

# 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.

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

ADDRESS (number and street)

▼  Check if different than previously reported. (ACC)

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

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Igram, M, , Cassim, MD,FAAOS

Signature of Treasurer Igram, M, , Cassim, MD,FAAOS Date  /  /

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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<br>This Period                | COLUMN B<br>Calendar Year-to-Date       |
|--|--|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  |  | <input type="text" value="431088.33"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="340495.76"/> |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="520509.06"/> | <input type="text" value="1079533.75"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="861004.82"/> | <input type="text" value="1510622.08"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="375486.26"/> | <input type="text" value="1025103.52"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="485518.56"/> | <input type="text" value="485518.56"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

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: 07 / 01 / 2023 To: 12 / 31 / 2023

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 486846.56                     | 993665.11                         |
| (ii) Unitemized .....   | 31162.50                      | 83368.64                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 518009.06                     | 1077033.75                        |
| (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) .....  | 518009.06                     | 1077033.75                        |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 2500.00                       | 2500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 520509.06                     | 1079533.75                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 520509.06                     | 1079533.75                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 15386.26                      | 31835.52                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 15386.26                      | 31835.52                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 344000.00                     | 972000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 1100.00                       | 6268.00                           |
| (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)).....                            | 1100.00                       | 6268.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 15000.00                      | 15000.00                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 375486.26                     | 1025103.52                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 375486.26                     | 1025103.52                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 518009.06                             | 1077033.75                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 1100.00                               | 6268.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 516909.06                             | 1070765.75                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 15386.26                              | 31835.52                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 15386.26                              | 31835.52                                  |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cox, Christopher, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Berkeley Way  
 City San Francisco State CA Zip Code 94131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Pacific Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2023  
**Transaction ID : 11550851**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Cassidy, Carter, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 02 / 2023  
**Transaction ID : 11550852**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Casey, Brett, Edward, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6064 Louis XIV St  
 City New Orleans State LA Zip Code 70124-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gulf Coast Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 02 / 2023  
**Transaction ID : 11550853**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1335.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Smith, Eric, Louis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 Beacon Street  
 City Waban State MA Zip Code 02468-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1588.00

Date of Receipt 07 / 02 / 2023  
**Transaction ID : 11550854**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Emory, Cynthia, Lynn, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 476 Lissara Lodge Drive  
 City Lewisville State NC Zip Code 27023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest School of Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2023  
**Transaction ID : 11550856**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bailey, James, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11550927**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1126.00 |
| <b>TOTAL</b> This Period (last page this line 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 8 OF 547  
(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. Anderson, Robert, O, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9800 55th St N  
 City Lake Elmo State MN Zip Code 55042-8598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11550928**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Swards, Joseph, Milo, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 Westwind Way  
 City Dresher State PA Zip Code 19025-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11551198**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Della Rocca, Gregory, John, , MD,PhD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Stonehaven Rd  
 City Columbia State MO Zip Code 65203-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Missouri Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11551199**  
 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 9 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 04 / 2023  
**Transaction ID : 11551752**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 04 / 2023  
**Transaction ID : 11551753**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Carlson, William, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 SE Tuscan Lane  
 City Stuart State FL Zip Code 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 04 / 2023  
**Transaction ID : 11551754**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Will, Ryan, Edward, , MD,FAAOS

Mailing Address 2007 60th Ave NW

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Gig Harbor | State<br>WA | Zip Code<br>98335 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Olympia Orthopaedic Associates | Occupation (for Individual)<br>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  
 07 / 04 / 2023

**Transaction ID : 11551756**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Engle, Carolyn, , , MD,FAAOS

Mailing Address 168 May Road

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Beaver Falls | State<br>PA | Zip Code<br>15010 |
|----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Heritage Valley Health System | Occupation (for Individual)<br>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  
 07 / 03 / 2023

**Transaction ID : 11552900**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Vittetoe, David, , , MD, FAAOS

Mailing Address 24761 Timber Hills Ln

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Adel | State<br>IA | Zip Code<br>50003-8421 |
|--------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Des Moines Orthopaedic Surgeons PC | Occupation (for Individual)<br>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  
 07 / 03 / 2023

**Transaction ID : 11552901**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bernholt, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3126 Chapel Woods Cv

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38139 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552903**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Bettin, Clayton, Charles, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5047 Shady Hall Ct

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552904**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Calandruccio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 S Germantown Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138-2205 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552906**

Amount of Each Receipt this Period  
41.67

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Orthopaedic Surgery  
1400 South Germantown Rd

City Germantown State TN Zip Code 38138

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11552907**

Amount of Each Receipt this Period 41.67

Memo Item

**B. Crockarell, John, R, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar Ave  
Ste 100

City Collierville State TN Zip Code 38017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11552908**

Amount of Each Receipt this Period 41.67

Memo Item

**C. Grear, Benjamin, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 219 Lagrange Creek Drive

City Eads State TN Zip Code 38028

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11552910**

Amount of Each Receipt this Period 41.67

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Guyton, James, L, , MD,FAAOS</b>       |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 03 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 03  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 6422 Massey Estates Cove  |  | <b>Transaction ID : 11552911</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Memphis   | State<br>TN  | Zip Code<br>38120   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>41.67   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Campbell Clinic  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>291.69                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Harkess, James, W, , MD,FAAOS</b>      |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 03 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 03  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 9566 Fox Hill Circle S  |  | <b>Transaction ID : 11552912</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Germantown  | State<br>TN  | Zip Code<br>38139   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>41.67   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Campbell Clinic  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>291.69                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Heck, Robert, Kurt, , Jr, MD, FA</b> |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 03 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 03  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 4938 Barfield Rd  |  | <b>Transaction ID : 11552913</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Memphis   | State<br>TN  | Zip Code<br>38117   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>41.67   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Campbell Clinic  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>291.69                 |   |       |             |       |   |             |    |  |    |  |      |

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line 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 14 OF 547<br>(check only one)  |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Kelly, Derek, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove N  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.69

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11552914**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Mysnyk, Mark, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3655 Forest Gate Dr  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2023  
**Transaction ID : 11552917**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mihalko, Marc, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 03 / 2023  
**Transaction ID : 11552920**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 583.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Murphy, Garnett, Andrew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 S Germantown Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138-2205 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552921**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Richardson, David, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38112 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552924**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Rider, Carson, Mills, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2372 Corinne Oak Court

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38119 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552925**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line 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 547  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Rudloff, Matthew, Ian, , MD, FAAOS**

Mailing Address 10211 Ramblewood Dr

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Arlington | State<br>TN | Zip Code<br>38002 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 03    |   | 2023        |

**Transaction ID : 11552926**

Amount of Each Receipt this Period  
41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Sawyer, Jeffrey, R, , MD, FAAOS**

Mailing Address 4450 Chickasaw Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 03    |   | 2023        |

**Transaction ID : 11552927**

Amount of Each Receipt this Period  
41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Sheffer, Benjamin, West, , MD,FAAOS**

Mailing Address 281 Ben Avon Way

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111-7702 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
541.69

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 03    |   | 2023        |

**Transaction ID : 11552928**

Amount of Each Receipt this Period  
41.67

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Thompson, Norfleet, Buckner, , MD, FAAOS**

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

Mailing Address 3784 Highland Park Place

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552930**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Throckmorton, Thomas, Ward, , MD,FAOS**

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

Mailing Address 4901 Fairfield Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552931**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Warner, William, C, , Jr, MD, FA**

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

Mailing Address 215 East Cherry Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2023

**Transaction ID : 11552932**

Amount of Each Receipt this Period  
41.67

Memo Item

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120-2707 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 03    |   | 2023        |

**Transaction ID : 11552933**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 03    |   | 2023        |

**Transaction ID : 11552934**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Martin, Christopher, T, , MD, FAAOS

Mailing Address 3191 Shorewood Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Arden Hills | State<br>MN | Zip Code<br>55112-7948 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Minnesota | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
334.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 05    |   | 2023        |

**Transaction ID : 11553009**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 167.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Keller, Julie, M, , MD,FAAOS</b>       |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 06 / 2023 |
| Mailing Address 113 W Essex Street<br>Suite 201   |  | Transaction ID : 11553010  |
| City<br>Maywood   | State<br>NJ  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00                     |
| Name of Employer (for Individual)<br>Restoration Orthopaedics   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00                 |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Schmale, Gregory, A, , MD, FAAOS</b>   |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 06 / 2023 |
| Mailing Address 6515 126th Ave NE   |  | Transaction ID : 11553019  |
| City<br>Kirkland  | State<br>WA  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>Seattle Children's Hospital  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>588.00                 |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Burke, Charles, J, , III, MD,FA</b>  |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 06 / 2023 |
| Mailing Address 200 Delafield Rd<br>Ste 4010  |  | Transaction ID : 11553020  |
| City<br>Pittsburgh  | State<br>PA  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>UPMC   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>588.00                 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Skeehan, Christopher, Doria, , MD,FAAOS**

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

Mailing Address 40 Cutler Court

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Portsmouth | State<br>RI | Zip Code<br>02871-3521 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Southcoast Health | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2023

**Transaction ID : 11553021**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Quitkin, Hiram, Matthew, , MD, FAAOS**

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

Mailing Address 20 Country Farm Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Stratham | State<br>NH | Zip Code<br>03885-2536 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Access Sports Medicine and Orthopaedic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2023

**Transaction ID : 11553022**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Mosley, Emmett, Wayne, , MD,FAAOS,F**

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

Mailing Address 220 Thompson Pl

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roswell | State<br>GA | Zip Code<br>30075-3522 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Aspirus | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2023

**Transaction ID : 11554161**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Kiner, Dirk, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Canyon Springs Dr  
 City Hixson State TN Zip Code 37343-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Erlanger Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 07 / 2023  
**Transaction ID : 11554162**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 07 / 2023  
**Transaction ID : 11554163**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Lubicky, John, Peter, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 Holly Lane  
 City Morgantown State WV Zip Code 26508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Virginia University School of Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2023  
**Transaction ID : 11554321**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 267.33 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Burnette, Jeffrey, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8252 Seven Mile Drive

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Ponte Vedra | State<br>FL | Zip Code<br>32082-3130 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Jack Hughston Memorial Hospital | Occupation (for Individual)<br>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  
 07 / 06 / 2023

**Transaction ID : 11554322**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Popa, Anca, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 Norwood Ave

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Montclair | State<br>NJ | Zip Code<br>07043 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2023

**Transaction ID : 11554324**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Cambareri, John, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Feldspar Dr

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Syracuse | State<br>NY | Zip Code<br>13219 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Syracuse Ortho Specialists, PC | Occupation (for Individual)<br>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  
 07 / 06 / 2023

**Transaction ID : 11554325**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Johnson, Lawrence, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Abbot St  
 City Andover State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2023  
**Transaction ID : 11554326**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1217.00

Date of Receipt 07 / 08 / 2023  
**Transaction ID : 11554356**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 09 / 2023  
**Transaction ID : 11554361**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Rodriguez, Jose, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 East 70th Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lenox Hill Hosp Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2023  
**Transaction ID : 11554363**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Tracy, Sean, C, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W211 N5455 Carters Crossing Circle  
 City Menomonee Falls State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Orthopedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2023  
**Transaction ID : 11554365**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. McHale, Patricia, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6148 Pier Drive  
 City Denver State NC Zip Code 28037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 09 / 2023  
**Transaction ID : 11554367**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Kelly, James, D, , II, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3838 California Street  
 Suite 715  
 City San Francisco State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Pacific Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 11 / 2023  
**Transaction ID : 11554414**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Nahigian, Kevin, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 Devine St  
 Apt 420  
 City Columbia State SC Zip Code 29205-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 11 / 2023  
**Transaction ID : 11554415**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Stokel, Edward, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 616  
 City Petoskey State MI Zip Code 49770-0616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2023  
**Transaction ID : 11554428**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Murrell, William, D, , Jr, MD,MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Majorca Road  
 City Saint Augustine State FL Zip Code 32080-7314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Infohealth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2023  
**Transaction ID : 11554511**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bernard, Johnathan, , , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21549 Glebe View Dr  
 City Broadlands State VA Zip Code 20148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2023  
**Transaction ID : 11554818**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Jamison, James, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7092 Killdeer Drive  
 City Canfield State OH Zip Code 44406-9181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Youngstown Orthopaedic Associates, Ltd Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 12 / 2023  
**Transaction ID : 11554819**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Dodds, Julie, A, , MD,FAOS</b>         |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>12</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 12 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 12  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 2603 90th Ave   |  | <b>Transaction ID : 11554820</b>  |       |             |       |   |             |    |  |    |  |      |
| City Lone Rock  | State IA   | Zip Code 50559-8556   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>84.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Center for Specialty Care  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>588.00                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. John, Thomas, K, , MD,FAOS</b>         |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>12</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 12 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 12  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 522 Eastbrook Rd  |  | <b>Transaction ID : 11554821</b>  |       |             |       |   |             |    |  |    |  |      |
| City Ridgewood  | State NJ   | Zip Code 07450-2110   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>84.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Active Orthopedics and Sports Medicine   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>588.00                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Mansfield, David, J, , MD,FAOS</b>   |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>12</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 12 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 12  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 5019 Montoya Rd   |  | <b>Transaction ID : 11554822</b>  |       |             |       |   |             |    |  |    |  |      |
| City El Paso  | State TX   | Zip Code 79922-2031   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>166.67  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>El Paso Orthopaedic Surgery Group  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>1166.69                |   |       |             |       |   |             |    |  |    |  |      |

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|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 334.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Harrison, Ryan, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4103 Clairmont Rd  
 City Upper Arlington State OH Zip Code 43220-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio State Univ Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 07 / 12 / 2023  
**Transaction ID : 11554872**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Krueger, Chad, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 588.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 1155399**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. James, Jeremy, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 700.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 1155400**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5184.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Southworth, Stephen, R, , MD,FAAOS**

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

Mailing Address 1080 Quail Creek  
1080 Quail Creek

City Tupelo State MS Zip Code 38801

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 11 / 2023**

**Transaction ID : 11555419**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Berkenblit, Scott, , , MD,PhD,FAA**

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

Mailing Address 43 Warrenton Rd

City Baltimore State MD Zip Code 21210

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 11 / 2023**

**Transaction ID : 11555420**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Sedory, David, Marshall, , MD,FAAOS**

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

Mailing Address 210 Rose Dhu Road

City Savannah State GA Zip Code 31419-3316

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

Name of Employer (for Individual) US Army Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 11 / 2023**

**Transaction ID : 11555421**

Amount of Each Receipt this Period 250.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Mattingly, David, A, , MD,FAAOS</b>    |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 11 / 2023 |
| Mailing Address 80 Fernwood Road  |  | <b>Transaction ID : 11555422</b>                                 |
| City<br>Chestnut Hill   | State<br>MA  | Zip Code<br>02467  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>1000.00                    |
| Name of Employer (for Individual)<br>New England Baptist Hospital   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00                |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Day, Charles, S, , MD,MBA,FAA</b>      |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 11 / 2023 |
| Mailing Address 266 Woodberry Dr  |  | <b>Transaction ID : 11555423</b>                                 |
| City<br>Bloomfield Hills  | State<br>MI  | Zip Code<br>48304-3561   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00                     |
| Name of Employer (for Individual)<br>St. Elizabeth's Medical Center   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                 |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Newton, Peter, O, , MD,FAAOS</b>     |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 11 / 2023 |
| Mailing Address 5310 Calumet Avenue   |  | <b>Transaction ID : 11555424</b>                                 |
| City<br>La Jolla  | State<br>CA  | Zip Code<br>92037  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00                     |
| Name of Employer (for Individual)<br>University of San Diego  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>1000.00                |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (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 547               |
|   | <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. Boyette, Deanna, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 Daventry Dr  
 City Greenville State NC Zip Code 27858-6513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boyette Orthos & Sports Med PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 11 / 2023  
**Transaction ID : 11555425**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Russell, George, V, , Jr, MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 North Natchez Drive  
 City Madison State MS Zip Code 39110-6941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555537**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Pierce, Troy, D, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 Edgewater Pl SE  
 City Mandan State ND Zip Code 58554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555538**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Rojer, David, Eli, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 Walton Rd  
 City Maplewood State NJ Zip Code 07040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union County Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 1155553**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Jordan, Christopher, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 NE 10th  
 City Choctaw State OK Zip Code 73020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 1155596**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kofoed, John, Charles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 623.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 1155598**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2089.00 |
| <b>TOTAL</b> This Period (last page this line 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 33 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Oakley, Ward, Sayre, , Jr, MD,FAA**

Mailing Address PO Box 63

City Pinehurst State NC Zip Code 28370

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

Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2023

**Transaction ID : 1155599**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Miller, Michael, David, , MD,FAOS**

Mailing Address 1555 E River Rd

City Tucson State AZ Zip Code 85718

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

Name of Employer (for Individual) Occupation (for Individual)  
 University Orthopedics Specialists 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  
 07 / 13 / 2023

**Transaction ID : 1155600**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Lane, Lewis, B, , MD,FAOS**

Mailing Address 0 South Rd

City Sands Point State NY Zip Code 11050

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

Name of Employer (for Individual) Occupation (for Individual)  
 University 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  
 07 / 13 / 2023

**Transaction ID : 1155601**

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 34 OF 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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. Masterson, John, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Parkview Ter  
 City Brownwood State TX Zip Code 76801-6818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555602**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kress, Kenneth, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 Blakenham Ct  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northside Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555606**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Guehlstorf, Daniel, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9083 Kensington Way  
 City Franklin State WI Zip Code 53132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Surgeons of Wisconsin, SC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555607**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Buckwalter, Joseph, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Ortho 01008 JPP  
200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer (for Individual) Univ of Iowa Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555608**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Parent, Thomas, E, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Broad Avenue South

City Naples State FL Zip Code 34102

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

Name of Employer (for Individual) Naples Med Ctr Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555609**

