receipt this Period
 83.50
 Memo Item

B. Chad A Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Sundew Court
 City State Zip Code
 Southern Pines NC 28387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Army Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : 7926224
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Erick Manuel Santos MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2638 Debra Ln
 City State Zip Code
 Corpus Christi TX 78418-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Central TX Bone & Joint Center, 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 Y Y
 03 / 04 / 2016
Transaction ID : 7940715
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	667.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 350
	<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. Elizabeth A Arendt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Surgery
 2512 S 7th St Ste 200
 City Minneapolis State MN Zip Code 55454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Minnesota Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 7941335
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Karl E Rathjen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedics
 2222 Welborn St
 City Dallas State TX Zip Code 75219-3993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Scottish Rite Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 7941364
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049-9194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 05 / 2016
Transaction ID : 7941607
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 350
	<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. Mark Michael Allard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Cortney Circle
 City State Zip Code
 Siloam Springs AR 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Medical Center 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
 03 / 05 / 2016
Transaction ID : 7941608
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. David A Abrutyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Pitney Court
 City State Zip Code
 Basking Ridge NJ 07920-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Medical Group 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
 03 / 05 / 2016
Transaction ID : 7941609
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison
 City State Zip Code
 El Paso TX 79902-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 El Paso Orthopaedic Surg Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : 7942044
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	253.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 350
	<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. Robert H Brophy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Maryhill Dr
 City St Louis State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 03 / 06 / 2016
Transaction ID : 7942046
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Paul Joseph Beauvais MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 Cedar Grove Road
 City Southbury State CT Zip Code 06488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 03 / 06 / 2016
Transaction ID : 7942048
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 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 Hospital for Special Surgery
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : 7942049
 Amount of Each Receipt this Period
 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	1425.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 350
	<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. Christopher Zingas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944773
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Richard T Perry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944774
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Christopher Lawrence Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944775
 Amount of Each Receipt this Period 500.00
 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 223 OF 350
	<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. Glenn J Minster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944776
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Eric M Stehly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 661 Knights Way
 City Coppell State TX Zip Code 75019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Texas Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944779
 Amount of Each Receipt this Period 250.00
 Memo Item

C. David P Rudman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Clinton Ave
 City Wyckoff State NJ Zip Code 07481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialty Orthopedics of NJ Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7944792
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 350
	<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. Barry S Kraushaar MD
Full Name (Last, First, Middle Initial)

Mailing Address 3 Divot Pl

City Suffern State NY Zip Code 10901

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

Name of Employer Northeast Orthopaedics Occupation 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
 03 / 01 / 2016
Transaction ID : 7944795

Amount of Each Receipt this Period
 250.00

Memo Item

B. Tarsem Garg MD
Full Name (Last, First, Middle Initial)

Mailing Address 1929 E High St

City Springfield State OH Zip Code 45505-1227

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 7944796

Amount of Each Receipt this Period
 500.00

Memo Item

C. Ayman Ahmad Daouk MD
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Poinsettia Ave

City Orlando State FL Zip Code 32804

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

Name of Employer Physician Associates Occupation 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
 03 / 01 / 2016
Transaction ID : 7944797

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 350
	<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. Jeffery D Angel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Virginia Dr Ste C
 City Batesville State AR Zip Code 72501-7331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 08 / 2016
Transaction ID : 7944916
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. James P Jamison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7092 Killdeer Dr
 City Canfield State OH Zip Code 44406-9181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Youngstown Orthopaedics 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
 03 / 08 / 2016
Transaction ID : 7944918
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Howard R Epps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Wroxton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor College of Medicine 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
 02 / 29 / 2016
Transaction ID : 7945098
 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 226 OF 350
	<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. William J Maloney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Broadway
 Mail Code 6342
 City Redwood City State CA Zip Code 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stanford University 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
 02 / 29 / 2016
Transaction ID : 7945099
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Richard F Kyle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Dept
 701 Park Ave South G2
 City Minneapolis State MN Zip Code 55415-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hennepin County Med Ctr 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
 02 / 29 / 2016
Transaction ID : 7945101
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. John T Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4153 Hyer #7
 City Dallas State TX Zip Code 75205-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dallas Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : 7945102
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2010.00
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 227 OF 350
	<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. Graham Newson
Full Name (Last, First, Middle Initial)

Mailing Address 317 Massachusetts Ave NE
1st Floor

City Washington State DC Zip Code 20002-5769

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

Name of Employer American Academy of Orthopaedic Surg
Occupation Director, Office of Government Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016
Transaction ID : 7945108

Amount of Each Receipt this Period
250.00

Memo Item

B. Stephen R Southworth MD
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Quail Creek

City Tupelo State MS Zip Code 38801

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2016
Transaction ID : 7945597

Amount of Each Receipt this Period
1000.00

Memo Item

C. Patricia A Kolowich MD
Full Name (Last, First, Middle Initial)

Mailing Address 20570 Woodcreek Blvd

City Northville State MI Zip Code 48167

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

Name of Employer Henry Ford Hospital
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2016
Transaction ID : 7945598

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Juliet M De Campos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 University Pkwy Ste 309
 City Pensacola State FL Zip Code 32514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : 7945599
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bonhomme Joseph Prud'homme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address One Medical Center Drive P.O. Box 9196
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : 7945600
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Kirk Hutton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation 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 Y Y
 03 / 08 / 2016
Transaction ID : 7945601
 Amount of Each Receipt this Period
 500.00
 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 229 OF 350
	<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. Dudley S Burwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2781 C T Switzer Sr Dr
 Ste 402
 City Biloxi State MS Zip Code 39531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopedic Centers Occupation 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
 03 / 08 / 2016
Transaction ID : 7945603
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brian G Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 N Farms Rd
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Occupation 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
 03 / 08 / 2016
Transaction ID : 7945604
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Ronald A MacBeth Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 37
 800 Austin Drive
 City Demorest State GA Zip Code 30535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Habersham County Medical Center Occupation 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
 03 / 08 / 2016
Transaction ID : 7945607
 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 230 OF 350
	<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. Joshua Aaron Urban MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9330 N 225th St
 City Elkhorn State NE Zip Code 68022-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945629
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Michael C Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21925 Stanford Circle
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945630
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomas Patrick Ferlic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Nebraska Ortho Assoc
 2725 S 144th St Ste 110
 City Omaha State NE Zip Code 68144-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945631
 Amount of Each Receipt this Period 500.00
 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 231 OF 350
	<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. John D Galligan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 S 166th St
 City Omaha State NE Zip Code 68118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945632
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mark E Goebel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 South 251st Street
 City Waterloo State NE Zip Code 68069-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945633
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Steven X Goebel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5316 Izard St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945634
 Amount of Each Receipt this Period 500.00
 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 232 OF 350
	<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. Steven V Hagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2629 S 96 Circle
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**
Transaction ID : 7945635
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Craig Leonard Hansen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21919 Meadowview Pkwy
 City Council Bluffs State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**
Transaction ID : 7945636
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Randall Dean Neumann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 08 / 2016**
Transaction ID : 7945637
 Amount of Each Receipt this Period **500.00**
 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 233 OF 350
	<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. Michael T O'Neil MD
Full Name (Last, First, Middle Initial)

Mailing Address Nebraska Ortho Assoc LLP
2725 S 144th St Ste 110

City Omaha State NE Zip Code 68144-5253

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

Name of Employer OrthoWest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 08 / 2016
Transaction ID : 7945638

Amount of Each Receipt this Period
500.00

Memo Item

B. Samar Kumar Ray MD
Full Name (Last, First, Middle Initial)

Mailing Address 2725 S 144th St Ste 212

City Omaha State NE Zip Code 68144

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

Name of Employer OrthoWest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 08 / 2016
Transaction ID : 7945639

Amount of Each Receipt this Period
500.00

Memo Item

C. Scott B Reynolds MD
Full Name (Last, First, Middle Initial)

Mailing Address 1408 N. 187th St.