Amount of Each Receipt this Period 200.00

Memo Item

**C. Chan, Peter, Sing-Hung, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Colgate Drive

City Morristown State NJ Zip Code 07960

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555640**

Amount of Each Receipt this Period 250.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 550.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547               |
|   | <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. Talerico, Marcus, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Carriage Hill Cir  
 City Libertyville State IL Zip Code 60048-3931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MidAmerica Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555693**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Theut, Peter, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Gracewood Dr SE  
 City Grand Rapids State MI Zip Code 49506-2071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of Michigan Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555696**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Higuera Rueda, Carlos, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 Ranch Rd  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555699**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wells, Lawrence, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Edwin Ln  
 City Bryn Mawr State PA Zip Code 19010-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Children's Hosp of Philadelphia Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 13 / 2023**  
**Transaction ID : 11555703**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brenneman, Rodney, E, MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1218 Cameron Drive  
 City Manheim State PA Zip Code 17545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 13 / 2023**  
**Transaction ID : 11555705**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wolff, Luther, Horn, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cascade Road  
 City Columbus State GA Zip Code 31904-2806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Francis Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2023**  
**Transaction ID : 11555708**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547               |
|   | <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. Nolla, Jose, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Westchester Avenue  
 City Houston State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11555710**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Courtney, Paul, Maxwell, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 Millbrook Rd  
 City Berwyn State PA Zip Code 19312-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : 11555722**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Smith, Jeffrey, Mark, , MD,CPC,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5865 Friars Rd Unit 3310  
 City San Diego State CA Zip Code 92110-6011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITE Orthopaedics Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2023  
**Transaction ID : 11555839**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 634.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547               |
|   | <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. Sutter, Edward, , , MD, MS, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 The Lane  
 City Hinsdale State IL Zip Code 60521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2023  
**Transaction ID : 11555843**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. McLaurin, Toni, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Cherry Street Apt 28M  
 City New York State NY Zip Code 10002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2023  
**Transaction ID : 11555845**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Goldberg, Steven, Scott, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5867 Whisperwood Ct  
 City Naples State FL Zip Code 34110-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 11555912**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Olsen, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Harrison Avenue  
 Apt 1012  
 City Boston State MA Zip Code 02118-3088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brigham and Women's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2023  
**Transaction ID : 11555913**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Kraushaar, Barry, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 N Church Rd  
 City Saddle River State NJ Zip Code 07458-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Ortho & Sports Medicine Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2023  
**Transaction ID : 11555914**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Cooper, Scott, Snow, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Clinic Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2023  
**Transaction ID : 11555915**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547               |
|   | <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. Braaton, Paul, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd  
 Ste 101  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 1155916**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Carduff, Mary, Foley, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 Rhode Island Ave  
 City McLean State VA Zip Code 22101-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Air Force Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 18 / 2023  
**Transaction ID : 11556758**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Battista, Vincent, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 Bent Creek Drive  
 City Lititz State PA Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2023  
**Transaction ID : 11556761**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 584.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 42 OF 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Gish, Michael, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2630 Old Orchard Rd  
 City Lancaster State PA Zip Code 17601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2023  
**Transaction ID : 11557374**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Payares, Monica, Maria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9461 SW 128 Street  
 City Miami State FL Zip Code 33176-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Alfred I duPont Hospital for C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 20 / 2023  
**Transaction ID : 11557634**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Shen, Wen, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Pond Hills Ct  
 City Pleasant Valley State NY Zip Code 12569-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 21 / 2023  
**Transaction ID : 11557799**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 419.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Chapman, Cary, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10903 Blue Palm Street  
 City Plantation State FL Zip Code 33324-8234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 21 / 2023  
**Transaction ID : 11557800**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Stoeckl, Andrew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Fairlawn Dr  
 City Amherst State NY Zip Code 14226-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 581.00

Date of Receipt 07 / 21 / 2023  
**Transaction ID : 11557801**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

**C. Thoder, Joseph, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 Upper Stump Rd  
 City Chalfont State PA Zip Code 18914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 21 / 2023  
**Transaction ID : 11557803**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 251.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kirol, Bernard, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Lemoyne Lane  
 City Johns Island State SC Zip Code 29455-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 22 / 2023  
**Transaction ID : 11558156**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Veitch, Andrew, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 22 / 2023  
**Transaction ID : 11558157**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hire, Justin, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 Water Ave  
 City Elm Springs State AR Zip Code 72762-9109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2023  
**Transaction ID : 11558158**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 201.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Barber, Thomas, C., MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1743 Spyglass Lane, Apt 7L  
 City Moraga State CA Zip Code 94556-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of California San Francisco Occupation (for Individual) 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  
 07 / 23 / 2023  
**Transaction ID : 11558159**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Friedmann, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2023  
**Transaction ID : 11558160**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Choi, Daniel, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Knolls Dr N  
 City New Hyde Park State NY Zip Code 11040-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) 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  
 07 / 23 / 2023  
**Transaction ID : 11558161**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Amin, Tanay, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22219 N 36th St  
 City Phoenix State AZ Zip Code 85050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558163**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Navarro, Ronald, Anthony, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558164**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. So, David, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1488 Silverstone Way Apt B1  
 City Okemos State MI Zip Code 48864-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sparrow Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558165**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1209.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Aslie, Ardavan, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 Lilac Ln

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Sacramento | State<br>CA | Zip Code<br>95864-4908 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Sacramento Spine Treatment Center | Occupation (for Individual)<br>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  
 07 / 24 / 2023

**Transaction ID : 11558244**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Ardoin, Gregory, Troy, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Fair Park Blvd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Little Rock | State<br>AR | Zip Code<br>72204-1720 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>OrthoArkansas | Occupation (for Individual)<br>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  
 07 / 25 / 2023

**Transaction ID : 11558252**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Hinchey, John, William, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 Normandy Ave

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78209 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Ortho San Antonio | Occupation (for Individual)<br>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  
 07 / 25 / 2023

**Transaction ID : 11558253**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Sculco, Thomas, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 E 95th St  
 City New York City State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558259**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Nunley, James, Albert, , II, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2019 Front St  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558260**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Paterson, William, Hunt, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1356 E Palomino Dr  
 City Tempe State AZ Zip Code 85284-2449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arizona Spine & Joint Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558261**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547               |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ellis, Henry, Bone, , Jr, MD,FAA

Mailing Address 2945 Stanford Ave

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75225 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Texas Scottish Rite Sports Medicine | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2023        |

**Transaction ID : 11558263**

Amount of Each Receipt this Period  
252.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Reynolds, Scott, B, , MD,FAOS

Mailing Address 1408 N 187th St

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Elkhorn | State<br>NE | Zip Code<br>68022 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>OrthoNebraska | Occupation (for Individual)<br>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 |
| 07    |   | 25    |   | 2023        |

**Transaction ID : 11558264**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mess, Charles, Francis, , Jr, MD,FAA

Mailing Address 19300 Pyrite Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Brookeville | State<br>MD | Zip Code<br>20833 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Potomac Valley Orthopaedic Associates | Occupation (for Individual)<br>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 |
| 07    |   | 24    |   | 2023        |

**Transaction ID : 11558287**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1002.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (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 547              |
| <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. Sfera, James, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 England Rd  
 Apt 5224  
 City Cranberry Township State PA Zip Code 16066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558288**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DiPreta, John, Anthony, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1367 Washington Ave, Suite 200  
 City Albany State NY Zip Code 12206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Region Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558289**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Smith, Brian, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2407 Robinhood Street  
 City Houston State TX Zip Code 77005-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mason, Richard, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Idlewild Ave  
 City Easton State MD Zip Code 21601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shere Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558291**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kamps, Bryan, Scott, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3741 Monarch Dr NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558292**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Warren, Russell, F, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021-4892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11558293**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Nelson, Daniel, Richard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 869 E Sawgrass Trl  
 City North Sioux City    State SD    Zip Code 57049-5198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CNOS    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11610172**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Igram, Cassim, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 Woodland Ridge Dr, NE  
 City Iowa City    State IA    Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Hosp & Clinics    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11610174**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Lintecum, Neal, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 N 1500 Road  
 City Lawrence    State KS    Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortho Kansas    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11610176**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (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 547               |
|   | <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. Beltran, Michael, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610177**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Schnaser, Erik, Allen, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75538 Desierto Dr  
 City Indian Wells State CA Zip Code 92210-8444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610178**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610179**  
 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 54 OF 547               |
|   | <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. Scanlon, Christopher, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610180**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Grimm, Bennett, Douglas, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Springdale Rd NE  
 City Atlanta State GA Zip Code 30306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610946**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Michels, Ryan, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 Knitting Mills Way  
 City Wyomissing State PA Zip Code 19610-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of Reading Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610949**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. SrAj, Shafic, A, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 Steeplechase Dr  
 City Morgantown State WV Zip Code 26508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610951**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. May, Gregory, Kenneth, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 E 8th St  
 City Aberdeen State WA Zip Code 98520-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grays Harbor Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610954**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Choueka, Jack, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6010 Bay Parkway 7th Fl  
 City Brooklyn State NY Zip Code 11204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610956**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kauk, Justin, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Kildaire Park Drive  
 Ste 106  
 City Cary State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Structure Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11610962**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Christensen, Christian, P, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 Lakewood Ln  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bluegrass Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11610966**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Fowler, John, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 Morningside Dr  
 City Cranberry Township State PA Zip Code 16066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11610967**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 57 OF 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Geller, Jeffrey, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Apawamis Ave  
 City Rye State NY Zip Code 10580  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11610969**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Boone, David, Warner, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5504 Overleaf Ct  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Releigh Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11610971**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Schneider, Philip, L, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10508 Bit and Spur Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Montgomery Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11611026**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lehner, James, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 Lockerbie Lane  
 City Kettering State OH Zip Code 45429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Daytons Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11611027**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11611031**  
 Amount of Each Receipt this Period 336.00  
 Memo Item

**C. Cahill, Patrick, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 544 Howe Rd  
 City Merion Station State PA Zip Code 19066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11611034**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2336.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wilk, Richard, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Dartmouth St  
 City West Newton State MA Zip Code 02465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lahey Health Hospital & Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611391**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hernandez, Victor, H, , MD,MSc,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7004 Nw 113th Pl  
 City Doral State FL Zip Code 33178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Miami Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611394**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Mardjetko, Steven, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 E Illinois Road  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Bone and Joint Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611401**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line 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 60 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Crawford, Charles, Hopkins, , III, MD,FA**

Mailing Address 8507 Wolf Pen Branch Rd

City Prospect State KY Zip Code 40059-8622

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

Name of Employer (for Individual) Norton Leatherman Spine Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 27 / 2023  
**Transaction ID : 11611404**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lin, Ian, , , MD,FAOS**

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 (for Individual) Des Moines Orthopaedic Surgeons Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 27 / 2023  
**Transaction ID : 11611406**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Shook, Jonathan, Bryan, , MD, FAOS**

Mailing Address 11559 Willow Springs Dr

City Zionsville State IN Zip Code 46077-7830

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 27 / 2023  
**Transaction ID : 11611408**

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 61 OF 547  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Bell, Bryce, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5314 Edith St  
 City Houston State TX Zip Code 77096-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611410**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dunn, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Point Lane  
 City St Simons Island State GA Zip Code 31522-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Orthopaedics and Sports Medic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611424**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Bumpass, David, B, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 E Crestwood Drive  
 City Little Rock State AR Zip Code 72207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Arkansas For Medical Sci Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11611427**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Petty, Mark, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6409 NW 45th Pl  
 City Gainesville State FL Zip Code 32653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023  
**Transaction ID : 11612096**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Wallach, Corey, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 Cedar Dale Ln  
 City Alexandria State VA Zip Code 22308-1717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anderson Clinic Spine Ctr Occupation (for Individual) 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  
 07 / 27 / 2023  
**Transaction ID : 11612098**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Raven, Raymond, B, , III, MD, MB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27372 Aliso Creek Rd  
 200  
 City Aliso Viejo State CA Zip Code 92656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raven Orthopaedics, Inc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023  
**Transaction ID : 11612105**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547               |
|   | <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. Schmidt, Andrew, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Hennepin Healthcare, Dept of Ortho  
 701 Park Ave S  
 City Minneapolis State MN Zip Code 55415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCMC Dept of Orthopedic Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11612107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Knowlan, Robert, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St Croix Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11612114**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ebert, Andrew, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2418 Terwilliger Blvd  
 City Tulsa State OK Zip Code 74114-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Warren Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11612119**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Woodruff, Robert, James, , MD, FAAOS**

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

Mailing Address 6828 Prestwick Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Rapid City | State<br>SD | Zip Code<br>57702-9562 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Black Hills Orthopaedics and Spine Cen | Occupation (for Individual)<br>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  
 07 / 27 / 2023

**Transaction ID : 11612121**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hansen, Matthew, L, , MD,FAAOS**

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

Mailing Address 3362 E Virgil Dr

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Gilbert | State<br>AZ | Zip Code<br>85298 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Arizona Spine & Joint Hospital | Occupation (for Individual)<br>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  
 07 / 28 / 2023

**Transaction ID : 11612123**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Scales, Darrell, Kevin, , MD,FAAOS**

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

Mailing Address 5425 Golf View Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Braselton | State<br>GA | Zip Code<br>30517-4043 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Northeast Georgia Physicians Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023

**Transaction ID : 11612126**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547               |
|   | <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. Carolan, Gregory, Francis, , MD,FAAOS**

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

Mailing Address 1806 Meadow Ridge Ct

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Bethlehem | State<br>PA | Zip Code<br>18015-5003 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>St Luke's Ortho Surg Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2023        |

**Transaction ID : 11612127**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Allard, Mark, Michael, , MD,FAAOS**

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

Mailing Address 3010 Cortney Circle

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Siloam Springs | State<br>AR | Zip Code<br>72761-4736 |
|------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Northwest Physicians | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2023        |

**Transaction ID : 11612128**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. McClintock, Kyle, Ross, , DO,MBA,FAA**

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

Mailing Address 5826 Wedgewood Drive

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Granite Bay | State<br>CA | Zip Code<br>95746 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The CORE Institute | Occupation (for Individual)<br>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 |
| 07    |   | 28    |   | 2023        |

**Transaction ID : 11612129**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Giuseffi, Steven, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612130**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Snyder, Barry, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 497 Long Ln  
 City Huntingdon Valley State PA Zip Code 19006-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612131**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bhatnagar, Rishi, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612133**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Gary, Joshua, Layne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Keck School of Medicine of USC Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11612136**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Woodcock, Jessica, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Court  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Carolina Orthopedics and Sports Medici Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11612138**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Theiss, Steven, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 20th Street South FOT 960  
 City Birmingham State AL Zip Code 35294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Univ of Alabama at Birmingham 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  
 07 / 28 / 2023  
**Transaction ID : 11612224**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Olcott, Christopher, W, , MD, FAAOS**

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

Mailing Address 104 Dairy Glen Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Chapel Hill | State<br>NC | Zip Code<br>27516-4349 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>UNC Health | Occupation (for Individual)<br>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  
 07 / 28 / 2023

**Transaction ID : 11612367**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. O'Grady, Christopher, , , MD,FAAOS**

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

Mailing Address 350 James River Road

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Gulf Breeze | State<br>FL | Zip Code<br>32561 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>The Andrews Institute | Occupation (for Individual)<br>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  
 07 / 28 / 2023

**Transaction ID : 11612374**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Foley, Jay, , , MD,FAAOS**

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

Mailing Address 230 Juniper Hill Road

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Reno | State<br>NV | Zip Code<br>89519 |
|--------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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  
 07 / 28 / 2023

**Transaction ID : 11612397**

Amount of Each Receipt this Period  
250.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Slover, James, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 East 77th Street  
 11th Floor  
 City New York State NY Zip Code 10075-1851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwell Lenox Hill Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612417**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Cronin, Kevin, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 W Fielder St  
 City Tampa State FL Zip Code 33611-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612430**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Reiter, Mitchell, Forest, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Ravine Lake Rd  
 City Bernardsville State NJ Zip Code 07924-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The New Jersey Spine Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11612446**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Davis, Jason, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6411 Wardell Ct.  
 City West Bloomfield State MI Zip Code 48324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2023  
**Transaction ID : 11612669**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dietz, John, W, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 Emerald Viking Court  
 City Westfield State IN Zip Code 46074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoIndy Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 29 / 2023  
**Transaction ID : 11612671**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Moore, Don, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1910 W Cresskill Dr  
 City Columbia State MO Zip Code 65203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Missouri Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2023  
**Transaction ID : 11612675**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 71 OF 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Evans, Douglas, A, , MD,FAAOS**

Mailing Address 266 Southcote Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Riverside | State<br>IL | Zip Code<br>60546 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Loyola University Medical Center | Occupation (for Individual)<br>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  
 07 / 29 / 2023

**Transaction ID : 11612677**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Kam, Benjamin, C., , Jr, MD,FAA**

Mailing Address 1325 Old Ranch Rd

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>Colorado Springs | State<br>CO | Zip Code<br>80921-3608 |
|--------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Kinetic Orthopedics | Occupation (for Individual)<br>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  
 07 / 30 / 2023

**Transaction ID : 11613051**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Frazier, John, Keith, , MD,FAAOS**

Mailing Address 3191 Stanwood Ln

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lafayette | State<br>CA | Zip Code<br>94549-4121 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023

**Transaction ID : 11613997**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Moitoza, James, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1386 Lakehills Drive  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 219.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023  
**Transaction ID : 11613998**  
 Amount of Each Receipt this Period  
 94.00  
 Memo Item

**B. Carroll, Paul, Francis, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 N Pointe Blvd  
 City Lancaster State PA Zip Code 17601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortho Assoc of Lancaster Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : 11614146**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Bohsali, Kamal I, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24636 Deer Trace Drive  
 City Ponte Vedra Beach State FL Zip Code 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jacksonville Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : 11614154**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 594.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547               |
|   | <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. Lanighan, Kevin, W, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5527 Pine Loch Ln  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northtown Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11614158**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Danoff, Jonathan, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Orchard Road  
 City Great Neck State NY Zip Code 11021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11614162**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kiernan, Drew, E, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3075 Holcomb Rock Rd  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoVirginia Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11614167**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Beaver, Richard, Leigh, , MD, FAAOS**

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

Mailing Address 2250 Glen Haven Blvd

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77030 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>UT Physicians Ironman Sports Medicine | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2023        |

**Transaction ID : 11614174**

Amount of Each Receipt this Period  
201.00

Memo Item

**B. Homlar, Kelly, Cornett, , MD, FAAOS**

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

Mailing Address 3481 Stallings Island Road

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Martinez | State<br>GA | Zip Code<br>30907 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Augusta University | Occupation (for Individual)<br>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 |
| 08    |   | 01    |   | 2023        |

**Transaction ID : 11614181**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Clohisy, John, C, , MD, FAAOS**

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

Mailing Address 37 Godwin Ln

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Saint Louis | State<br>MO | Zip Code<br>63124 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Washington University Orthopedics | Occupation (for Individual)<br>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 |
| 08    |   | 01    |   | 2023        |

**Transaction ID : 11614187**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1451.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cahill, Patrick, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 544 Howe Rd  
 City Merion Station State PA Zip Code 19066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11614295**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Moore, David, R, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 Hayes Street Suite 200  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11614303**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Rosenwasser, Melvin, Paul, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Ludlow Ln  
 City Palisades State NY Zip Code 10964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11614825**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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. Cassidy, Carter, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11614826**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Gottschalk, Michael, Brandon, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4799 Olde Village Cv  
 City Atlanta State GA Zip Code 30338-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11614827**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Knight, Bradford, S, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 Pine Tree Dr  
 City Fairfax State VA Zip Code 22033-2712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prince William Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11614828**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547               |
|   | <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. Smith, Eric, Louis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 Beacon Street  
 City Waban State MA Zip Code 02468-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt **08 / 02 / 2023**  
**Transaction ID : 11614829**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Urband, Lindsey, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1588.00

Date of Receipt **07 / 03 / 2023**  
**Transaction ID : 11615145**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Grosso, Matthew, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pembroke Dr  
 City Avon State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Orthopaedics New England Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt **07 / 03 / 2023**  
**Transaction ID : 11615146**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Delanois, Ronald, Emilio, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Brookfield Garth  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 05 / 2023  
**Transaction ID : 11615147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Engstrom, Stephen, Matthew, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9207 Duncaster Ct  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2023  
**Transaction ID : 11615148**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Holmes, Wendell, , , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Belleclave Rd  
 City Columbia State SC Zip Code 29223  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 05 / 2023  
**Transaction ID : 11615149**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Schmitz, Matthew, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 East Basse Rd  
Apt 1535

City San Antonio State TX Zip Code 78209

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

Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 07 / 05 / 2023  
**Transaction ID : 11615150**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Sheehan, John, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6621 Cuming St

City Omaha State NE Zip Code 68132

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

Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2023  
**Transaction ID : 11615151**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Wolf, Shane, Kelby, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Island Park Drive, Suite 105

City Charleston State SC Zip Code 29492

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

Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2023  
**Transaction ID : 11615152**

Amount of Each Receipt this Period 84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Szczech, Bartlomiej, , MD, FAAOS**

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

Mailing Address 89 Intervale Way

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Lake Placid | State<br>NY | Zip Code<br>12946 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>St Joseph's Hospital Med Ctr | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2023

**Transaction ID : 11615153**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Chutkan, Norman, Barrington, , MD,FAAOS**

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

Mailing Address 1 E Lexington Ave  
Unit 1404

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The CORE Institute | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2023

**Transaction ID : 11615154**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. More, Robert, Cameron, , MD,FAAOS**

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

Mailing Address 8100 Wescott Drive  
Suite 101

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Flemington | State<br>NJ | Zip Code<br>08822 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>MidJersey Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2023

**Transaction ID : 11615155**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Paxton, E, Scott, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 South Meadow Ln  
 City Barrington State RI Zip Code 02806-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615156**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Fernandez, Rafael, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 Wellington Cres  
 City Faribault State MN Zip Code 55021-6723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615157**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615158**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 293.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Greenwood, Alan, G., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 S 101st Ave  
 City Yakima State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615159**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Frisch, Nicholas, Blair, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Lahser Rd  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1420.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615160**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Reed, Lori, K., , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Klaas Boulevard  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 10 / 2023  
**Transaction ID : 11615161**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cimino, William, Gerard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Beach Road  
 Suite 207  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2023  
**Transaction ID : 11615162**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Damalas, Konstantinos, , , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11615163**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave  
 Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 13 / 2023  
**Transaction ID : 11615164**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Roberson, Rowland, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 641 N Lamar Blvd  
 City Oxford State MS Zip Code 38655-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : 11615166**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Lisella, Jordan, Mills, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Turner Lane  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : 11615167**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hannon, Charles, Patrick, , MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5680 Harvest Moon Blvd NW  
 City Rochester State MN Zip Code 55901-5674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : 11615168**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547               |
|   | <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. King, John, , , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 14 / 2023  
**Transaction ID : 11615169**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gallagher, Michael, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Bantry Way  
 City Butte State MT Zip Code 59701-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 11615171**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Scillia, Anthony, James, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Maxwell Lane Unit 600  
 City Hoboken State NJ Zip Code 07030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Jersey Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 11615173**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Axe, Michael, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 East Main Street Unit 402 Ste 225  
 City Newark State DE Zip Code 19713  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 11615177**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Matzkin, Elizabeth, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 Tremont Street  
 City Boston State MA Zip Code 02118  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 11615179**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Lajam, Claudette, Malvina, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Knollwood Dr  
 City Larchmont State NY Zip Code 10538-1238  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Hosp for Joint Disease Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 18 / 2023  
**Transaction ID : 11615181**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Frankle, Mark, A, , MD,FAOS</b>        |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>19</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 19 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 19  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 915 Mooring Circle  |  | <b>Transaction ID : 11615182</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Tampa   | State<br>FL  | Zip Code<br>33602   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>1500.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Florida Ortho Institute  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00                |   |       |             |       |   |             |    |  |    |  |      |

|   |   |   |       |             |       |   |             |    |  |    |  |      |
|---|---|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Gluskamp, Nathan, , ,</b>              |   | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 24 |  | 2023 |
| M M M   | /   | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |   | 24  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 9400 W Higgins Rd   |   | <b>Transaction ID : 11615184</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Rosemont  | State<br>IL   | Zip Code<br>60018   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>50.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>AAOS   | Occupation (for Individual)<br>Chief Quality and Registries Officer | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>760.26                                  |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Woods, Barrett, Ivory, , MD,FAOS</b> |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 07 |  | 24 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 07  |  | 24  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 623 Park Place  |  | <b>Transaction ID : 11615185</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Galloway  | State<br>NJ  | Zip Code<br>08205-6013  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>1000.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Rothman Institute  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>2000.00                |   |       |             |       |   |             |    |  |    |  |      |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2550.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <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. Furry, Kimberly, Lee, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Rio Vista Cir  
 City Durango State CO Zip Code 81301-4343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Durango Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615187**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Grandic, Elvis, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 NW 8th Ave  
 City Delray Beach State FL Zip Code 33444-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Surgery Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615188**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Datta, Devin, K, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 S Harbor City Blvd Suite 610  
 City Melbourne State FL Zip Code 32901-5591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The BACK Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615189**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nguyen, Lan, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1327 La Palma Street  
 Unit 2B  
 City San Diego State CA Zip Code 92109-5292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2023  
**Transaction ID : 11615190**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Noonan, Thomas, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Falcon Hills Drive  
 City Highlands Ranch State CO Zip Code 80126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Steadman Hawkins 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  
 07 / 24 / 2023  
**Transaction ID : 11615192**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Wertheim, Steven, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Resurgens 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  
 07 / 24 / 2023  
**Transaction ID : 11615194**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Spindler, Kurt, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 Hillsboro Mile Apt 206  
 City Hillsboro Beach State FL Zip Code 33062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615195**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Heller, John, G, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1818 Cedar Canyon Dr  
 City Atlanta State GA Zip Code 30345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615196**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Curtis, Benjamin, David, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 East Browning Ave  
 City Salt Lake City State UT Zip Code 84108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Utah Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615198**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2350.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547               |
|   | <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. Mejia, Alfonso, , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Illinois Association of Orthopedic Sur Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1301.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615200**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Olinger, Catherine, Renee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Oakes Drive Apt 2902  
 City Iowa City State IA Zip Code 52245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Univ of Iowa Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 23 / 2023  
**Transaction ID : 11615201**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Wetzler, Merrick, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Carriage House Ct  
 City Cherry Hill State NJ Zip Code 08003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advocare South Jersey Orthopedic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615203**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (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 547  |
| <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. Steinmann, Scott, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7729 Gann Road  
 City Chattanooga State TN Zip Code 37343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Tennessee Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615204**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DeComas, Amalia, Maria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 E Warner Rd Unit 117  
 City Tempe State AZ Zip Code 85284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Children's Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615205**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Goggins, Colin, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 E Warner Rd #117  
 City Tempe State AZ Zip Code 85284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Children's Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615206**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Guille, James, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 390 Ring Rd  
 City Chadds Ford State PA Zip Code 19317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brandywine Institute of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615207**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dreher, Gerald, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2006 Elk Trail  
 City Harker Heights State TX Zip Code 76548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VAMC Temple Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615210**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Webb, William, F, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pagosa Springs Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615211**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McCulloch, Patrick, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Buckingham Drive  
 City Venetia State PA Zip Code 15367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Ortho & Rehab 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  
 07 / 25 / 2023  
**Transaction ID : 11615213**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Shrock, Kevin, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 SE 3rd Ave  
 City Fort Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Fort Lauderdale Orthopaedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2023  
**Transaction ID : 11615218**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Dines, David, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Highland Ct  
 City Old Westbury State NY Zip Code 11568-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hospital for Special Surgery 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  
 07 / 26 / 2023  
**Transaction ID : 11615220**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Layfield, Richard, , , III, MD,FA

Mailing Address 14605 Potomac Branch Drive, Ste 30

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Woodbridge | State<br>VA | Zip Code<br>22191 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Nova Orthopedic and Spine | Occupation (for Individual)<br>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 |
| 07    |   | 26    |   | 2023        |

**Transaction ID : 11615221**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Tyler, Wakenda, K, , MD,MPH,FAA

Mailing Address 300 Riverside Drive  
Apt 3E

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10025-5262 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ of Rochester Medical Center | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 26    |   | 2023        |

**Transaction ID : 11615223**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Horton, Rinelda, M, , MD,FAAOS

Mailing Address 1113 Rockwell Avenue

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Gaithersburg | State<br>MD | Zip Code<br>20878-4868 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Kaiser Permanente | Occupation (for Individual)<br>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 |
| 07    |   | 26    |   | 2023        |

**Transaction ID : 11615225**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Caprise, Peter, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 St Andrews Circle  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoVirginia Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11615226**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sinclair, Micah, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 43rd Street  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11615227**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hanna, Mark, Wesley, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1193 Angelo Ct  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11615229**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Goodman, David, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 Woodcreek Ln  
 City Fayetteville State GA Zip Code 30215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615231**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Joyce, Donald, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 Clematis Dr  
 City Charlotte State NC Zip Code 28211-4448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615232**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Quiet Mead Place  
 City The Woodlands State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615234**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (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 547  |
| <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. Curran, Todd, A, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2722 Meadow Cross Way  
 City York State PA Zip Code 17402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSS Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615235**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Matelic, Thomas, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7084 Riverwood Ln SE  
 City Grand Rapids State MI Zip Code 49546-9762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Assoc of Michigan Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615236**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mayerson, Joel, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2335 Pinebrook Rd  
 City Upper Arlington State OH Zip Code 43220-4327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615238**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. DiPaola, Matthew, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 Koster Row  
 City Buffalo State NY Zip Code 14226-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University at Buffalo Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2023  
**Transaction ID : 11615239**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Binitie, Odion, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2573 W Platt St  
 City Tampa State FL Zip Code 33609-3312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moffitt Cancer Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615240**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Frisch, Nicholas, Blair, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Lahser Rd  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2420.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615241**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Hummer, Charles, D, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Premier Orthopaedics & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023  
**Transaction ID : 11615242**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Kowalchuk, Deborah, A, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1962 Peeler Rd  
 City Dunwoody State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2023  
**Transaction ID : 11615243**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Huff, Tamara, Nicole, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 Vine St. Suite 80 - #121  
 City Hays State KS Zip Code 67601-9595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vigeo Orthopaedics Occupation (for Individual) 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  
 07 / 27 / 2023  
**Transaction ID : 11615244**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 101 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Lee, Brian, Kyoung, , MD,FAAOS**

Mailing Address 13340 Chalon Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Los Angeles | State<br>CA | Zip Code<br>90049-1808 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Kerlan-Jobe Orthopaedic Clinic | Occupation (for Individual)<br>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  
 07 / 27 / 2023

**Transaction ID : 11615247**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bojeskul, John, A, , MD,FAAOS**

Mailing Address 2108 Wythe Dr

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Evans | State<br>GA | Zip Code<br>30809 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>D D Eisenhower Army Med Ctr | Occupation (for Individual)<br>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  
 07 / 27 / 2023

**Transaction ID : 11615248**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hoellrich, Rudolf, , , MD,FAAOS**

Mailing Address 84553 Pheasant Ln

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Pleasant Hill | State<br>OR | Zip Code<br>97455 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Slocum Center | Occupation (for Individual)<br>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  
 07 / 28 / 2023

**Transaction ID : 11615249**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615250**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Priore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 City Rosemont State IL Zip Code 60018-4975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615251**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ortiz, Dionisio, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Burton Ln  
 City Albany State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615252**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Iorio, Richard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Prince St  
 City Beverly State MA Zip Code 01915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brigham and Women's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615253**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Sisko, Zachary, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Woodhaven Dr  
 City Pittsburgh State PA Zip Code 15228-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Alleghany Health Network 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  
 07 / 28 / 2023  
**Transaction ID : 11615254**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Meyer, Robert, Willse, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4066 County Rd 16 Suite 100  
 City Canandaigua State NY Zip Code 14424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Canandaigua Orthopaedic Associates 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  
 07 / 28 / 2023  
**Transaction ID : 11615255**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (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 547   |
| <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. Roberts, Richard, Mills, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1324  
 City Grapevine State TX Zip Code 76099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615256**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Grammer, William, Cody, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5426 W Magnolia  
 City Rogers State AR Zip Code 72758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615257**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Santore, Richard, F, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 7016  
 City Rancho Santa Fe State CA Zip Code 92067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615258**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Koelsch, Hans, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 City Rosemont State IL Zip Code 60018-4976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Publishing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 27 / 2023  
**Transaction ID : 11615259**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Yates, Adolph, J, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Mallard Drive  
 City Pittsburgh State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Pittsburgh Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615260**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615261**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Curtis, David, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1752 Browning Ave  
 City Salt Lake Cty State UT Zip Code 84108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615262**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Brock, Gary, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 Inverness Dr  
 City Houston State TX Zip Code 77019-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615265**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Samuelson, Thomas, S, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 Catalina St  
 City Leawood State KS Zip Code 66209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Signature Medical Group of KC Occupation (for Individual) 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  
 07 / 28 / 2023  
**Transaction ID : 11615266**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1850.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547              |
|   | <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. Brooks, Andrew, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1412 Exeter Ct  
 City Davis State CA Zip Code 95618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Bay Healthcare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Houde, John, Paul, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Ladieu Road  
 City Plainfield State NH Zip Code 03781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alice Peck Day Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615271**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gleason, John, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5671 Peachtree Dunwoody Rd NE Suite 700  
 City Atlanta State GA Zip Code 30342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615273**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Amendola, Annunziato, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1814 Faison Road  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615274**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Melchior, Julie, Anne, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7215 Empire Dr  
 City Boulder State CO Zip Code 80303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rock Creek Medical Offices Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615275**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ono, Craig, M, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 Wilder Avenue  
 Apartment 1203  
 City Honolulu State HI Zip Code 96822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shriners Hospital for Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615277**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lindaman, Matthew, R, , DO, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2130 E Stonebrook Ln  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Orthopaedic Rheumatology Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615278**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Drury, Tucker, Andrew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 771675  
 City Eagle River State AK Zip Code 99577-1675  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Mat-Su Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615279**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bilbrew, Lattisha, Latoyah, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Wieuca Trace NE  
 City Atlanta State GA Zip Code 30342-3856  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Resurgens Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615280**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (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 547              |
|   | <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. Sweeney, Kyle, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 W 140th Dr  
 City Leawood State KS Zip Code 66224-8403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Kansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : 11615281**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Spencer, Samantha, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Hawthorne Pl #8-M  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital Boston Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 27 / 2023**  
**Transaction ID : 11615282**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Wright, Rick, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1215 21st Ave South  
 Med Cen East South Tower Ste 4200  
 City Nashville State TN Zip Code 37232-8774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : 11615283**  
 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 111 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Topping, Richard, Edmund, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Forest Brook Drive  
 City Elkins State WV Zip Code 26241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tygart Valley Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615284**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mahoney, Craig, Robert, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 South 40th Ct  
 City West Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Ortho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615285**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Foad, Abdullah, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19152 247th Avenue  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quality Care Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615286**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547              |
|   | <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. Patel, Milan, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1664 Foresta Court  
 City Atlanta State GA Zip Code 30341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615287**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Gupta, Ganesh, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17422 Thomas Ln Rd  
 City Smithville State MO Zip Code 64089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatric Orthopaedic Surgery Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615288**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Conklin, Mark, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Panorama Orthopedics & Spine Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615289**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Schmidt, David, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Spurs Ln Ste 300  
 City San Antonio State TX Zip Code 78240-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sports Medicine Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615295**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Nepola, James, V, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 Butternut Lane  
 City Iowa City State IA Zip Code 52246-2785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Iowa Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615296**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Tinsley, Brian, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 151 Connecticut Ave  
 City Sinking Spring State PA Zip Code 19608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Area Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2023  
**Transaction ID : 11615297**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Horan, Michael, Patrick, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 913 Woodland Dr  
 City Columbia State SC Zip Code 29205-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615299**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mullens, Jess, Harding, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Falling Water Blvd  
 City Fairhope State AL Zip Code 36532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of South Alabama Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615300**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Motz, Cary, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8310 Sawgrass Dr  
 City Lone Tree State CO Zip Code 80124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Denver-Vail Orthopedics PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2023  
**Transaction ID : 11615301**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 115 OF 547              |
|   | <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. York, James, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Sandgate Ct  
 City Millersville State MD Zip Code 21108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 27 / 2023**  
**Transaction ID : 11615304**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Pepper, Andrew, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Avalon Blvd  
 City Orlando State FL Zip Code 32806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : 11615305**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Lopez, Peter, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3140 West Waverly Park  
 City Tampa State FL Zip Code 33629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoCare Florida Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : 11615306**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Burger, Evalina L, , MD,FAOS</b> |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 31 / 2023<br><b>Transaction ID : 11615307</b> |
| Mailing Address 12631 E 17th Avenue<br>Mail Stop B202 Room 4601   |   | Amount of Each Receipt this Period<br>1000.00  |
| City Aurora   | State CO Zip Code 80045   | <input type="checkbox"/> Memo Item   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer (for Individual)<br>University of Colorado SOM   | Aggregate Year-to-Date<br>2000.00  |
| Occupation (for Individual)<br>Orthopaedic Surgeon  | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Andreshak, Thomas, G, , MD,FAOS</b> |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 31 / 2023<br><b>Transaction ID : 11615309</b> |
| Mailing Address 19637 Brillhart Rd   |   | Amount of Each Receipt this Period<br>500.00   |
| City Bowling Green   | State OH Zip Code 43402-8825  | <input type="checkbox"/> Memo Item   |
| FEC ID number of contributing federal political committee.<br>C  | Name of Employer (for Individual)<br>Consulting Orthopaedic Network   | Aggregate Year-to-Date<br>500.00   |
| Occupation (for Individual)<br>Orthopaedic Surgeon   | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Cooper, Scott, Snow, , MD,FAOS</b> |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 31 / 2023<br><b>Transaction ID : 11615310</b> |
| Mailing Address 405 NW A St   |   | Amount of Each Receipt this Period<br>100.00   |
| City Bentonville  | State AR Zip Code 72712-5216  | <input type="checkbox"/> Memo Item   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer (for Individual)<br>Mercy Clinic Orthopedics   | Aggregate Year-to-Date<br>604.00   |
| Occupation (for Individual)<br>Orthopaedic Surgeon  | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mott, Michael, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11193 Maple Ridge Drive  
 City Plymouth State MI Zip Code 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital, K-12 Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615312**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Baumgarten, Keith, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 W Chicory  
 City Sioux Falls State SD Zip Code 57108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615313**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Johnson, Paul, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18646 Vogel Farm Trail  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollete Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615314**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Klatt, Brian, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Sable Ct  
 City Wexford State PA Zip Code 15090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shadyside Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615319**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Soldatis, Jeffery, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7535 W 96th St  
 City Zionsville State IN Zip Code 46077-8712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortholndy Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615322**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Womack, Michael, Shay, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 Oakmont Circle  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615323**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line 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 119 OF 547  
(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. Goldberg, Steven, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 Rivers Run  
 City De Pere State WI Zip Code 54115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615324**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jones, Alvin, Christopher, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5599 Sentinel Oak Drive  
 City Mason State OH Zip Code 45040-7693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cincinnati Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615325**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ritchie, William, L, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 Louisiana Blvd Ste 410  
 City Albuquerque State NM Zip Code 87110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615326**  
 Amount of Each Receipt this Period 100.00  
 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 120 OF 547              |
|   | <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. Lopez, David, Vincent, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Courtney Ct  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615327**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Parisi, Debra, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4211 Fremont Ave S  
 City Minneapolis State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615329**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Willstein, Gary, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6608 Russian Joe Rd  
 City Missoula State MT Zip Code 59802-5300  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Missoula Bone and Joint, LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615331**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bushnell, Brandon, Dubose, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Fallen Branch Circle SE  
 City Rome State GA Zip Code 30161-2194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615332**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Mazoue, Christopher, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Spring Lake Road  
 City Columbia State SC Zip Code 29206-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prisma Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615333**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Nagda, Sameer, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8713 Standish Rd  
 City Alexandria State VA Zip Code 22308-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anderson Ortho Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615335**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2150.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Emory, Cynthia, Lynn, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 476 Lissara Lodge Drive  
 City Lewisville State NC Zip Code 27023  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Wake Forest School of Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615336**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Jackson, James, Benjamin, , III, MD,MB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Cotting Ct  
 City Irmo State SC Zip Code 29063-9547  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Carolinas Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615337**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Maloney, Michael, Dennis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Univ of Rochester Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : 11615339**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (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 547   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><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. Greene, Joseph, Watts, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11810 Hazelwood Road  
 City Louisville State KY Zip Code 40223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisville Hip and Knee Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023  
**Transaction ID : 11615340**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Sherman, Thomas, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Kendig Rd  
 City Conestoga State PA Zip Code 17516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medstar Georgetown University Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 11615413**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bailey, James, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 11615414**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1292.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Brunz, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8301 S Quiet Oak Trail  
 City Sioux Falls State SD Zip Code 57108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Institute Occupation (for Individual) Anesthesiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : 11615416**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Weisman, David, S, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 585 Cranbury Rd  
 City East Brunswick State NJ Zip Code 08816-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatric Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11615446**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Meyer, Steven, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Plum Creek Rd  
 City Sioux City State IA Zip Code 51103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11615450**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Whitfield, Peter, White, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hillwind Ct  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cone Health Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11615451**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brittis, Dante, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Ketchum St Unit 301  
 City Westport State CT Zip Code 06880-5953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Specialty Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11615463**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 11615636**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 11615637**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Martin, Christopher, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3191 Shorewood Dr  
 City Arden Hills State MN Zip Code 55112-7948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 08 / 05 / 2023  
**Transaction ID : 11616241**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Brolin, Tyler, James, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9294 Ingleside Farms Drive South  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2023  
**Transaction ID : 11616242**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Schmale, Gregory, A, , MD, FAAOS**