City Elkhorn State NE Zip Code 68022

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

Name of Employer OrthoWest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 08 / 2016
Transaction ID : 7945640

Amount of Each Receipt this Period
500.00

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 234 OF 350
	<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. William Stuart Singer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10410 N 84th St
 City Omaha State NE Zip Code 68122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945641
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Charles F Burt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945642
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jonathan E Buzzell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945643
 Amount of Each Receipt this Period 500.00
 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 235 OF 350
	<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. James T Canedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 448 South 82nd St
 City Omaha State NE Zip Code 68114-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945644
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ian D Crabb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9737 Fieldcrest Dr
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945645
 Amount of Each Receipt this Period 500.00
 Memo Item

C. David E Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15617 Woolworth Ave
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7945646
 Amount of Each Receipt this Period 500.00
 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 236 OF 350
	<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. Nicholas Benjamin Bruggeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22626 Atwood Ave
 City Elkhorn State NE Zip Code 68022-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 08 / 2016**
Transaction ID : 7945647
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Patrick T McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Caley Drive
 City Canonsburg State PA Zip Code 15317-5990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 7945688
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. Michael R Clain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ONS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 7945689
 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 237 OF 350
	<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. John Charles Kofoed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946097
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bruce T Faure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6849 W Ridgeview Dr
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946098
 Amount of Each Receipt this Period 500.00
 Memo Item

C. David A Pomierski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 12th St
 City Meridian State MS Zip Code 39301-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946099
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 350
	<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. Michael D Hossack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Old Colony Rd
 City Hartsdale State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946101
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jeffrey A Mogerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Stevenson Road
 City Waverly State PA Zip Code 18471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Memorial Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946103
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jamil Jacobs-EI MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5110
 City River Forest State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Dreyer Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946104
 Amount of Each Receipt this Period 1000.00
 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 239 OF 350
	<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. Bryan T Edwards MD
Full Name (Last, First, Middle Initial)

Mailing Address 17616 River Ford Drive

City Davidson State NC Zip Code 28036

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

Name of Employer Novant Health Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946105

Amount of Each Receipt this Period 250.00

Memo Item

B. Matthew John Weresh MD
Full Name (Last, First, Middle Initial)

Mailing Address 6001 Westown Pkwy Attn: Mike Tebo

City West Des Moines State IA Zip Code 50266-7702

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

Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946107

Amount of Each Receipt this Period 500.00

Memo Item

C. Gerard Mark Benecki MD
Full Name (Last, First, Middle Initial)

Mailing Address 4388 Legarto Court

City Silverdale State WA Zip Code 98315-9525

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

Name of Employer US Navy Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946108

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 350
	<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. Kathleen Anne Hogan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 659
 City Windham State NH Zip Code 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NH Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**
Transaction ID : 7946109
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Christopher George Furey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18900 South Woodland Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**
Transaction ID : 7946111
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Jeffrey R Cusmaru MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 494 Lake Colony Way
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Sports Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**
Transaction ID : 7946112
 Amount of Each Receipt this Period **500.00**
 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 241 OF 350
	<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. Ariel Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodbine Rd
 City Roslyn Heights State NY Zip Code 11577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwell Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946113
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Christian T Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5159 Stillwater Trail
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Texas Provider Network Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946114
 Amount of Each Receipt this Period 750.00
 Memo Item

C. James Allen O'Leary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Rivermist Court
 City Irmo State SC Zip Code 29063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946118
 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 242 OF 350
	<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. Daniel L Zimet MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 North Commerce Ave Ste 260
 City Front Royal State VA Zip Code 22630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Health Occupation 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
 03 / 01 / 2016
Transaction ID : 7946119
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Christopher Langdon Ihle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 343 N 130
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Hospital Occupation 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
 03 / 01 / 2016
Transaction ID : 7946120
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Andrew G Urquhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9222 Northpointe Rd.
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 7946121
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 350
	<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. Alan S Routman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 SE 9th St
 City Fort Lauderdale State FL Zip Code 33316-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoFlorida Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 7946122
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bruce J Sangeorzan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho 325 Ninth Ave Box 359798
 City Seattle State WA Zip Code 98104-2499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7946159
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Eugene B Pendleton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 parkview place
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7946160
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 350
	<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. Mark J Ghilarducci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2221 Wankel Way
 City Oxnard State CA Zip Code 93030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7946188
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wilford K Gibson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Arrowhead Point Ct
 City Virginia Beach State VA Zip Code 23455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 7946190
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Johnathan Bernard MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 20843 Medix Run Pl
 City Ashburn State VA Zip Code 20147-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 7946230
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 350
	<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. Jeff Eric Schulman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3851 Barcroft Ln
 City Alexandria State VA Zip Code 22312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Fairfax Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 7946716
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Steven J Triantafyllou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 Country Manor Drive
 City York State PA Zip Code 17408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSS Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7948564
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Drew A Brady MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 North Buckridge Drive
 City Greenville State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 12 / 2016
Transaction ID : 7948769
 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 246 OF 350
	<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. Bryan Scott Moon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Split Elm Drive
 City Missouri City State TX Zip Code 77459-7542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 13 / 2016
Transaction ID : 7948781
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Ryan Patrick Dunlay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Avenue #100
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2016
Transaction ID : 7948782
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Francis G Alberta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 539 Bennington Terrace
 City Ridgewood State NJ Zip Code 07450-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 13 / 2016
Transaction ID : 7948783
 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 247 OF 350
	<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

Full Name (Last, First, Middle Initial) A. Frederick Suh Song MD		Date of Receipt MM / DD / YYYY 03 / 13 / 2016 Transaction ID : 7948785
Mailing Address 7 Beechtree Ln		Amount of Each Receipt this Period 1000.00
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Princeton Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Suleman M Hussain MD		Date of Receipt MM / DD / YYYY 03 / 14 / 2016 Transaction ID : 7949262
Mailing Address 2300 53rd Street, Suite #100		Amount of Each Receipt this Period 84.00
City Bettendorf	State IA	Zip Code 52722-7565
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. Fredrick Huang MD		Date of Receipt MM / DD / YYYY 03 / 11 / 2016 Transaction ID : 7951501
Mailing Address 4448 138th Ave SE		Amount of Each Receipt this Period 1000.00
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 248 OF 350
	<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. William G DeLong Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 Kings Hwy East
 City Haddonfield State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Lukes Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951502
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Guy Rutledge Fogel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Candelaria
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951503
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Frank R Noyes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10663 Montgomery Rd 1st Fl
 City Cincinnati State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercer Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951504
 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 249 OF 350
	<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

Full Name (Last, First, Middle Initial) A. Kevin Charles Lutta MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2016 Transaction ID : 7951516
Mailing Address 12561 Cerromar Place			Amount of Each Receipt this Period 500.00
City Fairfax	State VA	Zip Code 22030-6654	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoVirginia	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John W Adkison MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2016 Transaction ID : 7951573
Mailing Address 1211 N 16th Ave			Amount of Each Receipt this Period 1000.00
City Yakima	State WA	Zip Code 98902	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey M Nakano MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2016 Transaction ID : 7951574
Mailing Address 699 Cascade Dr			Amount of Each Receipt this Period 500.00
City Grand Junction	State CO	Zip Code 81506	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Rocky Mountain Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 350
	<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. Adolph J Yates Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Mallard Dr
 City Pittsburgh State PA Zip Code 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pittsburgh Med Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951576
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Jerry W Van Meter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Pensacola St
 City Honolulu State HI Zip Code 96814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HPKG Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951577
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Edward S Homan Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 St Augustine Ave
 City Tampa State FL Zip Code 33617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951578
 Amount of Each Receipt this Period 500.00
 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 251 OF 350
	<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. Jonathan L Chang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1456 Oak Crest Ave
 City South Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Ortho Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951581
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Frederick C Flandry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6262 Veterans Pkwy P.O. Box 9517
 City Columbus State GA Zip Code 31908-9517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951582
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Roland H Winter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5660 E Acorn Ct
 City Stockton State CA Zip Code 95212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpine Orthopaedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951583
 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 252 OF 350
	<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. Warren R Bourgeois III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10025 Hyde Pl
 City River Ridge State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 11 / 2016
Transaction ID : 7951584
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. David Richmond Whiddon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 Soundview Dr.
 City Palm Harbor State FL Zip Code 34683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates of West Florida Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951585
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. George DeLoach DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Bypass Ln Ste 112
 City Livingston State TX Zip Code 77351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951587
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 350
	<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. John H Chidester MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 W Lancaster Ave Ste 2
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951588
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Samuel Edwin Murrell III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3946 Grandview Avenue
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoMemphis Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951589
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Michael S Aronow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Braintree Dr
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Association of Hartford Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951590
 Amount of Each Receipt this Period
 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 254 OF 350
	<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. Charles M Davis III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Hope Dr EC089
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milton S. Hershey Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951591
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Daniel J Gallagher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4633 Wichers Dr Ste 100
 City Marrero State LA Zip Code 70072-3096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951594
 Amount of Each Receipt this Period 500.00
 Memo Item

c. John S Kirkpatrick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1416 Craftsman W Ave
 City Celebration State FL Zip Code 34747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951595
 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 255 OF 350
	<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. Charles J Matuszak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10473 Saint Andrews Road
 City Boynton Beach State FL Zip Code 33436-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 11 / 2016
Transaction ID : 7951596
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ricardo J Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 Pikes Lane
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baton Rouge Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951624
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. William M Granberry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 Bellefontaine
 City Houston State TX Zip Code 77025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bone & Joint Clinic 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
 03 / 11 / 2016
Transaction ID : 7951625
 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 256 OF 350
	<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. Joseph R Locker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 SW 76th Ln
 City Ocala State FL Zip Code 34476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951627
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. William L Ritchie IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Cedar SE Ste 6600
 City Albuquerque State NM Zip Code 87106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951629
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Amir Alex Jahangir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Loring Ct
 City Nashville State TN Zip Code 37220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951630
 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 257 OF 350
	<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. James A Keeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Virginia Avenue
 City Columbia State MO Zip Code 65212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951631
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Frank V Aluisio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Nolen Ct
 City Greensboro State NC Zip Code 27408-3184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951632
 Amount of Each Receipt this Period **1000.00**
 Memo Item

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

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951638
 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 258 OF 350
	<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. Andrew J Palafox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Crown Point Drive
 City El Paso State TX Zip Code 79912-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951641
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mark A Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7229 Overton Way
 City Maineville State OH Zip Code 45039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriHealth Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951642
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Austin Thomas Fragomen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48-25 64th St
 City Woodside State NY Zip Code 11377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 7951646
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 350
	<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. Stephen W Rodrigue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Arborside Drive
 City Falmouth State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Practice Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951653
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Andrew Wilson Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2537 Larkin Rd
 City Lexington State KY Zip Code 40503-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoKentucky Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951654
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Henry A Backe Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 100
 75 Kings Highway Cutoff
 City Fairfield State CT Zip Code 06824-5358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951658
 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 260 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary T Brock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Pinehill Lane
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 03 / 11 / 2016
Transaction ID : 7951660
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Daniel Thomas Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 4116
 City Pawleys Island State SC Zip Code 29585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 03 / 11 / 2016
Transaction ID : 7951661
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. George M Botelho MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5456 Grand Park Place
 City Boca Raton State FL Zip Code 33486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation 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
 03 / 11 / 2016
Transaction ID : 7951665
 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 261 OF 350
	<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. Scott J Dunitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109 E Ave
 City Tulsa State OK Zip Code 74146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951666
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Joshua Port MD
 Full Name (Last, First, Middle Initial)
 Mailing Address University Orthopedics
 3000 Fairway Dr
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951668
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Steven Scott Goldberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5867 Whisperwood Ct
 City Naples State FL Zip Code 34110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 11 / 2016
Transaction ID : 7951669
 Amount of Each Receipt this Period
 500.00
 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 262 OF 350
	<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. Hassan Riaz Mir MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 3619 W Cleveland St
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951670
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wade P McAlister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4899 Montrose Blvd #1206
 City Houston State TX Zip Code 77006-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951672
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Wade P McAlister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4899 Montrose Blvd #1206
 City Houston State TX Zip Code 77006-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951673
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 350
(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. Alex B Bodenstab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Fawn Lane
 City Chadds Ford State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951674
 Amount of Each Receipt this Period 250.00
 Memo Item