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

Mailing Address 6515 126th Ave NE

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Kirkland | State<br>WA | Zip Code<br>98033-8569 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Seattle Children's Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2023

**Transaction ID : 11616950**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Hasan, Syed, Ashfaq, , MD,FAOS**

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

Mailing Address 7730 Elmwood Road

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Fulton | State<br>MD | Zip Code<br>20759 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Maryland School of Medic | Occupation (for Individual)<br>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  
 08 / 06 / 2023

**Transaction ID : 11616951**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Burke, Charles, J, , III, MD,FA**

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

Mailing Address 200 Delafield Rd  
Ste 4010

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Pittsburgh | State<br>PA | Zip Code<br>15215-3235 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>UPMC | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2023

**Transaction ID : 11616952**

Amount of Each Receipt this Period  
84.00

Memo Item

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|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Archdeacon, Michael, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4538 Philnoll Dr  
 City Cincinnati State OH Zip Code 45247-5079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 06 / 2023  
**Transaction ID : 11616953**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Skeehan, Christopher, Doria, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cutler Court  
 City Portsmouth State RI Zip Code 02871-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southcoast Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 06 / 2023  
**Transaction ID : 11616954**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Quitkin, Hiram, Matthew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Country Farm Rd  
 City Stratham State NH Zip Code 03885-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Access Sports Medicine and Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 06 / 2023  
**Transaction ID : 11616955**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mosley, Emmett, Wayne, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Thompson Pl  
 City Roswell State GA Zip Code 30075-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11616971**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Kiner, Dirk, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Canyon Springs Dr  
 City Hixson State TN Zip Code 37343-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Erlanger Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11616972**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11616973**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 251.33 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lane, Joseph, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11616974**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Leddy, Michael, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3444 Masonic Dr  
 City Alexandria State LA Zip Code 71301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11617456**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1385.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11617457**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Drinkwater, Christopher, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Barrington St  
 City Rochester State NY Zip Code 14607-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11617458**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. McGee, Kevin, Michael, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 Eagle Ridge Dr NE  
 City Albuquerque State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PMG Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11617901**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 604.00

Date of Receipt 08 / 09 / 2023  
**Transaction ID : 11617903**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 132 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Jackson, John, S, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618595**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hellman, Edward, J, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12715 Norfolk Ln  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortholndy Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618671**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kofoed, John, Charles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 712.00

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618672**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1189.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Finkel, Noah, S, , MD,FAAOS,F

Mailing Address 5 Bouton Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Huntington | State<br>NY | Zip Code<br>11743-1003 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Optum | Occupation (for Individual)<br>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  
 08 / 08 / 2023  
**Transaction ID : 11618673**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
King, Jeffrey, C, , MD,FAAOS

Mailing Address 7665 Finnagen Dr

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Mattawan | State<br>MI | Zip Code<br>49071-9541 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Bronson Healthcare Group | Occupation (for Individual)<br>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  
 08 / 08 / 2023  
**Transaction ID : 11618674**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Henzes, John, Frank, , III, MD,FA

Mailing Address 203 Squirrel Run

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clarks Green | State<br>PA | Zip Code<br>18411 |
|----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Coordinated Health | Occupation (for Individual)<br>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  
 08 / 08 / 2023  
**Transaction ID : 11618675**

Amount of Each Receipt this Period  
250.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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. Joyce, Timothy, Andrew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1052 7th St W  
 City Whitefish State MT Zip Code 59937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Logan Health Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11618695**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618699**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Bettin, Clayton, Charles, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5047 Shady Hall Ct  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618700**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 333.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Calandruccio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Road  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023  
**Transaction ID : 11618701**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedic Surgery  
 1400 South Germantown Rd  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Univ of TN-Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023  
**Transaction ID : 11618702**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Crockarell, John, R, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1458 W Poplar Ave  
 Ste 100  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023  
**Transaction ID : 11618703**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Grear, Benjamin, J, , MD,FAAOS**

Mailing Address 219 Lagrange Creek Drive

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Eads | State<br>TN | Zip Code<br>38028 |
|--------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618705**

Amount of Each Receipt this Period  
41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Guyton, James, L, , MD,FAAOS**

Mailing Address 6422 Massey Estates Cove

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618706**

Amount of Each Receipt this Period  
41.67

Memo Item

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

Mailing Address 9566 Fox Hill Circle S

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38139 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618707**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Heck, Robert, Kurt, , Jr, MD, FA

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

Mailing Address 4938 Barfield Rd

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618708**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Kelly, Derek, Michael, , MD,FAOS

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

Mailing Address 256 Brenrich Cove N

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618709**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Mihalko, Marc, J, , MD,FAOS

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

Mailing Address 4079 Barfield Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023

**Transaction ID : 11618712**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Murphy, Garnett, Andrew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Rd  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618713**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Richardson, David, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 636 Center Dr  
 City Memphis State TN Zip Code 38112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618716**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Rider, Carson, Mills, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2372 Corinne Oak Court  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618717**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547              |
|   | <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. Rudloff, Matthew, Ian, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10211 Ramblewood Dr  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618718**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Sawyer, Jeffrey, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 Chickasaw Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618719**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Sheffer, Benjamin, West, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.36

Date of Receipt 08 / 08 / 2023  
**Transaction ID : 11618720**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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

**A. Thompson, Norfleet, Buckner, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 Highland Park Place  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618722**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Throckmorton, Thomas, Ward, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Fairfield Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618723**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Warner, William, C, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 East Cherry Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 08 / 08 / 2023  
**Transaction ID : 11618724**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120-2707 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2023        |

**Transaction ID : 11618725**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2023        |

**Transaction ID : 11618726**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Nahigian, Kevin, K, , MD,FAAOS

Mailing Address 2825 Devine St  
Apt 420

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29205-2574 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Carolina Shoulder & Knee Specialists | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 11    |   | 2023        |

**Transaction ID : 11618797**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 167.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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, Johnathan, , , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21549 Glebe View Dr  
 City Broadlands State VA Zip Code 20148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619211**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Dodds, Julie, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 90th Ave  
 City Lone Rock State IA Zip Code 50559-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619212**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Means, Kenneth, Robert, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2908 Crabapple Ln  
 City Ellicott City State MD Zip Code 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619213**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619214**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Watling, Jonathan, , , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Starboard Reach  
 City Yarmouth State ME Zip Code 04096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619215**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mansfield, David, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt 08 / 12 / 2023  
**Transaction ID : 11619216**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.67 |
| <b>TOTAL</b> This Period (last page this line 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 144 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Hogan, Kathleen, Anne, , MD,FAAOS**

Mailing Address 125 Castle Hill Rd

City Windham    State NH    Zip Code 03087

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

Name of Employer (for Individual) NH Ortho Ctr    Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 12 / 2023**

**Transaction ID : 11619217**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Krueger, Chad, A, , MD,FAAOS**

Mailing Address 705 Kyle Dr

City Ambler    State PA    Zip Code 19002-2531

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

Name of Employer (for Individual) Rothman Institute    Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt **08 / 13 / 2023**

**Transaction ID : 11619218**

Amount of Each Receipt this Period **84.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Pinto, Mark, C, , MD,MBA,FAA**

Mailing Address 7644 Base Lake Drive

City Dexter    State MI    Zip Code 48130

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

Name of Employer (for Individual) IHA Orthopaedic Surgery - Chelsea    Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 13 / 2023**

**Transaction ID : 11619219**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **584.00**

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



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 145 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nelson, Daniel, Richard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 869 E Sawgrass Trl  
 City North Sioux City State SD Zip Code 57049-5198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 13 / 2023  
**Transaction ID : 11619220**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. James, Jeremy, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2023  
**Transaction ID : 11619221**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Courtney, Paul, Maxwell, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 Millbrook Rd  
 City Berwyn State PA Zip Code 19312-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11619227**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1184.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Carter, Ralph, E, , III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Sterling Ln  
 City Laurinburg State NC Zip Code 28352-5598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11619228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Abbott, James, Douglas, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4727 Carriage Dr  
 City Mason State OH Zip Code 45040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic and Sports Medicine Consul Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11619229**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Wohrab, Kurt, Patrick, , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Woodenbridge Lane  
 City Pinehurst State NC Zip Code 28374-8642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pinehurst Surgical Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11619230**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 147 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wolf, Megan, Rianne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Acorn Ln  
 City Milford State CT Zip Code 06461-1876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UConn Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11619231**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Forman, Scott, K, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 High Water  
 City Newport Coast State CA Zip Code 92657-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2023  
**Transaction ID : 11620036**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wolock, Bruce, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Towson Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : 11620174**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Katz, Danielle, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 Reis Circle  
 City Fayetteville State NY Zip Code 13066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY Upstate Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : 11620181**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Olsen, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Harrison Avenue Apt 1012  
 City Boston State MA Zip Code 02118-3088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 17 / 2023  
**Transaction ID : 11620381**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Kraushaar, Barry, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 N Church Rd  
 City Saddle River State NJ Zip Code 07458-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 17 / 2023  
**Transaction ID : 11620383**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 626.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cooper, Scott, Snow, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Clinic Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 688.00

Date of Receipt  
 08 / 17 / 2023  
**Transaction ID : 11620384**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Braaton, Paul, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd Ste 101  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 OrthoMed Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 08 / 17 / 2023  
**Transaction ID : 11620385**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Kleinhenz, Dominic, James, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 Marina Circle  
 City Lighthouse Point State FL Zip Code 33064-9300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Holy Cross Medical Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 08 / 18 / 2023  
**Transaction ID : 11620600**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 688.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Maender, Christopher, W., MD, FAAOS**

Mailing Address 4509 Turtle Bay

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Springfield | State<br>IL | Zip Code<br>62711 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopaedic Center of Illinois | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2023  
**Transaction ID : 11620735**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LeGrand, Alexander, Benton, MD, FAAOS**

Mailing Address 1450 Ellis St Ste 201

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Bozeman | State<br>MT | Zip Code<br>59715 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Bridger Orthopedics and Sports Medicin | Occupation (for Individual)<br>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  
 08 / 19 / 2023  
**Transaction ID : 11620736**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Roth, Alan, I., MD,FAAOS**

Mailing Address 318 Mockingbird Valley Rd

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Louisville | State<br>KY | Zip Code<br>40207 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Healthcare Initiatives | Occupation (for Individual)<br>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  
 08 / 19 / 2023  
**Transaction ID : 11620737**

Amount of Each Receipt this Period  
125.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 875.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 151 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Payares, Monica, Maria, , MD,FAAOS

Mailing Address 9461 SW 128 Street

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Miami | State<br>FL | Zip Code<br>33176-5718 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Nemours/Alfred I duPont Hospital for C | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 20    |   | 2023        |

**Transaction ID : 11620739**

Amount of Each Receipt this Period  
85.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shen, Wen, , , MD,FAAOS

Mailing Address 33 Pond Hills Ct

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>Pleasant Valley | State<br>NY | Zip Code<br>12569-5135 |
|-------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopedic Associates of Dutchess Coun | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 21    |   | 2023        |

**Transaction ID : 11620835**

Amount of Each Receipt this Period  
84.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Chapman, Cary, B, , MD,FAAOS

Mailing Address 10903 Blue Palm Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Plantation | State<br>FL | Zip Code<br>33324-8234 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Miami Orthopedics & Sports Medicine In | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 21    |   | 2023        |

**Transaction ID : 11620836**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 253.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Stoeckl, Andrew, , MD, FAAOS**

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

Mailing Address 90 Fairlawn Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Amherst | State<br>NY | Zip Code<br>14226-3422 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Excelsior Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2023

**Transaction ID : 11620837**

Amount of Each Receipt this Period  
83.00

Memo Item

**B. Stronach, Benjamin, M, , MD,FAAOS**

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

Mailing Address 16 Piedmont Ln

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Little Rock | State<br>AR | Zip Code<br>72223-2232 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ of Arkansas | Occupation (for Individual)<br>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  
 08 / 21 / 2023

**Transaction ID : 11620838**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Oberste, David, Jason, , MD,FAAOS**

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

Mailing Address 4504 Rockbridge Hollow

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Tallahassee | State<br>FL | Zip Code<br>32309 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Tallahassee Orthopedic Clinic | Occupation (for Individual)<br>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  
 08 / 21 / 2023

**Transaction ID : 11620839**

Amount of Each Receipt this Period  
250.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 583.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547              |
|   | <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. Thoder, Joseph, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 Upper Stump Rd  
 City Chalfont State PA Zip Code 18914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 21 / 2023  
**Transaction ID : 11620840**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. DeWall, Matthew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33715 Berns Shore Dr  
 City Adel State IA Zip Code 50003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Des Moines Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 21 / 2023  
**Transaction ID : 11621125**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hrasky, Gregory, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2767  
 City Scottsdale State AZ Zip Code 85252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cactus Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 11621165**  
 Amount of Each Receipt this Period 1001.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2085.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kirol, Bernard, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Lemoyne Lane  
 City Johns Island State SC Zip Code 29455-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 11621166**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Veitch, Andrew, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 11621167**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hire, Justin, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 Water Ave  
 City Elm Springs State AR Zip Code 72762-9109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 11621168**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 201.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Grimm, Bennett, Douglas, , MD, FAAOS**

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

Mailing Address 1000 Springdale Rd NE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30306 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Resurgens Orthopaedics | Occupation (for Individual)<br>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  
 08 / 22 / 2023

**Transaction ID : 11621169**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hunt, Stephen, Austin, , MD, FAAOS**

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

Mailing Address 7 Pheasant Run Dr

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Basking Ridge | State<br>NJ | Zip Code<br>07920 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Tri-County Orthopaedics | Occupation (for Individual)<br>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  
 08 / 23 / 2023

**Transaction ID : 11622236**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Friedmann, Elizabeth, , , MD**

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

Mailing Address 2660B Greenbriar Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Annapolis | State<br>MD | Zip Code<br>21401-4424 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Maryland | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2023

**Transaction ID : 11622237**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Bruggeman, Adam, J, , MD,FAAOS,F

Mailing Address 37 La Escalera

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78261 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Texas Spine Care Center | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 23    |   | 2023        |

**Transaction ID : 11622238**

Amount of Each Receipt this Period  
1250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Navarro, Ronald, Anthony, , MD,FAAOS

Mailing Address 18 Wide Loop Rd

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Rolling Hills | State<br>CA | Zip Code<br>90274-5234 |
|-----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Kaiser Permanente South Bay | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 24    |   | 2023        |

**Transaction ID : 11622436**

Amount of Each Receipt this Period  
84.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gerlinger, COL. (ret) Tad, L, , MD,FAAOS