B. John Brian Sims MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Paramount Blvd
 City Amarillo State TX Zip Code 79109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951675
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951676
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 350
	<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. William O Shaffer MD, BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Market St Unit 510
 City Des Moines State IA Zip Code 50309-4766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Orthopaedic Surg Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951677
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jason L Koh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Woodley Road
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951678
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. J Bohannon Mason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Hermitage Rd
 City Charlotte State NC Zip Code 28207-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 7951679
 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 265 OF 350
	<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. Robert Allen Butler II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Yorkshire Rd
 City Starkville State MS Zip Code 39759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951681
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mark E Carlson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 Spring Creek Rd
 City Rockford State IL Zip Code 61107-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 11 / 2016
Transaction ID : 7951682
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ronald Emilio Delanois MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brookfield Garth
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sinai Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951683
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 350
	<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. Herbert L Kunkle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Hawksworth Dr
 City Oxford State PA Zip Code 19363-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951688
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Michael T Diment MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7448 Oak Hill Drive
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Promedica Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951689
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Robert H Blotter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 W Fair Ave Ste 190
 City Marquette State MI Zip Code 49855-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Center for Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951690
 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 267 OF 350
	<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. John Thomas Killian MD, BOC
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Sterrett Ave
 City Birmingham State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7951731
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brian R Hamlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3169 Beechwood Drive
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7952760
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jonathan James Clabeaux MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1413 3rd Ave West
 City Seattle State WA Zip Code 98119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Vlraina Mason Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7952761
 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 268 OF 350
	<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. Jorge E Tijmes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 6209
 City State Zip Code
 Mc Allen TX 78502-6209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Bone & Joint Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7952763
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. John R Denton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333A North Ave
 PMB 434
 City State Zip Code
 New Rochelle NY 10804-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7952766
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Thomas Griffin Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite A
 323 E Hawkins Parkway
 City State Zip Code
 Longview TX 75605-7905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Longview Orthopaedic Clinic 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
 03 / 11 / 2016
Transaction ID : 7952767
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 350
	<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. Raymond W Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22925 Shelburne Road
 City State Zip Code
 Shaker Heights OH 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospitals Medical Group 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
 03 / 11 / 2016
Transaction ID : 7952768
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bryan Scott Kamps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3741 Monarch Dr NE
 City State Zip Code
 Grand Rapids MI 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spectrum Health Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 7952769
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Joseph A Abboud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 Conestoga Rd
 City State Zip Code
 Bryn Mawr PA 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rothman Institute 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
 03 / 16 / 2016
Transaction ID : 7952954
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 270 OF 350
	<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. Milan M Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3836 Sidestreet
 City Atlanta State GA Zip Code 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2016
Transaction ID : 7952969
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Scott Gunnar Quisling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3275 Bransley Way
 City Duluth State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 795278
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mark Wesley Hanna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1193 Angelo Ct
 City Atlanta State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 7955464
 Amount of Each Receipt this Period 250.00
 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: PAGE 271 OF 350
(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

Full Name (Last, First, Middle Initial)
A. Glenn J Jonas MD

Mailing Address 3155 Arden Rd

City State Zip Code
 Atlanta GA 30305

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

Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : 7955608

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Pierre Andre Bruneau MD

Mailing Address 8 Cross River Road

City State Zip Code
 Mount Kisco NY 10549

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

Name of Employer Occupation
 US Navy Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 20 / 2016
Transaction ID : 7956153

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Wen Shen MD

Mailing Address 33 Pond Hills Ct

City State Zip Code
 Pleasant Valley NY 12569

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

Name of Employer Occupation
 Ortho Assoc of Dutchess County Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 20 / 2016
Transaction ID : 7956154

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 272 OF 350
	<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. Michael Shay Womack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Oakmont Circle
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2016
Transaction ID : 7956285
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kaveh Robert Sajadi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Woodmont Dr
 City Lexington State KY Zip Code 40502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2016
Transaction ID : 7956287
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Todd A Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 7956288
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	834.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 350
	<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. David R Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Middle Plantation Ln
 City State Zip Code
 Gulf Breeze FL 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 7956289
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Jeffrey P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5379 Scenic View Drive SW
 City State Zip Code
 Rochester MN 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olmsted Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 7956290
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Basil R Besh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6135 Clubhouse Dr
 City State Zip Code
 Pleasanton CA 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 7956291
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 274 OF 350
	<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. Michael J Taunton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5045 Connemara Drive NE
 City Rochester State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 21 / 2016**
Transaction ID : 7956293
 Amount of Each Receipt this Period **85.00**
 Memo Item

B. Angelo DiFelice Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15410 Treyburn Manor View
 City Milton State GA Zip Code 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2016**
Transaction ID : 7956309
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. William H Spellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Central Montgomery Ortho
 1011 S Broad St
 City Lansdale State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Montgomery Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 18 / 2016**
Transaction ID : 7957629
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 350
	<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. Gerard G Adler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Woodland Ln
 City Oconomowoc State WI Zip Code 53066-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Wilkinson Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : 7957630
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Robert S Adelaar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10414 Cherokee Rd
 City Richmond State VA Zip Code 23235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical College of Virginia Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : 7957637
 Amount of Each Receipt this Period
 375.00
 Memo Item

C. Randall J Ruark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Broken Rock Road
 City Hamilton State GA Zip Code 31811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : 7957652
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 276 OF 350 (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. David M Lindgren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8001 Chesshire Ln N
 City State Zip Code
 Maple Grove MN 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fairview Health Services 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
 03 / 18 / 2016
Transaction ID : 7957653
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. George V Russell Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hawthorne Vale
 City State Zip Code
 Ridgeland MS 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMMC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : 7957655
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. John Patrick Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Copperflagg Ln
 City State Zip Code
 Staten Island NY 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : 7957656
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 350
(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. Nicholas P Grosso MD
Full Name (Last, First, Middle Initial)
Mailing Address 10113 Lakeside Ct
City Ellicott City State MD Zip Code 21042
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 18 / 2016
Transaction ID : 7957658
Amount of Each Receipt this Period
500.00
 Memo Item

B. Spiro N Papas MD
Full Name (Last, First, Middle Initial)
Mailing Address 200 Delafield Rd Ste 1040
City Pittsburgh State PA Zip Code 15215
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 18 / 2016
Transaction ID : 7957660
Amount of Each Receipt this Period
500.00
 Memo Item

C. F Thomas Davies Kaplan MD
Full Name (Last, First, Middle Initial)
Mailing Address 11542 Willow Springs Dr
City Zionsville State IN Zip Code 46077
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Indiana Hand to Shoulder Center Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 22 / 2016
Transaction ID : 7963013
Amount of Each Receipt this Period
500.00
 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 278 OF 350
	<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. Darrell Kevin Scales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Tee Dr
 City State Zip Code
 Braselton GA 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 7963304
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Langdon A Hartsock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Tradd Street
 City State Zip Code
 Charleston SC 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical University of South Carolina 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
 03 / 24 / 2016
Transaction ID : 7964394
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. David R Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Spurs Ln Ste 300
 City State Zip Code
 San Antonio TX 78240-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sports Med Assoc of San Antonio 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
 03 / 23 / 2016
Transaction ID : 7965032
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1184.00
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 279 OF 350
	<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. Stephen O Berthelsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 Knollwood Dr
 City Fairmont State MN Zip Code 56031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 7965033
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wayne M Goldstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2887 Lexington Ln
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 7965034
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kathryn A Caulfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Major Run
 City Cramerton State NC Zip Code 28032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation CaroMont Medical Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 7965035
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 350
	<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. Craig C Callewart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 Shadywood Ln
 City Dallas State TX Zip Code 75209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 7965054
 Amount of Each Receipt this Period **750.00**
 Memo Item

B. Noah S Finkel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Bouton Rd
 City Huntington State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 7965055
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Jesse G Eisler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Sunset Farm Rd
 City West Hartford State CT Zip Code 06107-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 7965056
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 350
	<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. Anthony V Mollano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Galloping Hill Rd
 City State Zip Code
 Contoocook NH 03229-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Concord Orthopaedics 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
 03 / 23 / 2016
Transaction ID : 7965068
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Luis M Espinoza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Savannah Ridge Lane
 City State Zip Code
 Metairie LA 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 23 / 2016
Transaction ID : 7965069
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Gary W Pushkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Greenway
 City State Zip Code
 Baltimore MD 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cohen & Pushkin, MD, PA 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
 03 / 23 / 2016
Transaction ID : 7965070
 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 282 OF 350
	<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. David Matthew Pope MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 200
 7301 Hennessy Blvd
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 7965087
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Edward Scott Yerger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Woodvale Ave
 City LaFayette State LA Zip Code 70503-4143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 7965088
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Malcolm J Stubbs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 English Gardens Pkwy
 City LaFayette State LA Zip Code 70503-5678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 7965089
 Amount of Each Receipt this Period
 500.00
 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 283 OF 350
	<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. Robert Easton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 South Lakeshore Drive
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : 7965090
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 7965774
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 South Main Street Suite 200
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 7965775
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1167.33**
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 284 OF 350
	<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. Rafael M Fernandez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 800809
 City Coto Laurel State PR Zip Code 00780-0809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 7965776
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Michael Suk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 Limestoneville Road
 City Milton State PA Zip Code 17847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Geisinger Medical System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 7965778
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Robert H Blotter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 W Fair Ave Ste 190
 City Marquette State MI Zip Code 49855-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Center for Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 7965779
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Daniel E Gelb MD

Mailing Address 3810 Greenway

City Baltimore State MD Zip Code 21218-1825

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

Name of Employer University of Maryland Occupation 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
 03 / 23 / 2016

Transaction ID : 7966698

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mark S Topolski MD

Mailing Address 837 Olympic Drive

City Onalaska State WI Zip Code 54650

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

Name of Employer Gunderson Lutheran Occupation 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
 03 / 23 / 2016

Transaction ID : 7966699

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Gregg A Ferrero MD

Mailing Address 8865 Locust Grove Drive

City Port Tobacco State MD Zip Code 20677

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : 7966700

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 350
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Leslie P Dean MD
Full Name (Last, First, Middle Initial)

Mailing Address 11556 Tanglewood Lakes Circle

City Anchorage	State AK	Zip Code 99516
-------------------	-------------	-------------------

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

Name of Employer Anchorage Fracture & Ortho Clinic	Occupation 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
03	/	23	/	2016

Transaction ID : 7966701

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kenneth C Thomas MD
Full Name (Last, First, Middle Initial)

Mailing Address 6021 Craig Creek Circle

City Anchorage	State AK	Zip Code 99507-6904
-------------------	-------------	------------------------

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

Name of Employer Anchorage Fracture & Ortho Clinic	Occupation 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
03	/	23	/	2016

Transaction ID : 7966703

Amount of Each Receipt this Period
250.00

Memo Item

C. Michael P Grant MD
Full Name (Last, First, Middle Initial)

Mailing Address 75 Springdale Place

City Longmont	State CO	Zip Code 80504
------------------	-------------	-------------------

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

Name of Employer Estes Park Medical Center	Occupation 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
03	/	23	/	2016

Transaction ID : 7966704

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 287 OF 350
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Niels J Linschoten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11428 Center Court Blvd
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2016
Transaction ID : 7967068
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Bert C Callahan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 S. University Ave. Suite 150
 City Beaver Dam State WI Zip Code 53916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Beaven Dam Community Hospital
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 03 / 26 / 2016
Transaction ID : 7967069
 Amount of Each Receipt this Period: 84.00
 Memo Item

C. Roshan P. Shah MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 West 110th Street Apt 3E
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 03 / 27 / 2016
Transaction ID : 7967081
 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 288 OF 350
	<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. Bernard G Kirol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 27 / 2016**
Transaction ID : 7967082
 Amount of Each Receipt this Period **75.00**
 Memo Item

B. Carolyn Hettrich MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2983 Oliver Lane NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2016**
Transaction ID : 7967083
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Ronald Anthony Navarro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Permanente Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 27 / 2016**
Transaction ID : 7967085
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
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 289 OF 350
	<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. Stephen F Mitros MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 7967088
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Eric Louis Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1573 Beacon St
 City Newton State MA Zip Code 02468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 7967089
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Joshua Layne Gary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6400 Fannin St Suite 1700
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 7967090
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	253.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 350
	<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. Mark E Easley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Duke Medicine
 4709 Creekstone Drive
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 7967091
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. A Philip Fontanetta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Hunt Ln
 City Manhasset State NY Zip Code 11030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 7967092
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Gregory Francis Carolan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 7967093
 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 291 OF 350
	<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. Akbar Aly Hussaini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3604 Balcones Drive
 City Austin State TX Zip Code 78731-5804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 7967807
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Richard F McKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3203 S. Ong
 City Amarillo State TX Zip Code 79109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 7969344
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Francis J Lamberta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1926 Clover Drive
 City Palatine State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 7970881
 Amount of Each Receipt this Period 500.00
 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 292 OF 350
	<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. Timothy A Garvey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Twin Cities Spine Center
 913 E 26th St Ste 600
 City Minneapolis State MN Zip Code 55404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2016**
Transaction ID : 7970882
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. William A Tyndall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2016**
Transaction ID : 7970884
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Gary W Misamore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10430 Hickory Ridge
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2016**
Transaction ID : 7970885
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 350
	<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. Charles A Bush-Joseph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 N Lincoln
 City Hinsdale State IL Zip Code 60521-3444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 7970886
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Daniel R Orcutt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2670 Emerald Dr
 City Jonesboro State GA Zip Code 30236-5232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 7970905
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Harry E Rubash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Harvard Affl Hospitals
 55 Fruit St YAW 3700
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 30 / 2016
Transaction ID : 7970906
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 350
	<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. William P Carney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 The By Way
 City Ridgewood State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : 7970908
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Joshua M Hickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1551 S Renaissance Towne Dr Ste 400
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : 7970925
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Bradley J Nelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6820 Valley View Road
 City Edina State MN Zip Code 55439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Minnesota 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
 03 / 30 / 2016
Transaction ID : 7970926
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 350
(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. E Jeffrey Donner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Linden Lake Road
 City State Zip Code
 Fort Collins CO 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 03 / 30 / 2016
Transaction ID : 7970928
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Stefan Kreuzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 Pinehaven Dr
 City State Zip Code
 Houston TX 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : 7970930
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Thomas M Florack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2083 Lost Dauphin Rd
 City State Zip Code
 De Pere WI 54115-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prevea Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : 7971766
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 350
	<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. S Glen Neale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Rams Roc Rd
 City Elmore State VT Zip Code 05661
 Name of Employer North County Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 7971768
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jeffrey R Ginther MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13827 Driftwood Dr
 City Carmel State IN Zip Code 46033-8511
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 8020279
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

C. Eric J Lindberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 E Hale Pkwy Ste 550
 City Denver State CO Zip Code 80220-3900
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 16 / 2016
Transaction ID : 8020280
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 297 OF 350
(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. Full Name (Last, First, Middle Initial)
Frank M Chang MD

Mailing Address 13123 E 16th Ave

City Aurora State CO Zip Code 80045-7106

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

Name of Employer Children's Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : 8020281