Mailing Address 596 Provident Ave

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Winnetka | State<br>IL | Zip Code<br>60093 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Midwest Orthopaedics | Occupation (for Individual)<br>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 |
| 08    |   | 24    |   | 2023        |

**Transaction ID : 11622437**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Guevara, Benjamin, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 280 Remington Dr  
 City Mandeville State LA Zip Code 70448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 25 / 2023  
**Transaction ID : 11623170**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hazel, Robert, Mark, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1812 Valley Rd NE  
 City Gainesville State GA Zip Code 30501-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gwinnett Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 11623178**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Beltran, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 26 / 2023  
**Transaction ID : 11623216**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 26 / 2023  
**Transaction ID : 11623217**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Scanlon, Christopher, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 26 / 2023  
**Transaction ID : 11623218**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Baker, Donald, Earl, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 959 Luckney Road  
 City Brandon State MS Zip Code 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2023  
**Transaction ID : 11623219**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Gramstad, Gregory, D, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6702 SW Canyon Crest Dr  
 City Portland State OR Zip Code 97225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2023  
**Transaction ID : 11623220**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fowler, John, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 Morningside Dr  
 City Cranberry Township State PA Zip Code 16066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 27 / 2023  
**Transaction ID : 11623221**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Comisar, Bruce, Rodney, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2893 Highland Woods Boulevard  
 City New Albany State OH Zip Code 43054-7509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoNeuro Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2023  
**Transaction ID : 11623224**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 160 OF 547              |
|   | <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. Scales, Darrell, Kevin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5425 Golf View Dr  
 City Braselton State GA Zip Code 30517-4043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623225**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carolan, Gregory, Francis, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Meadow Ridge Ct  
 City Bethlehem State PA Zip Code 18015-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623226**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Allard, Mark, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Physicians Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623227**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Coates, Kevin, E, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5651 Goldenberry Ct  
 City Winston Salem State NC Zip Code 27106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Huddleston, Paul, M, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31219 Lakeview Ave  
 City Red Wing State MN Zip Code 55066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623229**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Tracey, Robert, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Walker Road  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Walter Reed National Military Medical Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623230**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 162 OF 547              |
|   | <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. Connair, Michael, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Old Hartford Turnpike  
 City Hamden State CT Zip Code 06517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623231**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Giuseffi, Steven, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623232**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. King, Brandon, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 S Rogers  
 City Northville State MI Zip Code 48167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623233**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bhatnagar, Rishi, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623234**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Moon, Daniel, K, , MD,MBA,MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5997 Beeler St  
 City Denver State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado School of Medic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623236**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gary, Joshua, Layne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623237**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 164 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4520.67

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623387**  
 Amount of Each Receipt this Period 3051.67  
 Memo Item

**B. Gillespie, Robert, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Drummond Rd  
 City Shaker Heights State OH Zip Code 44120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ Hosp of Cleveland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11623721**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. White, Daniel, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 W 30th Street  
 City Casper State WY Zip Code 82601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Summit Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2023  
**Transaction ID : 11624243**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4301.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mather, Richard, C., III, MD,MB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4110 New Leaf Lane  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2023  
**Transaction ID : 11624468**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brophy, Robert, H., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Maryhill Drive  
 City Saint Louis State MO Zip Code 63124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2023  
**Transaction ID : 11624469**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cassidy, Carter, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 02 / 2023  
**Transaction ID : 11624470**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547              |
|   | <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. Smith, Eric, Louis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 Beacon Street  
 City Waban State MA Zip Code 02468-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1756.00

Date of Receipt 09 / 02 / 2023  
**Transaction ID : 11624471**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bailey, James, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 03 / 2023  
**Transaction ID : 11624538**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Espinoza, Luis, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Savannah Ridge Lane  
 City Metairie State LA Zip Code 70001-5492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 03 / 2023  
**Transaction ID : 11624539**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 167 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2023  
**Transaction ID : 11624658**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2023  
**Transaction ID : 11624659**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Schmidt, Todd, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 05 / 2023  
**Transaction ID : 11625290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Martin, Christopher, T, , MD, FAAOS**

Mailing Address 3191 Shorewood Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Arden Hills | State<br>MN | Zip Code<br>55112-7948 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Minnesota | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
502.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 05    |   | 2023        |

**Transaction ID : 11625291**

Amount of Each Receipt this Period  
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Early, John, S, , MD,FAAOS**

Mailing Address 8210 Walnut Hill Ln  
Ste 130

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75231 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Texas Orthopaedic Associates | Occupation (for Individual)<br>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 |
| 09    |   | 05    |   | 2023        |

**Transaction ID : 11625292**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Schmale, Gregory, A, , MD, FAAOS**

Mailing Address 6515 126th Ave NE

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Kirkland | State<br>WA | Zip Code<br>98033-8569 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Seattle Children's Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 06    |   | 2023        |

**Transaction ID : 11626270**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Burke, Charles, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Delafield Rd  
Ste 4010

City Pittsburgh State PA Zip Code 15215-3235

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2023

**Transaction ID : 11626271**

Amount of Each Receipt this Period  
 84.00

Memo Item

**B. Skeehan, Christopher, Doria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Cutler Court

City Portsmouth State RI Zip Code 02871-3521

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

Name of Employer (for Individual) Southcoast Health Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2023

**Transaction ID : 11626272**

Amount of Each Receipt this Period  
 84.00

Memo Item

**C. Quitkin, Hiram, Matthew, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Country Farm Rd

City Stratham State NH Zip Code 03885-2536

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

Name of Employer (for Individual) Access Sports Medicine and Orthopaedic Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2023

**Transaction ID : 11626274**

Amount of Each Receipt this Period  
 84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Holtzclaw, James, F, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 W Bluff Dr  
 City Savannah State GA Zip Code 31406-7548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chatham Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11626275**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hill, Brian, W., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 Savona Dr  
 City Jupiter State FL Zip Code 33458-8710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palm Beach Ortho Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11626277**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Mosley, Emmett, Wayne, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Thompson Pl  
 City Roswell State GA Zip Code 30075-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 07 / 2023  
**Transaction ID : 11627099**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 171 OF 547              |
|   | <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. Kiner, Dirk, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Canyon Springs Dr  
 City Hixson State TN Zip Code 37343-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Erlanger Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 07 / 2023  
**Transaction ID : 11627100**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 07 / 2023  
**Transaction ID : 11627102**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Pushkin, Gary, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4101 Greenway  
 City Baltimore State MD Zip Code 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627105**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 417.33 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ross, Thomas, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Gentry Gate  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627106**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kelly, Robert, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3084 W Roxboro Rd NE  
 City Atlanta State GA Zip Code 30324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627107**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Stewart, Gary, Wayne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 Champions Dr  
 City Mc Donough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627109**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547              |
|   | <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. Howarth, William, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15290 Shortwall Dr  
 City Colorado Springs State CO Zip Code 80908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAFA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627111**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Sardelli, Matthew, Carl, MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7248 Ardsley Lane  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoMichigan Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627113**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Koh, Jason, L, MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Woodley Road  
 City Winnetka State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NorthShore Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627114**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (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 547   |
| <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. Matta, Joel, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 W Meadow Dr  
 Ste 400  
 City Vail State CO Zip Code 81657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627116**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Alden, Kris, John, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Paradise Plaza PMB #293  
 City Sarasota State FL Zip Code 34239-6905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627117**  
 Amount of Each Receipt this Period 1525.00  
 Memo Item

**C. Erez, Orry, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 Warren St  
 25A  
 City New York State NY Zip Code 10282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627118**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3525.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547              |
|   | <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. Luber, Kurre, Thomas, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rayner Road  
 City Oxford State MS Zip Code 38655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Oxford Orthopedics and 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  
 08 / 01 / 2023  
**Transaction ID : 11627119**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Jeray, Kyle, James, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Greenville Health System 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  
 08 / 01 / 2023  
**Transaction ID : 11627120**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Duncan, Danielle, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6895 Heatheridge  
 City Saginaw State MI Zip Code 48603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Covenant Health Care 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  
 08 / 01 / 2023  
**Transaction ID : 11627125**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Fissel, Brian, Anthony, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6451 Westway Road  
 City Saint Louis State MO Zip Code 63109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Signature Health Services Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627128**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Holliger, Edward, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15922 Manor Club Dr  
 City Alpharetta State GA Zip Code 30004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627133**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Crow, Bradley, Dean, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 846 Diablo Road  
 City Danville State CA Zip Code 94526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford Orthopaedic Surgery Clinic, P Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 11627134**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Schabel, Kathryn, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 SW Westwood View

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97239-2767 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>OHSU | Occupation (for Individual)<br>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  
 08 / 01 / 2023

**Transaction ID : 11627135**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. O'Dell, Jason, Benjamin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1418 W Saint James Ct

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Florence | State<br>SC | Zip Code<br>29501-5600 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Pee Dee Orthopaedics | Occupation (for Individual)<br>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  
 08 / 02 / 2023

**Transaction ID : 11627138**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sydney, Sam, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 W Bay View Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Annapolis | State<br>MD | Zip Code<br>21403-3804 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>CAO-Orthopaedic Associates of Central | Occupation (for Individual)<br>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  
 08 / 02 / 2023

**Transaction ID : 11627139**

Amount of Each Receipt this Period  
250.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Weiss, David, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3626 Newbridge Rd  
 City Keswick State VA Zip Code 22947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Virginia Dept of Ortho Surg Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627141**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kim, Stephen, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3183 Powers Ford  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627142**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Martin, William, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10948 Toler Bridge Rd  
 City Maceo State KY Zip Code 42355-9744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Ctr for Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627143**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. LaPorte, Jeffrey, M., MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5202 Laree Ct  
 City Missoula State MT Zip Code 59803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Missoula Bone and Joint Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627145**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Cooper, Jerald, L., MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627146**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cummings, Brock, Stefan, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 677 Cromwell Dr  
 City Chico State CA Zip Code 95926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Ridge Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 11627147**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ryan, Deirdre, Dunn, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 St Andrews Court  
 City Las Vegas State NV Zip Code 89144-0815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens Hospital Los Angeles Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 11627150**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Urband, Lindsey, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 11627151**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Engstrom, Stephen, Matthew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9207 Duncaster Ct  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 11627153**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 181 OF 547   |
| <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. Holmes, Wendell, , , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Belleclave Rd  
 City Columbia State SC Zip Code 29223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627154**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Schmitz, Matthew, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East Basse Rd Apt 1535  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627155**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Feltham, Glen, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Crisanto Ave Ste B  
 City Fort Mill State SC Zip Code 29715-6272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SpecOrtho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627156**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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. Sheehan, John, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627157**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Woolf, Shane, Kelby, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Island Park Drive, Suite 105  
 City Charleston State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627158**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Szczech, Bartlomiej, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Intervale Way  
 City Lake Placid State NY Zip Code 12946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 11627160**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Chutkan, Norman, Barrington, , MD,FAOS**

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

Mailing Address 1 E Lexington Ave  
Unit 1404

City Phoenix State AZ Zip Code 85012

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 08 / 2023

**Transaction ID : 11627162**

Amount of Each Receipt this Period 84.00

Memo Item

**B. More, Robert, Cameron, , MD,FAOS**

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

Mailing Address 8100 Wescott Drive  
Suite 101

City Flemington State NJ Zip Code 08822

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

Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2023

**Transaction ID : 11627163**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Irwin, Todd, A, , MD,FAOS**

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

Mailing Address 2001 Vail Avenue  
Suite 200B

City Charlotte State NC Zip Code 28207-1222

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2023

**Transaction ID : 11627164**

Amount of Each Receipt this Period 500.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 184 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Fernandez, Rafael, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 Wellington Cres  
 City Faribault State MN Zip Code 55021-6723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11627165**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11627166**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Greenwood, Alan, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 S 101st Ave  
 City Yakima State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11627167**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Frisch, Nicholas, Blair, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Lahser Rd  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2504.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11627168**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Reed, Lori, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Klaas Boulevard  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 11627169**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Cimino, William, Gerard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Beach Road Suite 207  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627170**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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. Damalas, Konstantinos, , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627171**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627172**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Fragomen, Austin, Thomas, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627173**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 187 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wingate, Matthew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 S Moss Stone Ave  
 City Sioux Falls State SD Zip Code 57110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Marshall Univ J C Edwards School of Me 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  
 08 / 14 / 2023  
**Transaction ID : 11627174**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Roberson, Rowland, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 641 N Lamar Blvd  
 City Oxford State MS Zip Code 38655-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Specialty Orthopedic Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2023  
**Transaction ID : 11627175**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Lisella, Jordan, Mills, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Turner Lane  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Capital Region Orthopaedic Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2023  
**Transaction ID : 11627176**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Hannon, Charles, Patrick, , MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5680 Harvest Moon Blvd NW  
 City Rochester State MN Zip Code 55901-5674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627177**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Schneider, Scott, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1180 Mary Hill Circle  
 City Hartland State WI Zip Code 53029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 14 / 2023  
**Transaction ID : 11627179**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Satterfield, Robert, N, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 Brookside Dr NW  
 City Wilson State NC Zip Code 27893-2113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : 11627180**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 984.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Smith, Michael, Devon, , MD, FAAOS**

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

Mailing Address 2604 Thornhill Pl

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Vestavia | State<br>AL | Zip Code<br>35243-4515 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Southlake Orthopaedics | Occupation (for Individual)<br>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  
 08 / 21 / 2023

**Transaction ID : 11627181**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Gluskamp, Nathan, , ,**

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

Mailing Address 9400 W Higgins Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018 |
|------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Chief Quality and Registries Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
810.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2023

**Transaction ID : 11627182**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Saucedo, James, Matthew, , MD,MBA,FAA**

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

Mailing Address 11 Quiet Mead Place

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>The Woodlands | State<br>TX | Zip Code<br>77375 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Hand Center of San Antonio | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2023

**Transaction ID : 11627185**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 384.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11627187**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Priore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 City Rosemont State IL Zip Code 60018-4975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11627188**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ortiz, Dionisio, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Burton Ln  
 City Albany State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11627189**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 191 OF 547              |
|   | <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. Iorio, Richard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Prince St  
 City Beverly State MA Zip Code 01915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brigham and Women's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 11627190**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Horan, Michael, Patrick, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 913 Woodland Dr  
 City Columbia State SC Zip Code 29205-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Palmetto Health Pediatric Orthopaedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 29 / 2023  
**Transaction ID : 11627191**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Grosso, Matthew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pembroke Dr  
 City Avon State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Orthopaedics New England Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 11627192**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60615 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Illinois Association of Orthopedic Sur | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1469.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 24    | / | 2023        |

**Transaction ID : 11627449**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Larkin, John, J, , Jr, MD,FAA

Mailing Address 4355 Drake Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45243-4209 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Beacon Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 01    | / | 2023        |

**Transaction ID : 11627487**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Greene, Robert, Neil, , MD,FAAOS

Mailing Address PO Box 2309

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Yakima | State<br>WA | Zip Code<br>98907-2309 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopedics Northwest PLLC | Occupation (for Individual)<br>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 |
| 09    | / | 08    | / | 2023        |

**Transaction ID : 11627546**

Amount of Each Receipt this Period  
85.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1169.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ritchie, William, L, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 Louisiana Blvd  
 Ste 410  
 City Albuquerque State NM Zip Code 87110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New Mexico Orthopaedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2023  
**Transaction ID : 11627547**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Castello, Paul, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 377 Broken Arrow Rd  
 City Nipomo State CA Zip Code 93444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Central Coast Orthopedics 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  
 09 / 08 / 2023  
**Transaction ID : 11627567**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Armstrong, April, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Hope Drive  
 Bldg A, Suite 2900, EC089  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Penn State Health Milton S. Hershey Me Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2023  
**Transaction ID : 11627602**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1625.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Jester, Adam, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5306 E Longboat Blvd  
 City Tampa State FL Zip Code 33615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Medical Group of Tampa Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2023  
**Transaction ID : 11627603**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 688.00

Date of Receipt 09 / 09 / 2023  
**Transaction ID : 11627604**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Romano, David, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Joy Ct  
 City Yorktown State VA Zip Code 23693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William Beaumont Army Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 10 / 2023  
**Transaction ID : 11627608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nahigian, Kevin, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2825 Devine St  
Apt 420

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29205-2574 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Carolina Shoulder & Knee Specialists | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2023

**Transaction ID : 11628072**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Henderson, Christopher, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Chatham Hill Circle

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Clarks Summit | State<br>PA | Zip Code<br>18411 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Scranton Orthopaedic Specialists | Occupation (for Individual)<br>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  
 09 / 11 / 2023

**Transaction ID : 11628556**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Schlegel, Theodore, F, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2657 S Fillmore St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Denver | State<br>CO | Zip Code<br>80210 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Steadman Hawkins Clinic-Denver | Occupation (for Individual)<br>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  
 09 / 11 / 2023