Amount of Each Receipt this Period
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	450357.83

**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 298 OF 350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. American Association of Orthopaedic Surgeons
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 W. Higgins
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1629.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : 7804558
 Amount of Each Receipt this Period
 1629.51
 Memo Item
 Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 W. Higgins
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4916.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : 7914571
 Amount of Each Receipt this Period
 3287.46
 Memo Item
 Refund of bank fees from affiliated organization

C. American Association of Orthopaedic Surgeons
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 W. Higgins
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 8358.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : 7966716
 Amount of Each Receipt this Period
 3441.03
 Memo Item
 Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional).....	8358.00
TOTAL This Period (last page this line number only).....	8358.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7639576

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7800622

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7800623

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : 7874618

Amount of Each Disbursement this Period

373.10

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : 7909272

Amount of Each Disbursement this Period

897.69

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : 7909299

Amount of Each Disbursement this Period

805.06

Memo Item
Bank fees deducted from account

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

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

2075.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7909301

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7909302

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7909303

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7919030

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7919031

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7946870

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7946871

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7946872

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7946877

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 7946878

Amount of Each Disbursement this Period

143.01

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : 7946879

Amount of Each Disbursement this Period

75.63

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : 7946880

Amount of Each Disbursement this Period

480.30

Memo Item
Bank fees deducted from account

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

698.94

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7964396

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7964397

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7964398

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7964399

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees refunded

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7964400

Amount of Each Disbursement this Period

Memo Item
Bank fees refunded

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7967808

Amount of Each Disbursement this Period

Memo Item
Bank fees deducted from account

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fee deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7979303

Amount of Each Disbursement this Period

Memo Item
Bank fee deducted from account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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"/> 24	<input type="checkbox"/> 25	<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. National Republican Congressional Comm.

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Dues

Category/
Type

Candidate Name

National Republican Congressional Comm.

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

Date of Disbursement

/ /

Transaction ID : 7828670

Amount of Each Disbursement this Period

Memo Item
2016 Dues

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Dues

Category/
Type

Candidate Name

National Republican Senatorial Committee

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

Date of Disbursement

/ /

Transaction ID : 7828671

Amount of Each Disbursement this Period

Memo Item
2016 Dues

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Dues

Category/
Type

Candidate Name

Democratic Senatorial Campaign Committee

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

Date of Disbursement

/ /

Transaction ID : 7828700

Amount of Each Disbursement this Period

Memo Item
2016 Dues

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"/> 24	<input type="checkbox"/> 25	<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. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Mailing Address 430 S Capitol St SE
2nd Floor

Transaction ID : 7828701

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2016 Dues

011
Category/ Type

Memo Item
2016 Dues

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Daniel Webster for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Mailing Address 3400 Old Winter Garden Road

Transaction ID : 7882699

City Orlando State FL Zip Code 32805

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Memo Item

Candidate Name

Daniel Webster

Office Sought: House
 Senate
 President
State: FL District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Mailing Address 175 S West Temple
Suite 650

Transaction ID : 7882700

City Salt Lake City State UT Zip Code 84101

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Hatch's LPAC

011
Category/ Type

Memo Item
Hatch's LPAC

Candidate Name

ORRINPAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

20000.00

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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"/> 24	<input type="checkbox"/> 25	<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. Renee Ellmers for Congress Committee

Mailing Address P.O. Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	6

Transaction ID : 7903913

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	6

Transaction ID : 7903915

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	6

Transaction ID : 7903917

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

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

9	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/Type

Candidate Name

Gene Green

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 7903919

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Full House PAC

Mailing Address P.O. Box 530520

City Henderson State NV Zip Code 89053

Purpose of Disbursement
Rep Joe Heck's LPAC

011

Category/Type

Candidate Name

Full House PAC

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 7903920

Amount of Each Disbursement this Period

1000.00

Memo Item

Rep Joe Heck's LPAC

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address P.O. Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/Type

Candidate Name

John Shimkus

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 7903921

Amount of Each Disbursement this Period

2000.00

Memo Item

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

7000.00

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"/> 24	<input type="checkbox"/> 25	<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. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/Type

Candidate Name

Lynn Jenkins

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	1	6		

Transaction ID : 7903922

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address P.O. Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/Type

Candidate Name

Jeb Hensarling

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

Transaction ID : 7911527

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Martha Roby for Congress

Mailing Address P.O. Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement

011

Category/Type

Candidate Name

Martha Roby

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

Transaction ID : 7911528

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Castor for Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Candidate Name

Kathy Castor

Office Sought: House Senate President

State: FL District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911529

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Buck for Colorado

Mailing Address P.O. Box 338018

City Greeley State CO Zip Code 80633

Purpose of Disbursement

011

Candidate Name

Kenneth Buck

Office Sought: House Senate President

State: CO District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911530

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pompeo for Congress Inc

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement

011

Candidate Name

Michael Pompeo

Office Sought: House Senate President

State: KS District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911531

Amount of Each Disbursement this Period

2000.00

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"/> 24	<input type="checkbox"/> 25	<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. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Barton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911533

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VIEW PAC

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

VIEW PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911536

Amount of Each Disbursement this Period

5000.00

Memo Item
Annual Contribution

Full Name (Last, First, Middle Initial)

C. Thornberry for Congress Committee

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mac Thornberry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911537

Amount of Each Disbursement this Period

1250.00

Memo Item

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

9750.00

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"/> 24	<input type="checkbox"/> 25	<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. Ryan for Congress, Inc.

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911542

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of John McCain

Mailing Address P.O. Box 16118

City State Zip Code
Arlington VA 22215

Purpose of Disbursement

011

Category/
Type

Candidate Name

John McCain

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911543

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address P.O. Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 7911544

Amount of Each Disbursement this Period

2000.00

Memo Item

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

12000.00

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"/> 24	<input type="checkbox"/> 25	<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. Upton for All of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frederick Upton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

Transaction ID : 7911545

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address P.O. Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Pallone

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

Transaction ID : 7911546

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address P.O. Box 5053

City State Zip Code
Concord NC 28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Richard Hudson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

Transaction ID : 7911547

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

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

4	5	0	.	0	0
---	---	---	---	---	---

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

4	5	0	.	0	0
---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Marsha Blackburn for Congress, Inc.

Mailing Address P.O. Box 3750
Suite 4916

City State Zip Code
Brentwood TN 37027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : 7911548

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Rush

Mailing Address P. O. Box 7292

City State Zip Code
Chicago IL 60680

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bobby Rush

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : 7911549

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Henry Hank Johnson

Mailing Address 4262 Clausell Court
Suite A

City State Zip Code
Decatur GA 30035

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Hank Johnson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 7914564

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)..... ▶

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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"/> 24	<input type="checkbox"/> 25	<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. STAPAC (Stand Tall America)

Mailing Address P.O. Box 2382

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
Thornberry's LPAC

011

Category/
Type

Candidate Name

STAPAC (Stand Tall America)

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914565

Amount of Each Disbursement this Period

2500.00

Memo Item
Thornberry's LPAC

Full Name (Last, First, Middle Initial)

B. Kelly PAC

Mailing Address 499 S. Capitol St. SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Ayotte's LPAC

011

Category/
Type

Candidate Name

Kelly PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914566

Amount of Each Disbursement this Period

1500.00

Memo Item
Ayotte's LPAC

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doris Matsui

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914567

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"/> 24	<input type="checkbox"/> 25	<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. Graves for Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Samuel Graves

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914568

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address P.O. Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914572

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutch Ruppensberger for Congress Committee

Mailing Address 22 W. Padonia Road

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Category/
Type

Candidate Name

C.A. Dutch Ruppensberger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914573

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Majority Committee PAC--MC PAC

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
McCarthy's LPAC

011

Category/
Type

Candidate Name

Majority Committee PAC--MC PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914574

Amount of Each Disbursement this Period

2500.00

Memo Item
McCarthy's LPAC

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Mailing Address P.O. Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. George Holding

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914575

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walters for Congress

Mailing Address 300 Spectrum Center Dr. #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mimi Walters

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914576

Amount of Each Disbursement this Period

1500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Kristi for Congress

Mailing Address P.O. Box 852

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kristi Noem

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2016

Transaction ID : 7914577

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address P.O. Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Flores

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2016

Transaction ID : 7914578

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Mailing Address P.O. Box 24551
Suite 420

City State Zip Code
Pittsburgh PA 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tim Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2016

Transaction ID : 7914579

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<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. Shelby for U.S. Senate

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Shelby

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 7914580

Amount of Each Disbursement this Period

5000.00	0000.00	0000.00	0000.00	0000.00
				1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bishop for Congress

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 7914581

Amount of Each Disbursement this Period

5000.00	0000.00	0000.00	0000.00	0000.00
				2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeff Denham

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 7914582

Amount of Each Disbursement this Period

5000.00	0000.00	0000.00	0000.00	0000.00
				2000.00

Memo Item

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

5000.00	0000.00	0000.00	0000.00	0000.00
				5000.00

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

5000.00	0000.00	0000.00	0000.00	0000.00
				5000.00

**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"/> 24	<input type="checkbox"/> 25	<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. Yarmuth for Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Yarmuth

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 7914583

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Boozman for Arkansas

Mailing Address P.O. Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 7914584

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Visclosky for Congress

Mailing Address P.O. Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Visclosky

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 7914585

Amount of Each Disbursement this Period

4650.00

Memo Item

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

6150.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement Annual Contribution

011

Candidate Name

Tuesday Group PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914586

Amount of Each Disbursement this Period

5000.00

Memo Item Annual Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Raja for Congress

Mailing Address P.O. Box 681202

City Schamburg State IL Zip Code 60168

Purpose of Disbursement

011

Candidate Name

Raja Krishnamoorthy

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 00

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914587

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Derek Kilmer

Mailing Address P.O. Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement

011

Candidate Name

Derek Kilmer

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914588

Amount of Each Disbursement this Period

2500.00

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"/> 24	<input type="checkbox"/> 25	<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. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

Transaction ID : 7914589

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lone Star PAC

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Burgess' LPAC

011

Category/
Type

Candidate Name

Lone Star PAC

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
02		23		2016

Transaction ID : 7914590

Amount of Each Disbursement this Period

5000.00

Memo Item

Burgess' LPAC

Full Name (Last, First, Middle Initial)

C. Julia Brownley for Congress

Mailing Address P.O. Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Julia Brownley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

Transaction ID : 7914591

Amount of Each Disbursement this Period

1000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Category/Type

Candidate Name

Timothy Walz

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914592

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tammy for Illinois

Mailing Address P.O. Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Tammy Duckworth

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914593

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Ben

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Ben Lujan Jr.

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914594

Amount of Each Disbursement this Period

1500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Category/Type

Candidate Name

Michael Simpson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914595

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/Type

Candidate Name

Michael C. Burgess

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914596

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Eye of the Tiger PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Scalise's LPAC

011

Category/Type

Candidate Name

The Eye of the Tiger PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914597

Amount of Each Disbursement this Period

2500.00

Memo Item

Scalise's LPAC

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PETE PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Sessions' LPAC

011

Category/
Type

Candidate Name
PETE PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 7914598

Amount of Each Disbursement this Period

2500.00

Memo Item
Sessions' LPAC

Full Name (Last, First, Middle Initial)

B. Mark Takai for Congress

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Mark Takai

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 7917687

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LaHood for Congress

Mailing Address P.O. Box0735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name
Darin LaHood

Office Sought: House Senate President
State: IL District: 18

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 7917688

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition PAC (NDC PAC)

Mailing Address 233 Pennsylvania Ave SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Annual Contribution

011

Candidate Name

New Democrat Coalition PAC (NDC PAC)

Category/
Type

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
02	/	26	/	2016

Transaction ID : 7917689

Amount of Each Disbursement this Period

5000.00

Memo Item
Annual Contribution

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address P.O. Box 505

City Siouss Falls State SD Zip Code 57101

Purpose of Disbursement
Thune's LPAC

011

Candidate Name

Heartland Values PAC

Category/
Type

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
02	/	26	/	2016

Transaction ID : 7917690

Amount of Each Disbursement this Period

2000.00

Memo Item
Thune's LPAC

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC, The

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Annual Dues

011

Candidate Name

Blue Dog PAC, The

Category/
Type

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
02	/	26	/	2016

Transaction ID : 7917691

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Annual Dues

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

12000.00

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"/> 24	<input type="checkbox"/> 25	<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. Republican Main Street Partnership

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Annual Dues

Category/
Type

Candidate Name

Republican Main Street Partnership

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7917692

Amount of Each Disbursement this Period

Memo Item
2016 Annual Dues

Full Name (Last, First, Middle Initial)

B. Buddy Carter for Congress

Mailing Address 200 E St Julian St. Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

Category/
Type

Candidate Name

Earl Carter

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7917693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Cardin's LPAC

Category/
Type

Candidate Name

LEGPAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7917694

Amount of Each Disbursement this Period

Memo Item
Cardin's LPAC

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"/> 24	<input type="checkbox"/> 25	<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 Roy Blunt

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 7917695

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Roe's LPAC

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 7917696

Amount of Each Disbursement this Period

5000.00

Memo Item

Roe's LPAC

Full Name (Last, First, Middle Initial)

C. Van Hollen for Congress

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963362

Amount of Each Disbursement this Period

2500.00

Memo Item

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

11500.00

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"/> 24	<input type="checkbox"/> 25	<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. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/Type

Candidate Name

Lynn Jenkins

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963363

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street, NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/Type

Candidate Name

Steny Hoyer

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: DC District: 05

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963364

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 45244

Purpose of Disbursement

011

Category/Type

Candidate Name

Rob Portman

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963366

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)..... ▶

**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"/> 24	<input type="checkbox"/> 25	<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. Fearless PAC

Mailing Address 233 Pennsylvania Ave, Se
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Polis' LPAC

011

Category/
Type

Candidate Name

Fearless PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963367

Amount of Each Disbursement this Period

1000.00

Memo Item
Polis' LPAC

Full Name (Last, First, Middle Initial)

B. Clarke for Congress

Mailing Address 111-36 200th Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Yvette Clarke