**Transaction ID : 11628620**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Moor, John, Timothy, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2124 Sparrow Court  
 City Sarasota State FL Zip Code 34239-3755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 11 / 2023  
**Transaction ID : 11629057**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Bernard, Johnathan, , , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21549 Glebe View Dr  
 City Broadlands State VA Zip Code 20148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629060**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Dodds, Julie, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 90th Ave  
 City Lone Rock State IA Zip Code 50559-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629061**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 293.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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, Thomas, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629062**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Mansfield, David, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629063**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Osborn, Patrick, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 456 18th St NW  
 City Sauk Rapids State MN Zip Code 56379-9464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CentraCare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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. Odgers, Charles, Justice, , IV, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Meadow Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629065**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Krueger, Chad, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 13 / 2023  
**Transaction ID : 11629665**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hogan, MaCalus, Vinson, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Field Brook Lane  
 City Gibsonia State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 13 / 2023  
**Transaction ID : 11629666**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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, Jeremy, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2023  
**Transaction ID : 11629667**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Espiritu, Michael, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Spanish Bay  
 City North Sioux City State SD Zip Code 57049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2023  
**Transaction ID : 11629668**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Courtney, Paul, Maxwell, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 Millbrook Rd  
 City Berwyn State PA Zip Code 19312-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2023  
**Transaction ID : 11629804**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 484.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Girling, Robert, George, , MD, FAAOS</b> |                                    | Date of Receipt                               |
| Mailing Address 5 Salado Ridge  |                                    | M M M / D D D / Y Y Y Y Y Y<br>09 / 14 / 2023 |
| City<br>San Antonio   | State<br>TX                        | Zip Code<br>78217                             |
| FEC ID number of contributing federal political committee.<br>C   |                                    | <b>Transaction ID : 11629805</b>              |
| Name of Employer (for Individual)<br>Methodist Orthopaedic  |                                    | Amount of Each Receipt this Period<br>250.00  |
| Occupation (for Individual)<br>Orthopaedic Surgeon  |                                    | <input type="checkbox"/> Memo Item            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Aggregate Year-to-Date ▼<br>750.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Bernholt, David, , , MD</b>            |                                    | Date of Receipt                               |
| Mailing Address 3126 Chapel Woods Cv  |                                    | M M M / D D D / Y Y Y Y Y Y<br>09 / 12 / 2023 |
| City<br>Germantown  | State<br>TN                        | Zip Code<br>38139                             |
| FEC ID number of contributing federal political committee.<br>C   |                                    | <b>Transaction ID : 11629859</b>              |
| Name of Employer (for Individual)<br>Campbell Clinic  |                                    | Amount of Each Receipt this Period<br>41.67   |
| Occupation (for Individual)<br>Orthopaedic Surgeon  |                                    | <input type="checkbox"/> Memo Item            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.03 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Bettin, Clayton, Charles, , MD,FAAOS</b> |                                    | Date of Receipt                               |
| Mailing Address 5047 Shady Hall Ct  |                                    | M M M / D D D / Y Y Y Y Y Y<br>09 / 12 / 2023 |
| City<br>Memphis   | State<br>TN                        | Zip Code<br>38117                             |
| FEC ID number of contributing federal political committee.<br>C   |                                    | <b>Transaction ID : 11629860</b>              |
| Name of Employer (for Individual)<br>Campbell Clinic  |                                    | Amount of Each Receipt this Period<br>41.67   |
| Occupation (for Individual)<br>Orthopaedic Surgeon  |                                    | <input type="checkbox"/> Memo Item            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Aggregate Year-to-Date ▼<br>375.03 |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 333.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547              |
|   | <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. Calandruccio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Road  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 11629861**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedic Surgery  
 1400 South Germantown Rd  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Univ of TN-Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 11629862**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Crockarell, John, R, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1458 W Poplar Ave  
 Ste 100  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 11629863**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Grear, Benjamin, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lagrange Creek Drive  
 City Eads State TN Zip Code 38028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629865**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Guyton, James, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 Massey Estates Cove  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629866**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Harkess, James, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9566 Fox Hill Circle S  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629867**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Heck, Robert, Kurt, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Barfield Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 09 / 12 / 2023  
**Transaction ID : 11629868**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Kelly, Derek, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove N  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.03

Date of Receipt  
 09 / 12 / 2023  
**Transaction ID : 11629869**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Lamplot, Joseph, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Wychewood Dr  
 City Memphis State TN Zip Code 38117-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 09 / 12 / 2023  
**Transaction ID : 11629870**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547              |
|   | <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. Mihalko, Marc, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629872**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Murphy, Garnett, Andrew, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Rd  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629873**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Orland, Keith, Jayson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1246 Monroe Dr NE  
 City Atlanta State GA Zip Code 30306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629874**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Richardson, David, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 636 Center Dr  
 City Memphis State TN Zip Code 38112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629876**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Rider, Carson, Mills, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2372 Corinne Oak Court  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629877**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Rudloff, Matthew, Ian, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10211 Ramblewood Dr  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629878**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547              |
|   | <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. Sawyer, Jeffrey, R, , MD, FAAOS**

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

Mailing Address 4450 Chickasaw Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2023        |

**Transaction ID : 11629880**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Sheffer, Benjamin, West, , MD,FAAOS**

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

Mailing Address 281 Ben Avon Way

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111-7702 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.03

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2023        |

**Transaction ID : 11629881**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Thompson, Norfleet, Buckner, , MD, FAAOS**

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

Mailing Address 3784 Highland Park Place

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2023        |

**Transaction ID : 11629883**

Amount of Each Receipt this Period  
41.67

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Throckmorton, Thomas, Ward, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Fairfield Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629884**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Warner, William, C, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 East Cherry Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629885**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Weinlein, John, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 633 Valleybrook Dr  
 City Memphis State TN Zip Code 38120-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629886**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547              |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023

**Transaction ID : 11629887**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kofoed, John, Charles, , MD, FAAOS

Mailing Address 2619 Seminole Ct

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Fairfield | State<br>CA | Zip Code<br>94534-7871 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sutter Medical Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
801.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023

**Transaction ID : 11629923**

Amount of Each Receipt this Period  
89.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Reznik, Alan, M, , MD,MBA,FAA

Mailing Address 19 Beach Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Milford | State<br>CT | Zip Code<br>06460-8202 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>The Orthopaedic Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023

**Transaction ID : 11629925**

Amount of Each Receipt this Period  
2000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2130.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 547              |
|   | <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. Kawaguchi, Alan, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2019 W Lincoln Rd  
 City Stockton State CA Zip Code 95207-2464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alpine Orthopaedic Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2023  
**Transaction ID : 11629927**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Nelson, Bradley, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 15 / 2023  
**Transaction ID : 11630469**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Scalamogna, Domenic, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Sumner Place Court  
 City Peachtree City State GA Zip Code 30269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2023  
**Transaction ID : 11630641**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Pui, Christine, , , MD,FAAOS

Mailing Address 639 City View Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Minnetonka | State<br>MN | Zip Code<br>55305 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Park Nicollet Clinic | Occupation (for Individual)<br>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  
 09 / 16 / 2023

**Transaction ID : 11630647**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 345 Harrison Avenue  
Apt 1012

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Boston | State<br>MA | Zip Code<br>02118-3088 |
|----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2023

**Transaction ID : 11630711**

Amount of Each Receipt this Period  
42.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kraushaar, Barry, S, , MD,FAAOS

Mailing Address 12 N Church Rd

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Saddle River | State<br>NJ | Zip Code<br>07458-3003 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Advanced Ortho & Sports Medicine | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2023

**Transaction ID : 11630712**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 626.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cooper, Scott, Snow, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Clinic Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 772.00

Date of Receipt  
 09 / 17 / 2023  
**Transaction ID : 11630713**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Braaton, Paul, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd Ste 101  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 OrthoMed Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 09 / 17 / 2023  
**Transaction ID : 11630714**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ramirez, Miguel, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 N William Kumpf Blvd  
 City Peoria State IL Zip Code 61605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Great Plains Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 17 / 2023  
**Transaction ID : 11630716**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 918.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547              |
|   | <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. Ramirez, Miguel, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 N William Kumpf Blvd  
 City Peoria State IL Zip Code 61605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Plains Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 17 / 2023  
**Transaction ID : 11630717**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**B. Kassam, Hafiz, Feezer, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21050 Pacific City Circle Unit 5310  
 City Huntington Beach State CA Zip Code 92648-8539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newport Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11630719**  
 Amount of Each Receipt this Period 950.00  
 Memo Item

**C. Ingari, John, Victor, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 Baltimore Yacht Club Rd  
 City Baltimore State MD Zip Code 21221-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellspan Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11631057**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Elmes, Cornelis, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5311 Laurel Ridge Ct  
 City Fairfield State CA Zip Code 94534-6786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northbay Healthcare Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11631101**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Crawford, John, Jay, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9114 Grey Pointe Drive  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Knoxville Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11631278**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hickernell, Thomas, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Lockwood Ln  
 City Riverside State CT Zip Code 06878-1713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2023  
**Transaction ID : 11631293**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Gombera, Mufaddal, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 Hunters Trail  
 City Houston State TX Zip Code 77024-6949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) 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  
 09 / 20 / 2023  
**Transaction ID : 11631294**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Payares, Monica, Maria, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9461 SW 128 Street  
 City Miami State FL Zip Code 33176-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Alfred I duPont Hospital for C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2023  
**Transaction ID : 11631295**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Shen, Wen, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Pond Hills Ct  
 City Pleasant Valley State NY Zip Code 12569-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2023  
**Transaction ID : 11631662**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 419.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Chapman, Cary, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10903 Blue Palm Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Plantation | State<br>FL | Zip Code<br>33324-8234 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Miami Orthopedics & Sports Medicine In | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2023

**Transaction ID : 11631663**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Stoeckl, Andrew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Amherst | State<br>NY | Zip Code<br>14226-3422 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Excelsior Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2023

**Transaction ID : 11631664**

Amount of Each Receipt this Period  
83.00

Memo Item

**C. Thoder, Joseph, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 Upper Stump Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Chalfont | State<br>PA | Zip Code<br>18914 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Temple University Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2023

**Transaction ID : 11631666**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 251.00 |
| <b>TOTAL</b> This Period (last page this line 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 216 OF 547<br>(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**

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Kirol, Bernard, G, , MD,FAOS</b>       |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 22 / 2023 |  |  |
| Mailing Address 15 Lemoyne Lane   |             |  | <b>Transaction ID : 11631985</b>                                 |  |  |
| City<br>Johns Island  | State<br>SC | Zip Code<br>29455-5820                             | Amount of Each Receipt this Period<br>75.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Midlands Orthopaedics, PA  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>675.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Veitch, Andrew, John, , MD,FAOS</b>    |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 22 / 2023 |  |  |
| Mailing Address 13416 Desert Zinnia Ct NE   |             |  | <b>Transaction ID : 11631986</b>                                 |  |  |
| City<br>Albuquerque   | State<br>NM | Zip Code<br>87111-7154                             | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>University of New Mexico, Dept of Orth   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>756.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hire, Justin, M, , MD,FAOS</b>       |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 22 / 2023 |  |  |
| Mailing Address 273 Water Ave   |             |  | <b>Transaction ID : 11631987</b>                                 |  |  |
| City<br>Elm Springs   | State<br>AR | Zip Code<br>72762-9109                             | Amount of Each Receipt this Period<br>42.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Dwight David Eisenhower Army Medical C   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>378.00                 |  |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 201.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 217 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Styron, Joseph, F, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14244 Calderdale Ln  
 City Strongsville State OH Zip Code 44136-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 22 / 2023  
**Transaction ID : 11631988**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bergmann, Karl, Andrew, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 Mercy Road, Suite 2000  
 City Omaha State NE Zip Code 68124-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHI Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2023  
**Transaction ID : 11632039**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Friedmann, Elizabeth, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2023  
**Transaction ID : 11632040**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Palma, Douglas, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 White Horse Rd  
 City Cochranville State PA Zip Code 19330-9472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delaware Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2023  
**Transaction ID : 11632041**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Navarro, Ronald, Anthony, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 24 / 2023  
**Transaction ID : 11632043**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Le, Theodore, Toan, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7735 Hartford Hills Lane  
 City Montgomery State OH Zip Code 45242-4347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UOCC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 24 / 2023  
**Transaction ID : 11632044**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 Rymers Switch Lane  
 City Friendswood State TX Zip Code 77546-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 24 / 2023  
**Transaction ID : 11632045**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Beltran, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 26 / 2023  
**Transaction ID : 11632613**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 26 / 2023  
**Transaction ID : 11632614**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Scanlon, Christopher, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2023  
**Transaction ID : 11632615**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Smith, Justin, Taylor, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6009 Daphne Circle  
 City Fort Mill State SC Zip Code 29708-6577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) 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  
 09 / 26 / 2023  
**Transaction ID : 11632616**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Cordell, Davin, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Williamson Place  
 City Corpus Christi State TX Zip Code 78411-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of Corpus Christi Occupation (for Individual) 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  
 09 / 26 / 2023  
**Transaction ID : 11632617**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line 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 221 OF 547<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                         |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                          |
| <input type="checkbox"/> 15   | <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. Hussain, Suleman, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6817 Still Creek Pass  
 City Bettendorf State IA Zip Code 52722-7567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : 11632821**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fowler, John, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 Morningside Dr  
 City Cranberry Township State PA Zip Code 16066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : 11632822**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Stone, Austin, V, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 Turkey Foot Rd  
 City Lexington State KY Zip Code 40502-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UK HealthCare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : 11632823**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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. Scales, Darrell, Kevin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5425 Golf View Dr  
 City Braselton State GA Zip Code 30517-4043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11634183**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carolan, Gregory, Francis, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Meadow Ridge Ct  
 City Bethlehem State PA Zip Code 18015-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11634184**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Razi, Afshin, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Dogwood Road  
 City Great Neck State NY Zip Code 11024-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11634185**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Allard, Mark, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Physicians Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2023  
**Transaction ID : 11634186**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Giuseffi, Steven, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2023  
**Transaction ID : 11634187**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Bhatnagar, Rishi, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2023  
**Transaction ID : 11634188**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Glassman, Andrew, H, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 North Drexel Avenue  
 City Columbus State OH Zip Code 43209-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11634189**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gary, Joshua, Layne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11634190**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Davis, Charles, M, , III, MD,Ph**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Penn State Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2023  
**Transaction ID : 11634681**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547              |
|   | <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. McCrosson, John, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2749 Fountainhead Way  
 City Mount Pleasant State SC Zip Code 29466-8590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2023  
**Transaction ID : 11634685**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Sacco, Michael F, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Norlyn Dr  
 City Walnut Creek State CA Zip Code 94596-4258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Bay Sports Med & Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2023  
**Transaction ID : 11634689**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**C. Gregory, Paul, R, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4627 King Ranch Pl  
 City Granite Bay State CA Zip Code 95746-9046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2023  
**Transaction ID : 11634691**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cassidy, Carter, , , MD, FAAOS**

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

Mailing Address 4890 Faulkirk Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lexington | State<br>KY | Zip Code<br>40515-1177 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Kentucky | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2023

**Transaction ID : 11634702**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Casey, Brett, Edward, , MD,FAAOS**

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

Mailing Address 6064 Louis XIV St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>New Orleans | State<br>LA | Zip Code<br>70124-2919 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Gulf Coast Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2023

**Transaction ID : 11634703**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Smith, Eric, Louis, , MD,FAAOS**

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

Mailing Address 1573 Beacon Street

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Waban | State<br>MA | Zip Code<br>02468-1507 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Boston Medical Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2023

**Transaction ID : 11634704**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 419.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Urband, Lindsey, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15066 Almond Orchard Lane  
Suite 403

City San Diego State CA Zip Code 92131

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1756.00

Date of Receipt 09 / 05 / 2023  
**Transaction ID : 11635315**

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 5 Pembroke Dr

City Avon State CT Zip Code 06001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 05 / 2023  
**Transaction ID : 11635316**

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 101 Belleclave Rd

City Columbia State SC Zip Code 29223

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

Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11635318**

Amount of Each Receipt this Period 100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547              |
|   | <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. Van Thiel, Geoffrey, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Roxbury Road  
 City Rockford State IL Zip Code 61107-5090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11635319**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Schmitz, Matthew, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East Basse Rd Apt 1535  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11635320**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sheehan, John, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 06 / 2023  
**Transaction ID : 11635321**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Keeney, James, A, , MD,FAAOS</b>       |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 06 / 2023 |  |  |
| Mailing Address 1106 Shallow Ridge Circle   |             |  | <b>Transaction ID : 11635322</b>                                 |  |  |
| City<br>Columbia  | State<br>MO | Zip Code<br>65201                                  | Amount of Each Receipt this Period<br>250.00                     |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>University Missouri Orthopaedic Instit   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>750.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Backe, Henry, A, , Jr, MD,FAA</b>      |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 06 / 2023 |  |  |
| Mailing Address 305 Blackrock Turnpike  |             |  | <b>Transaction ID : 11635323</b>                                 |  |  |
| City<br>Fairfield   | State<br>CT | Zip Code<br>06825                                  | Amount of Each Receipt this Period<br>250.00                     |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Orthopaedic Specialty Group PC   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>750.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Wolf, Shane, Kelby, , MD,FAAOS</b>   |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 06 / 2023 |  |  |
| Mailing Address 900 Island Park Drive, Suite 105  |             |  | <b>Transaction ID : 11635324</b>                                 |  |  |
| City<br>Charleston  | State<br>SC | Zip Code<br>29492                                  | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Medical University of South Carolina   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>756.00                 |  |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

|   |   |                                    |  |             |  |       |   |       |   |             |    |  |    |  |      |
|---|---|------------------------------------|--|-------------|--|-------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Szczech, Bartlomiej, , MD, FAAOS</b>   |   |                                    | Date of Receipt  |             |  |       |   |       |   |             |    |  |    |  |      |
| Mailing Address 89 Intervale Way  |   |                                    | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M | / | D D D | / | Y Y Y Y Y Y | 09 |  | 07 |  | 2023 |
| M M M   | / | D D D                              | /  | Y Y Y Y Y Y |  |       |   |       |   |             |    |  |    |  |      |
| 09  |   | 07                                 |  | 2023        |  |       |   |       |   |             |    |  |    |  |      |
| City<br>Lake Placid   |   | State<br>NY                        | Zip Code<br>12946  |             |  |       |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |   |                                    | Transaction ID : 11635326  |             |  |       |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>St Joseph's Hospital Med Ctr   |   |                                    | Occupation (for Individual)<br>Orthopaedic Surgeon   |             |  |       |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>900.00 |  |             |  |       |   |       |   |             |    |  |    |  |      |
|   |   |                                    | Amount of Each Receipt this Period<br>100.00   |             |  |       |   |       |   |             |    |  |    |  |      |
|   |   |                                    | <input type="checkbox"/> Memo Item   |             |  |       |   |       |   |             |    |  |    |  |      |

|  |   |                                    |  |             |  |       |   |       |   |             |    |  |    |  |      |
|--|---|------------------------------------|--|-------------|--|-------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Chutkan, Norman, Barrington, , MD,FAAOS</b> |   |                                    | Date of Receipt  |             |  |       |   |       |   |             |    |  |    |  |      |
| Mailing Address 1 E Lexington Ave<br>Unit 1404   |   |                                    | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M | / | D D D | / | Y Y Y Y Y Y | 09 |  | 08 |  | 2023 |
| M M M  | / | D D D                              | /  | Y Y Y Y Y Y |  |       |   |       |   |             |    |  |    |  |      |
| 09   |   | 08                                 |  | 2023        |  |       |   |       |   |             |    |  |    |  |      |
| City<br>Phoenix  |   | State<br>AZ                        | Zip Code<br>85012  |             |  |       |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C  |   |                                    | Transaction ID : 11635327  |             |  |       |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>The CORE Institute  |   |                                    | Occupation (for Individual)<br>Orthopaedic Surgeon   |             |  |       |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      |   | Aggregate Year-to-Date ▼<br>756.00 |  |             |  |       |   |       |   |             |    |  |    |  |      |
|  |   |                                    | Amount of Each Receipt this Period<br>84.00  |             |  |       |   |       |   |             |    |  |    |  |      |
|  |   |                                    | <input type="checkbox"/> Memo Item   |             |  |       |   |       |   |             |    |  |    |  |      |

|  |   |                                    |  |             |  |       |   |       |   |             |    |  |    |  |      |
|--|---|------------------------------------|--|-------------|--|-------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. More, Robert, Cameron, , MD,FAAOS</b> |   |                                    | Date of Receipt  |             |  |       |   |       |   |             |    |  |    |  |      |
| Mailing Address 8100 Wescott Drive<br>Suite 101  |   |                                    | <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>11</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M | / | D D D | / | Y Y Y Y Y Y | 09 |  | 11 |  | 2023 |
| M M M  | / | D D D                              | /  | Y Y Y Y Y Y |  |       |   |       |   |             |    |  |    |  |      |
| 09   |   | 11                                 |  | 2023        |  |       |   |       |   |             |    |  |    |  |      |
| City<br>Flemington   |   | State<br>NJ                        | Zip Code<br>08822  |             |  |       |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C  |   |                                    | Transaction ID : 11635329  |             |  |       |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>MidJersey Orthopaedics  |   |                                    | Occupation (for Individual)<br>Orthopaedic Surgeon   |             |  |       |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |   | Aggregate Year-to-Date ▼<br>756.00 |  |             |  |       |   |       |   |             |    |  |    |  |      |
|  |   |                                    | Amount of Each Receipt this Period<br>84.00  |             |  |       |   |       |   |             |    |  |    |  |      |
|  |   |                                    | <input type="checkbox"/> Memo Item   |             |  |       |   |       |   |             |    |  |    |  |      |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Fernandez, Rafael, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 Wellington Cres  
 City Faribault State MN Zip Code 55021-6723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 11 / 2023  
**Transaction ID : 11635330**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 11 / 2023  
**Transaction ID : 11635331**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Greenwood, Alan, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 S 101st Ave  
 City Yakima State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 11 / 2023  
**Transaction ID : 11635332**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Frisch, Nicholas, Blair, , MD,MBA,FAA</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 11 / 2023 |
| Mailing Address 3805 Lahser Rd   |  | <b>Transaction ID : 11635333</b>                                 |
| City<br>Bloomfield Hills   | State<br>MI  | Zip Code<br>48304  |
| FEC ID number of contributing federal political committee.<br>C  |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>Henry Ford Hospital   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Aggregate Year-to-Date ▼<br>2588.00                |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Reed, Lori, K, , MD,FAAOS</b>          |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 11 / 2023 |
| Mailing Address 107 Klaas Boulevard   |  | <b>Transaction ID : 11635334</b>                                 |
| City<br>Madison   | State<br>MS  | Zip Code<br>39110  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>University of Mississippi Medical Cent   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>756.00                 |  |

|  |  |  |
|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Davis, Daniel, Edward, , MD,FAAOS</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 11 / 2023 |
| Mailing Address 410 Thayer Road  |  | <b>Transaction ID : 11635335</b>                                 |
| City<br>Swarthmore   | State<br>PA  | Zip Code<br>19081  |
| FEC ID number of contributing federal political committee.<br>C  |  | Amount of Each Receipt this Period<br>250.00                     |
| Name of Employer (for Individual)<br>Thomas Jefferson Univ Hosp  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Aggregate Year-to-Date ▼<br>750.00                 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Rubinstein, Michael, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27015 Glaramara Lane  
 City Yorba Linda State CA Zip Code 92887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCPP Occupation (for Individual) 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  
 09 / 11 / 2023  
**Transaction ID : 11635336**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Hood, Ronald, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5409 Rolling Oaks Drive  
 City Muskogee State OK Zip Code 74401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastar Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 11635337**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Cimino, William, Gerard, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Beach Road Suite 207  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 11635338**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Damalas, Konstantinos, , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2023  
**Transaction ID : 11635339**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2023  
**Transaction ID : 11635340**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Roberson, Rowland, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 641 N Lamar Blvd  
 City Oxford State MS Zip Code 38655-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2023  
**Transaction ID : 11635341**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lisella, Jordan, Mills, , MD, FAAOS**

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

Mailing Address 14 Turner Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Capital Region Orthopaedic Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2023

**Transaction ID : 11635342**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Hannon, Charles, Patrick, , MD,MBA**

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

Mailing Address 5680 Harvest Moon Blvd NW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55901-5674 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2023

**Transaction ID : 11635343**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Scott, Diana, , ,**

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

Mailing Address 9400 W Higgins Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018-4974 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Registries, Quality and Learning Coord |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2023

**Transaction ID : 11635344**

Amount of Each Receipt this Period  
25.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 193.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Culp, Brian, Matthew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Arreton Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11635345**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Payares, Monica, Maria, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9461 SW 128 Street  
 City Miami State FL Zip Code 33176-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Alfred I duPont Hospital for C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11635346**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Spencer, Samantha, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Hawthorne Pl #8-M  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital Boston Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11635347**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 875.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547   |
| <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. Dalal, Snehal, Chinu, , MD,FAAOS**

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

Mailing Address 1391 Harris Rd

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Lawrenceville | State<br>GA | Zip Code<br>30043 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>OrthoAtlanta LLC | Occupation (for Individual)<br>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  
 09 / 18 / 2023

**Transaction ID : 11635348**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Lalonde, Francois, D, , MD,FAAOS**

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

Mailing Address 510 Luminous

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irvine | State<br>CA | Zip Code<br>92603-4263 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Pediatric Orthopaedic Specialists of O | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2023

**Transaction ID : 11635349**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Schabel, Kathryn, , , MD,FAAOS**

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

Mailing Address 5235 SW Westwood View

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97239-2767 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>OHSU | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2023

**Transaction ID : 11635350**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 975.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Woodcock, Jessica, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Court  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 09 / 18 / 2023  
**Transaction ID : 11635352**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. McCluskey, Leland, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1910 Hilton Ave  
 City Columbus State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Francis Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635353**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Levine, Marc, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Tinari Drive  
 City Richboro State PA Zip Code 18954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trenton Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635354**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1209.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Scalamogna, Domenic, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Sumner Place Court  
 City Peachtree City State GA Zip Code 30269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635355**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Mardjetko, Steven, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 E Illinois Road  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Bone and Joint Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635356**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Shrock, Kevin, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 SE 3rd Ave  
 City Fort Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 797.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635357**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line 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 240 OF 547<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                         |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                          |
| <input type="checkbox"/> 15   | <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. Kaplan, Nathan, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Wood Hill Rd

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Pittsford | State<br>NY | Zip Code<br>14534 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Rochester | Occupation (for Individual)<br>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 |
| 09    |   | 19    |   | 2023        |

**Transaction ID : 11635358**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Bredthauer, Bryan, D, MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9814 Harney Pkwy North

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68114 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>OrthoNebraska | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 19    |   | 2023        |

**Transaction ID : 11635359**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 11193 Maple Ridge Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Plymouth | State<br>MI | Zip Code<br>48170 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Henry Ford Hospital, K-12 | Occupation (for Individual)<br>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 |
| 09    |   | 19    |   | 2023        |

**Transaction ID : 11635362**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1125.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bushnell, Brandon, Dubose, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Fallen Branch Circle SE  
 City Rome State GA Zip Code 30161-2194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635363**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Archdeacon, Michael, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4538 Philnoll Dr  
 City Cincinnati State OH Zip Code 45247-5079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635364**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Hood, Ronald, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5409 Rolling Oaks Drive  
 City Muskogee State OK Zip Code 74401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastar Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2125.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635365**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bernasek, Thomas, L, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5820 Mariner Street  
 City Tampa State FL Zip Code 33609-3412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Ortho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635367**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Khan, Adam, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Main St APT 108  
 City Santa Monica State CA Zip Code 90405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David Geffen School of Med At UCLA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635368**  
 Amount of Each Receipt this Period 900.00  
 Memo Item

**C. Donaldson, Thomas, Kent, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 W South Ave  
 City Redlands State CA Zip Code 92373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Loma Linda University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635369**  
 Amount of Each Receipt this Period 1125.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2125.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Huddleston, James, Irvin, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Harkins Road  
 City Woodside State CA Zip Code 94062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stanford Medicine Outpatient Center Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 19 / 2023  
**Transaction ID : 11635370**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Purnell, Michael, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd Ste 100  
 City Modesto State CA Zip Code 95355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Orthomed Center Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 19 / 2023  
**Transaction ID : 11635371**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Sinclair, Micah, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 43rd Street  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Children's Mercy Hospitals & Clinics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 09 / 19 / 2023  
**Transaction ID : 11635372**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Marinello, Patrick, Gaetano, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Bradhaven Rd  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) The Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635373**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Halperin, Lawrence, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635374**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Raizman, Noah, Matthew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 18th Street NW Suite 300  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) The Centers For Advanced Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635375**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Fischer, Stuart, James, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 270 Old Somerset Rd  
 City Watchung State NJ Zip Code 07069  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Summit Orthopaedics and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635376**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Tupis, Todd, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 St Julian Lane  
 City Myrtle Beach State SC Zip Code 29579  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Venel Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635377**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Sardelli, Matthew, Carl, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7248 Ardsley Lane  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) OrthoMichigan Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635378**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1625.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bolognesi, Michael, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Middlesborough Ct

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Durham | State<br>NC | Zip Code<br>27705 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Duke University Medical Center | Occupation (for Individual)<br>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  
 09 / 19 / 2023

**Transaction ID : 11635379**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Sisco, Leslie, Elaine, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 Philip St

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>New Orleans | State<br>LA | Zip Code<br>70130 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Oschner Medical Center | Occupation (for Individual)<br>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  
 09 / 19 / 2023

**Transaction ID : 11635380**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Brolin, Tyler, James, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9294 Ingleside Farms Drive South

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38139 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2023

**Transaction ID : 11635381**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Raissi, Abdi, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9808 Winter Palace Drive  
 City Las Vegas State NV Zip Code 89145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635382**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bassewitz, Hugh, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Morning Glow Ln  
 City Las Vegas State NV Zip Code 89135-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635383**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Rubery, Paul, T, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 Taylor Rd  
 City Honeoye Falls State NY Zip Code 14472-9732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rochester Med Ctr, Dept of Ortho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635384**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cooper, Scott, Snow, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Clinic Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 872.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2023  
**Transaction ID : 11635385**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Campbell, Jonathan, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6162 Washington Circle  
 City Wauwatosa State WI Zip Code 53213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Fairview Health Services 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  
 09 / 19 / 2023  
**Transaction ID : 11635386**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Hildebrand, Randall, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 Lincoln St  
 City Great Bend State KS Zip Code 67530-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Central Kansas Orthopedic Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2023  
**Transaction ID : 11635387**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Brittis, Dante, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Ketchum St  
Unit 301

City Westport State CT Zip Code 06880-5953

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1490.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635388**

Amount of Each Receipt this Period 990.00

Memo Item

**B. Connair, Michael, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Old Hartford Turnpike

City Hamden State CT Zip Code 06517

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635389**

Amount of Each Receipt this Period 990.00

Memo Item

**C. Bilbrew, Lattisha, Latoyah, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Wieuca Trace NE

City Atlanta State GA Zip Code 30342-3856

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 19 / 2023  
**Transaction ID : 11635390**

Amount of Each Receipt this Period 100.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2080.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1240.00

Date of Receipt 09 / 20 / 2023  
**Transaction ID : 11635391**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Hakim-Zargar, Mariam, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Terrace Dr  
 City Avon State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New England Orthopaedic Center, LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 09 / 20 / 2023  
**Transaction ID : 11635392**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Rockower, Stephen, Jay, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6302 Landon Ln  
 City Bethesda State MD Zip Code 20817-5602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Orthopaedics & Rehabilitation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2023  
**Transaction ID : 11635393**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Hurt, James, A, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Columbus Orthopaedic Clinic**  
**670 Leigh Drive**  
 City **Columbus** State **MS** Zip Code **39705**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **University of Mississippi Medical Cent** Occupation (for Individual) **Orthopaedic Surgeon**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **09 / 20 / 2023**  
**Transaction ID : 11635394**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Ferkel, Eric, I, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **4133 Vinton Ave**  
 City **Culver City** State **CA** Zip Code **90232-3419**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Southern California Orthopedic Institu** Occupation (for Individual) **Orthopaedic Surgeon**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 20 / 2023**  
**Transaction ID : 11635395**  
 Amount of Each Receipt this Period **900.00**  
 Memo Item

**C. Gonzalez, Mark, H, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **503 Willow Rd**  
 City **Winnetka** State **IL** Zip Code **60093**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **University of Illinois** Occupation (for Individual) **Orthopaedic Surgeon**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 20 / 2023**  
**Transaction ID : 11635396**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 252 OF 547
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 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. Snyder, Matthew, J, , MD,FAAOS
Mailing Address 14912 Chopine Pass
City Roanoke State IN Zip Code 46783-9308
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 750.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 11635397
Amount of Each Receipt this Period 250.00
Memo Item

B. Gluskamp, Nathan, , ,
Mailing Address 9400 W Higgins Rd
City Rosemont State IL Zip Code 60018
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 860.26

Date of Receipt 09 / 22 / 2023
Transaction ID : 11635398
Amount of Each Receipt this Period 50.00
Memo Item

C. Sanders, Mark, Seltzer, , MD,FAAOS
Mailing Address 11315 Bothwell Way
City Houston State TX Zip Code 77024-5302
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Sanders Clinic Occupation (for Individual) Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 11635399
Amount of Each Receipt this Period 1000.00
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 253 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Chiodo, Christopher, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Bramel Circle  
 City Walpole State MA Zip Code 02081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bringham Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2023  
**Transaction ID : 11635401**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4604.67

Date of Receipt 09 / 25 / 2023  
**Transaction ID : 11635403**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Quiet Mead Place  
 City The Woodlands State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : 11635404**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547              |
|   | <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. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11635405**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Priore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 City Rosemont State IL Zip Code 60018-4975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11635406**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ortiz, Dionisio, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Burton Ln  
 City Albany State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : 11635407**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Iorio, Richard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Prince St  
 City Beverly State MA Zip Code 01915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brigham and Women's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2023  
**Transaction ID : 11635408**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Buckley, Steven, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Locust Ave SE  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Crestwood Medical Center 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  
 09 / 28 / 2023  
**Transaction ID : 11635409**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Kelly, Matthew, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Stauffers Church Road  
 City Palmyra State PA Zip Code 17078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Orthopaedic Institute of PA 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  
 09 / 29 / 2023  
**Transaction ID : 11635411**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kemp, Alysia, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Adelaide St  
 City Detroit State MI Zip Code 48201-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Karmanos Cancer Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 11 / 2023  
**Transaction ID : 11635413**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bailey, James, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 03 / 2023  
**Transaction ID : 11635616**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Anderson, Robert, O, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9800 55th St N  
 City Lake Elmo State MN Zip Code 55042-8598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2023  
**Transaction ID : 11635618**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 542.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Espinoza, Luis, M, , MD, FAAOS</b>     |   |  | Date of Receipt   |
| Mailing Address 5 Savannah Ridge Lane   |   |  | <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2023"/> |
| City<br>Metairie  | State<br>LA   | Zip Code<br>70001-5492                             | <b>Transaction ID : 11635619</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   |  | Amount of Each Receipt this Period<br><input type="text" value="84.00"/>                              |
| Name of Employer (for Individual)<br>Orthopaedic Center for Sports Medicine   |   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="336.00"/> |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Swards, Joseph, Milo, , MD,FAOS</b>    |  |  | Date of Receipt   |
| Mailing Address 237 Westwind Way  |  |  | <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2023"/> |
| City<br>Dresher   | State<br>PA  | Zip Code<br>19025-1419                             | <b>Transaction ID : 11635620</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  |  | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
| Name of Employer (for Individual)<br>Temple University  |  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Della Rocca, Gregory, John, , MD,PhD,MBA</b> |  |  | Date of Receipt   |
| Mailing Address 1415 Stonehaven Rd  |  |  | <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2023"/> |
| City<br>Columbia  | State<br>MO  | Zip Code<br>65203-5108                             | <b>Transaction ID : 11635621</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>  |  |  | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
| Name of Employer (for Individual)<br>Univ of Missouri   |  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |  |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="584.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

**SCHEDULE A (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 547              |
|   | <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. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : 11635744**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : 11635745**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Carlson, William, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 SE Tuscan Lane  
 City Stuart State FL Zip Code 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : 11635746**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Martin, Christopher, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3191 Shorewood Dr  
 City Arden Hills State MN Zip Code 55112-7948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 586.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : 11636071**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Dellose, Steven, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Does Lane  
 City Wilmington State DE Zip Code 19807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delaware Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : 11636419**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Keller, Julie, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 W Essex Street Suite 201  
 City Maywood State NJ Zip Code 07607-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Restoration Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11636423**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Schmale, Gregory, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 126th Ave NE  
 City Kirkland State WA Zip Code 98033-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11636424**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Burke, Charles, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Delafield Rd Ste 4010  
 City Pittsburgh State PA Zip Code 15215-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11636425**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Skeehan, Christopher, Doria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cutler Court  
 City Portsmouth State RI Zip Code 02871-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southcoast Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11636426**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 852.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Quitkin, Hiram, Matthew, , MD, FAAOS**

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

Mailing Address 20 Country Farm Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Stratham | State<br>NH | Zip Code<br>03885-2536 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Access Sports Medicine and Orthopaedic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2023

**Transaction ID : 11636427**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Becker, Carl, E, , MD, FAAOS**

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

Mailing Address 9 Southview Lane

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Lititz | State<br>PA | Zip Code<br>17543 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Westphal Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2023

**Transaction ID : 11636507**

Amount of Each Receipt this Period  
1100.00

Memo Item

**C. Mosley, Emmett, Wayne, , MD,FAAOS,F**

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

Mailing Address 220 Thompson PI

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roswell | State<br>GA | Zip Code<br>30075-3522 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Aspirus | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2023

**Transaction ID : 11636512**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1268.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547              |
|   | <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. Kiner, Dirk, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Canyon Springs Dr  
 City Hixson State TN Zip Code 37343-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Erlanger Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 07 / 2023  
**Transaction ID : 11636513**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 07 / 2023  
**Transaction ID : 11636514**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Greene, Robert, Neil, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2309  
 City Yakima State WA Zip Code 98907-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 08 / 2023  
**Transaction ID : 11636515**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.33 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 263 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Florack, Thomas, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2083 Lost Dauphin Rd  
 City De Pere State WI Zip Code 54115-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prevea Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2023  
**Transaction ID : 11636519**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Nichols, Reid, Boyce, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 772.00

Date of Receipt 10 / 09 / 2023  
**Transaction ID : 11636520**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