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963370

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963371

Amount of Each Disbursement this Period

4650.00

Memo Item

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

7150.00

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"/> 24	<input type="checkbox"/> 25	<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

A. David Scott for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement 011 Category/Type

Candidate Name **David Scott**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 13

Date of Disbursement: MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963372

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of Dennis Ross

Full Name (Last, First, Middle Initial)
Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 33807

Purpose of Disbursement 011 Category/Type

Candidate Name **Dennis Ross**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement: MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963374

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Canary Fund

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Brown's LPAC 011 Category/Type

Candidate Name **Canary Fund**

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

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963376

Amount of Each Disbursement this Period: 5000.00

Memo Item
Brown's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Price

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

Transaction ID : 7963377

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5
Building 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Louise Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

Transaction ID : 7963380

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Luke Messer for Congress

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Luke Messer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	3		2	0	1	6		

Transaction ID : 7963381

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

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

3	5	0	.	0	0
---	---	---	---	---	---

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

3	5	0	.	0	0
---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Walden for Congress

Mailing Address P.O. Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregory Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963385

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Mailing Address P.O. Box 14496

City: Poland State: OH Zip Code: 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963386

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Mailing Address P.O. Box 23219
Suite 301

City: Jefferson State: LA Zip Code: 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963388

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. Toomey Pennsylvania Victory Fund

Mailing Address 228 South Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Toomey's Leadership

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7963389

Amount of Each Disbursement this Period

Memo Item
Toomey's Leadership

Full Name (Last, First, Middle Initial)

B. Graves for Congress

Mailing Address P.O. Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

011
Category/
Type

Candidate Name

Rep. Tom Graves

Office Sought: House Senate President
State: GA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7963390

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011
Category/
Type

Candidate Name

Sen. Tim Scott

Office Sought: House Senate President
State: SC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7963391

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"/> 24	<input type="checkbox"/> 25	<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. Blumenthal for Senate

Mailing Address 10 G Street
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Blumenthal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963392

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963394

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address P.O. Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	6

Transaction ID : 7963395

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Levin for Congress

Mailing Address P.O. Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963396

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address P.O. Box 6312

City State Zip Code
Libertyville IL 60093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Robert Dold

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963397

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963399

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"/> 24	<input type="checkbox"/> 25	<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. Lobiondo for Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

011

Candidate Name

Rep. Frank LoBiondo

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963400

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name

Rep. Michelle Lujan Grisham

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7963401

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Gene Green's Breakfast Event 12-15-15

011

Candidate Name

Gene Green

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7964277

Amount of Each Disbursement this Period

350.00

Memo Item

Gene Green's Breakfast Event 12-15-15

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

3350.00

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"/> 24	<input type="checkbox"/> 25	<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. Collins for Congress

Mailing Address P.O. Box 386

City State Zip Code
Clarence NY 14031

Purpose of Disbursement
Void - Collins for Congress

Candidate Name
Rep. Christopher Collins

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 7964385

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Collins for Congress

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address P.O. Box 386

City State Zip Code
Clarence NY 14031

Purpose of Disbursement

Candidate Name
Rep. Christopher Collins

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : 7965116

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Loudermilk for Congress

Mailing Address P.O. Box 447

City State Zip Code
Cassville GA 30123

Purpose of Disbursement

Candidate Name
Barry Loudermilk

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968239

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)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/Type

Candidate Name

Patrick Meehan

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968240

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alamo PAC

Mailing Address 816 Congress Ave, Suite 960
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement
Cornyn's LPAC

011

Category/Type

Candidate Name

Alamo PAC

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968241

Amount of Each Disbursement this Period

2500.00

Memo Item
Cornyn's LPAC

Full Name (Last, First, Middle Initial)

C. Byrne for Congress

Mailing Address P.O. Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Bradley Byrne

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968242

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<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. Cramer for Congress

Mailing Address P.O. Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Kevin Cramer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968244

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hurd for Congress

Mailing Address P.O. Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Will Hurd

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968245

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address P.O. Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Category/Type

Candidate Name

Gus Bilirakis

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968246

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Womack for Congress Committee

Mailing Address P.O. Box 508

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/Type

Candidate Name

Steve Womack

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: AR District: 03

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968247

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Coffman for Congress Inc.

Mailing Address 9249 South Broadway Blvd.
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/Type

Candidate Name

Mike Coffman

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968248

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Coffman for Congress Inc.

Mailing Address 9249 South Broadway Blvd.
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/Type

Candidate Name

Mike Coffman

Office Sought: House Senate President

Disbursement For: 2016

Primary General Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 7968249

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"/> 24	<input type="checkbox"/> 25	<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. Rohrabacher for Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dana Rohrabacher

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

Transaction ID : 7968250

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walberg for Congress

Mailing Address P.O. Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

Transaction ID : 7968453

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boustany for Senate Inc

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Boustany

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

Transaction ID : 7968560

Amount of Each Disbursement this Period

4000.00

Memo Item

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

5500.00

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"/> 24	<input type="checkbox"/> 25	<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. Pioneer PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Tiberi's LPAC

011

Category/
Type

Candidate Name

Pioneer PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 7970863

Amount of Each Disbursement this Period

5000.00

Memo Item
Tiberi's LPAC

Full Name (Last, First, Middle Initial)

B. Friends of Dena

Mailing Address 3956 Town Center Blvd.
Suite 457

City Orlando State FL Zip Code 32837

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dena Minning

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 7971874

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boustany for Senate Inc

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Boustany

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 8020271

Amount of Each Disbursement this Period

4000.00

Memo Item

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

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Boustany for Senate Inc

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Re-designated funds for trans. dated 3/29/2016

011

Category/
Type

Candidate Name

Charles Boustany

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 8020272

Amount of Each Disbursement this Period

1500.00

Memo Item

Re-designated funds for trans. dated 3/29/2016

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

0.00

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

320150.00

**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"/> 24	<input type="checkbox"/> 25	<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. Jeffrey R Ginther MD, FACS

Mailing Address 13827 Driftwood Dr

City Carmel State IN Zip Code 46033-8511

Purpose of Disbursement
Member requested refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 7964401

Amount of Each Disbursement this Period

Memo Item
Member requested refund

Full Name (Last, First, Middle Initial)

B. Eric J Lindberg MD

Mailing Address 4700 E Hale Pkwy Ste 550

City Denver State CO Zip Code 80220-3900

Purpose of Disbursement
Member requested refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 7964402

Amount of Each Disbursement this Period

Memo Item
Member requested refund

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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 ▼ <div style="border: 1px solid black; padding: 2px;"> C C00343137 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item Mammen Group, Inc	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 22 / 2016 </div>
Mailing Address 1901 L Street, N.W.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13348.94 </div>
City Washington State DC Zip Code 20036	Transaction ID : 7911588 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 19 / 2016 </div>
Purpose of Expenditure Mail Piece Category/Type 011	Name of Federal Candidate Gene Green <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13348.94 </div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>29</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px;"> 13348.94 </div>
City State Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 13348.94 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 13348.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 13348.94 </div>

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.

Douglas W Lundy MD, MBA [Electronically Filed] Date 04 / 15 / 2016

Signature _____