Date of Receipt 10 / 11 / 2023  
**Transaction ID : 11637682**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nahigian, Kevin, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 Devine St  
 Apt 420  
 City Columbia State SC Zip Code 29205-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 11 / 2023  
**Transaction ID : 11637684**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Murrell, William, D, , Jr, MD,MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Majorca Road  
 City Saint Augustine State FL Zip Code 32080-7314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Infohealth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2023  
**Transaction ID : 11637685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wolin, Preston, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 W Diversey Pkwy  
 Ste 300  
 City Chicago State IL Zip Code 60614-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Athletic Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2023  
**Transaction ID : 11638385**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Binder, William, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2105 Palmer Drive  
 City Lake Havasu City State AZ Zip Code 86406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lakeside Orthopedic Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638391**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Jamison, James, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7092 Killdeer Drive  
 City Canfield State OH Zip Code 44406-9181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Youngstown Orthopaedic Associates, Ltd Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638394**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dodds, Julie, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 90th Ave  
 City Lone Rock State IA Zip Code 50559-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638395**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1434.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638396**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Mansfield, David, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638397**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Nguyen, Vuong, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3120 Downs Cove Rd  
 City Windermere State FL Zip Code 34786-8302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optimotion Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11638404**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Krueger, Chad, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11638576**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. James, Jeremy, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11638577**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Russell, George, V, , Jr, MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 North Natchez Drive  
 City Madison State MS Zip Code 39110-6941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11638578**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547              |
|   | <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. Ledford, Cameron, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24400 Harbour View Dr  
 City Ponte Vedra Beach State FL Zip Code 32082-2151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11638741**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Courtney, Paul, Maxwell, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 Millbrook Rd  
 City Berwyn State PA Zip Code 19312-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 14 / 2023  
**Transaction ID : 11639206**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Smith, Jeffrey, Mark, , MD,CPC,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5865 Friars Rd Unit 3310  
 City San Diego State CA Zip Code 92110-6011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITE Orthopaedics Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : 11639568**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Baker, Champ, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 Overlook Dr  
 City Columbus State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : 11639569**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Glassman, Steven, D, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12345 Osage Road  
 City Louisville State KY Zip Code 40232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norton Healthcare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11639838**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kofoed, John, Charles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11639839**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2089.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McGinley, Brian, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Caterham Lane  
 City East Setauket State NY Zip Code 11733  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Long Island Bone Joint LLP Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11639840**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Wolanin, Andre, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3770 Center Road  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Southwest Orthopaedics Inc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11639841**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**C. Wright, Thomas, W, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3450 Hull Road  
 3rd Floor, Room 3341  
 City Gainesville State FL Zip Code 32607  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11639842**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 271 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Goldberg, Steven, Scott, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5867 Whisperwood Ct  
 City Naples State FL Zip Code 34110-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11639956**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Olsen, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Harrison Avenue Apt 1012  
 City Boston State MA Zip Code 02118-3088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11639957**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Kraushaar, Barry, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 N Church Rd  
 City Saddle River State NJ Zip Code 07458-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11639958**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 376.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Johnson, Brian, Douglas, , MD,FAAOS**

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

Mailing Address 990 Wynstone Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Jefferson | State<br>SD | Zip Code<br>57038-6868 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>CNOS | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2023        |

**Transaction ID : 11639959**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

Mailing Address 405 NW A St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bentonville | State<br>AR | Zip Code<br>72712-5216 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mercy Clinic Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
956.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2023        |

**Transaction ID : 11639960**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Braaton, Paul, J, , MD,FAAOS**

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

Mailing Address 1335 Coffee Rd  
Ste 101

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Modesto | State<br>CA | Zip Code<br>95355-3192 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>OrthoMed | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2023        |

**Transaction ID : 11639961**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Goumas, Douglas, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Three Corners Rd  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 New Hampshire Orthopaedic Center Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640034**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Carduff, Mary, Foley, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 Rhode Island Ave  
 City McLean State VA Zip Code 22101-4919  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 US Air Force Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2023  
**Transaction ID : 11640288**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Schaaf, Adam, Carlton, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 King George Street  
 City Daniel Island State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Low Country Orthopaedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2023  
**Transaction ID : 11640310**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Lopez, David, Vincent, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Courtney Ct  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 29 / 2023  
**Transaction ID : 11640332**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Shrock, Kevin, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 SE 3rd Ave  
 City Fort Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 29 / 2023  
**Transaction ID : 11640333**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Roberts, Richard, Mills, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1324  
 City Grapevine State TX Zip Code 76099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640382**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lyons, Thomas, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1429 7th Street  
 City New Orleans State LA Zip Code 70115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640383**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mead, Leon, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 Goodlette Rd North #201  
 City Naples State FL Zip Code 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640384**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640390**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1291.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 276 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bettin, Clayton, Charles, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5047 Shady Hall Ct  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640391**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Calandrucchio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Road  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640392**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedic Surgery  
 1400 South Germantown Rd  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Univ of TN-Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640393**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 277 OF 547              |
|   | <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"/>                | <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. Crockarell, John, R., Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1458 W Poplar Ave  
 Ste 100  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640394**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Ford, Marcus, Christopher, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Duntreath Rd  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640395**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item

**C. Grear, Benjamin, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lagrange Creek Drive  
 City Eads State TN Zip Code 38028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640396**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.18 |
| <b>TOTAL</b> This Period (last page this line 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 278 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Guyton, James, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 Massey Estates Cove  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640397**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Harkess, James, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9566 Fox Hill Circle S  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640398**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Heck, Robert, Kurt, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Barfield Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 17 / 2023  
**Transaction ID : 11640399**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kelly, Derek, Michael, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove N  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640400**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Lamplot, Joseph, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Wychewood Dr  
 City Memphis State TN Zip Code 38117-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640401**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Mascioli, Anthony, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 W Goodwyn  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640402**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line 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 280 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Mihalko, Marc, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640403**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Murphy, Garnett, Andrew, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138-2205 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640404**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Orland, Keith, Jayson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1246 Monroe Dr NE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30306 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640405**

Amount of Each Receipt this Period  
41.67

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Phillips, Barry, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8681 Windrush  
 City Memphis State TN Zip Code 38125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640406**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**B. Richardson, David, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 636 Center Dr  
 City Memphis State TN Zip Code 38112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640407**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Rider, Carson, Mills, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2372 Corinne Oak Court  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640408**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Rudloff, Matthew, Ian, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10211 Ramblewood Dr  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640409**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Sawyer, Jeffrey, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 Chickasaw Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640410**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Sheffer, Benjamin, West, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 11640411**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line 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 283 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Thompson, Kirk, Michael, , MD**

Mailing Address 75 St Albans Fairway

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640412**

Amount of Each Receipt this Period  
20.83

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Thompson, Norfleet, Buckner, , MD, FAAOS**

Mailing Address 3784 Highland Park Place

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640413**

Amount of Each Receipt this Period  
41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Throckmorton, Thomas, Ward, , MD,FAAOS**

Mailing Address 4901 Fairfield Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640414**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Warner, William, C, , Jr, MD, FA

Mailing Address 215 East Cherry Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640415**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120-2707 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640416**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : 11640417**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Charoglu, Constantine, , MD, FAAOS**

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

Mailing Address 12 Waterford Drive

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Hattiesburg | State<br>MS | Zip Code<br>39402-2927 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Southern Bone & Joint Specialists Inc | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 19    |   | 2023        |

**Transaction ID : 11641092**

Amount of Each Receipt this Period  
1100.00

Memo Item

**B. Payares, Monica, Maria, , MD,FAAOS**

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

Mailing Address 9461 SW 128 Street

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Miami | State<br>FL | Zip Code<br>33176-5718 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Nemours/Alfred I duPont Hospital for C | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 20    |   | 2023        |

**Transaction ID : 11641137**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Hogan, Craig, A, , MD,FAAOS**

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

Mailing Address 6180 South Picadilly Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Centennial | State<br>CO | Zip Code<br>80016 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Colorado Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 20    |   | 2023        |

**Transaction ID : 11641169**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2185.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Shen, Wen, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Pond Hills Ct  
 City Pleasant Valley State NY Zip Code 12569-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 21 / 2023  
**Transaction ID : 11641170**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Chapman, Cary, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10903 Blue Palm Street  
 City Plantation State FL Zip Code 33324-8234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 21 / 2023  
**Transaction ID : 11641171**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Stoeckl, Andrew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Fairlawn Dr  
 City Amherst State NY Zip Code 14226-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 10 / 21 / 2023  
**Transaction ID : 11641172**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 251.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Thoder, Joseph, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 Upper Stump Rd  
 City Chalfont State PA Zip Code 18914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 21 / 2023  
**Transaction ID : 11641173**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Kirol, Bernard, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Lemoyne Lane  
 City Johns Island State SC Zip Code 29455-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 22 / 2023  
**Transaction ID : 11641176**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Veitch, Andrew, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2023  
**Transaction ID : 11641177**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 243.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Hire, Justin, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 Water Ave  
 City Elm Springs State AR Zip Code 72762-9109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2023  
**Transaction ID : 11641178**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Barber, Thomas, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1743 Spyglass Lane, Apt 7L  
 City Moraga State CA Zip Code 94556-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of California San Francisco Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2023  
**Transaction ID : 11641185**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Friedmann, Elizabeth, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 23 / 2023  
**Transaction ID : 11641186**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 376.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Choi, Daniel, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Knolls Dr N  
 City New Hyde Park State NY Zip Code 11040-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2023  
**Transaction ID : 11641187**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Navarro, Ronald, Anthony, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : 11641729**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. So, David, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1488 Silverstone Way Apt B1  
 City Okemos State MI Zip Code 48864-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sparrow Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2023  
**Transaction ID : 11641731**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 459.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Le, Theodore, Toan, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7735 Hartford Hills Lane  
 City Montgomery State OH Zip Code 45242-4347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UOCC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : 11641732**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 Rymers Switch Lane  
 City Friendswood State TX Zip Code 77546-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 24 / 2023  
**Transaction ID : 11641733**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ardoin, Gregory, Troy, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Fair Park Blvd  
 City Little Rock State AR Zip Code 72204-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoArkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2023  
**Transaction ID : 11642364**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE A (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 547   |
| <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. Wiley, David, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 Smithville Church Road  
 City Warner Robins State GA Zip Code 31088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Middle Georgia Orthopedic Surg & Sport Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 25 / 2023**  
**Transaction ID : 11642394**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Beltran, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt **10 / 26 / 2023**  
**Transaction ID : 11643258**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Schnaser, Erik, Allen, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75538 Desierto Dr  
 City Indian Wells State CA Zip Code 92210-8444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 26 / 2023**  
**Transaction ID : 11643259**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 26 / 2023  
**Transaction ID : 11643260**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Scanlon, Christopher, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 26 / 2023  
**Transaction ID : 11643261**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Gibbs, Daniel, Bradley, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1788 E Mill Ln  
 City Salt Lake City State UT Zip Code 84106-3220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heiden Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 26 / 2023  
**Transaction ID : 11643262**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Choueka, Jack, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6010 Bay Parkway 7th Fl  
 City Brooklyn State NY Zip Code 11204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2023  
**Transaction ID : 11643263**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. O'Donovan, Terrence, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 Maid Marion Hill  
 City Sherwood Forest State MD Zip Code 21405-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chesapeake Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2023  
**Transaction ID : 11643264**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Stone, Austin, V, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 Turkey Foot Rd  
 City Lexington State KY Zip Code 40502-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UK HealthCare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 27 / 2023  
**Transaction ID : 11643876**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 534.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Scales, Darrell, Kevin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5425 Golf View Dr  
 City Braselton State GA Zip Code 30517-4043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644045**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carolan, Gregory, Francis, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Meadow Ridge Ct  
 City Bethlehem State PA Zip Code 18015-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644046**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Allard, Mark, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Physicians Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644047**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 295 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McClintock, Kyle, Ross, , DO,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5826 Wedgewood Drive  
 City Granite Bay State CA Zip Code 95746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644048**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Giuseffi, Steven, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644049**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Snyder, Barry, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 497 Long Ln  
 City Huntingdon Valley State PA Zip Code 19006-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644050**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bhatnagar, Rishi, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644051**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Glassman, Andrew, H, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 North Drexel Avenue  
 City Columbus State OH Zip Code 43209-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644052**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Gary, Joshua, Layne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 10 / 28 / 2023  
**Transaction ID : 11644053**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 297 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Dunдон, John, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Pond View Rd  
 City Chester State NJ Zip Code 07930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopedic Institute of New Jersey Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2023  
**Transaction ID : 11644055**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Faloon, Michael, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Garden Street  
 City Hoboken State NJ Zip Code 07030-6764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Spine Center PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11644107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Burris, Richard, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Dickerson Rd NE  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pinnacle Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11644109**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Fraser, Michael, Robson, , Jr, MD,FAA**

Mailing Address 2808 NW Walden Dr

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Camas | State<br>WA | Zip Code<br>98607 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>US Navy | Occupation (for Individual)<br>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 |
| 10    |   | 30    |   | 2023        |

**Transaction ID : 11644111**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Smalley, Jeremy, , , MD, FAAOS**

Mailing Address 2253 Windsor Ave SW

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roanoke | State<br>VA | Zip Code<br>24015-2205 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Lewis Gale Orthopedics | Occupation (for Individual)<br>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 |
| 10    |   | 30    |   | 2023        |

**Transaction ID : 11644115**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Duffy, Gavan, Patrick, , MD,FAAOS**

Mailing Address 10083 Lake Lamar Ct

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Jacksonville | State<br>FL | Zip Code<br>32256 |
|----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Southeast Orthopedic Specialists | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 30    |   | 2023        |

**Transaction ID : 11644118**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 299 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Jakoi, Andre, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6638 Wenonga Terrace  
 City Mission Hills State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Drisko Fee & Parkins Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : 11644123**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Crawford, Adam, Clay, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 Castilian Path  
 City Westlake State TX Zip Code 76262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : 11644177**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kocher, Mininder, S, , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Strawberry Hill  
 City Dover State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Children's Hospital, Dept of Or Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : 11644228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 300 OF 547              |
|   | <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. Witmer, Daniel, , , MD, FAAOS**

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

Mailing Address 8 Theodate lane

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Farmington | State<br>CT | Zip Code<br>06032-2380 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopedic Associates of Harford, PC | Occupation (for Individual)<br>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 |
| 10    |   | 31    |   | 2023        |

**Transaction ID : 11644230**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Milia, Marc, J, , MD,FAAOS**

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

Mailing Address 1386 Stanley

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Birmingham | State<br>MI | Zip Code<br>48009 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Michigan Orthopedic Specialists | Occupation (for Individual)<br>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 |
| 11    |   | 01    |   | 2023        |

**Transaction ID : 11644233**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Mailing Address 200 Hawkins Drive  
01002JPP

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Iowa City | State<br>IA | Zip Code<br>52242-1088 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Iowa | Occupation (for Individual)<br>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 |
| 11    |   | 01    |   | 2023        |

**Transaction ID : 11644235**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 301 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Cannon, Odest, F, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 SE 17th St  
 Ste 100  
 City Ocala State FL Zip Code 34471-3920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ocala Orthopaedic Group Occupation (for Individual) 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  
 11 / 01 / 2023  
**Transaction ID : 11644238**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Cassidy, Carter, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2023  
**Transaction ID : 11644711**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Gottschalk, Michael, Brandon, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4799 Olde Village Cv  
 City Atlanta State GA Zip Code 30338-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2023  
**Transaction ID : 11644712**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 302 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Knight, Bradford, S, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 Pine Tree Dr  
 City Fairfax State VA Zip Code 22033-2712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prince William Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 11644713**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Smith, Eric, Louis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 Beacon Street  
 City Waban State MA Zip Code 02468-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1924.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 11644714**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Bailey, James, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 11645726**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 376.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 303 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |   |  |   |
|---|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Espinoza, Luis, M, , MD, FAAOS</b>     |   |  | Date of Receipt   |
| Mailing Address 5 Savannah Ridge Lane   |   |  | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2023"/> |
| City<br>Metairie  | State<br>LA   | Zip Code<br>70001-5492                             | <b>Transaction ID : 11645727</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   |  | Amount of Each Receipt this Period<br><input type="text" value="84.00"/>                              |
| Name of Employer (for Individual)<br>Orthopaedic Center for Sports Medicine   |   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="420.00"/> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Lopez, David, Vincent, , MD,MBA,FAA</b> |   |  | Date of Receipt   |
| Mailing Address 27 Courtney Ct   |   |  | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2023"/> |
| City<br>Freehold   | State<br>NJ   | Zip Code<br>07728                                  | <b>Transaction ID : 11645738</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                     |   |  | Amount of Each Receipt this Period<br><input type="text" value="84.00"/>                              |
| Name of Employer (for Individual)<br>Orthopaedic & Sports Medicine Speciali  |   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Aggregate Year-to-Date ▼<br><input type="text" value="756.00"/> |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Stiefel, Eric, C, , MD,FAAOS</b>     |  |  | Date of Receipt   |
| Mailing Address 4466 Robert Dr  |  |  | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2023"/> |
| City<br>Valdosta  | State<br>GA  | Zip Code<br>31603                                  | <b>Transaction ID : 11645740</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |  |  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Name of Employer (for Individual)<br>Valdosta Orthopedic Associates   |  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |  |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1168.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 304 OF 547              |
|   | <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. Fowler, Donald, Edward, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 West Conway Dr NW  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2023  
**Transaction ID : 11645742**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kirkpatrick, D, Kay, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2926 Ashebrooke Dr  
 City Marietta State GA Zip Code 30068-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2023  
**Transaction ID : 11645743**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bruce, James, F, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 Rainwater Trail  
 City Tiger State GA Zip Code 30576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2023  
**Transaction ID : 11645744**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 305 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McClelland, Walter, B, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3531 Nancy Creek Road  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peachtree Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2023  
**Transaction ID : 11645745**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Urband, Lindsey, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 10 / 03 / 2023  
**Transaction ID : 11645746**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Grosso, Matthew, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pembroke Dr  
 City Avon State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Orthopaedics New England Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 03 / 2023  
**Transaction ID : 11645747**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 306 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Delanois, Ronald, Emilio, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Brookfield Garth  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2023  
**Transaction ID : 11645748**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Holmes, Wendell, , , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Belleclave Rd  
 City Columbia State SC Zip Code 29223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : 11645750**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Schmitz, Matthew, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East Basse Rd Apt 1535  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : 11645751**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 307 OF 547              |
|   | <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. Sheehan, John, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645752**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Woolf, Shane, Kelby, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Island Park Drive, Suite 105  
 City Charleston State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645753**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Brown, Barrett, Shytles, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Fondren Orthopedic Group 7401 Main St  
 City Houston State TX Zip Code 77030-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1019.23

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645754**  
 Amount of Each Receipt this Period 769.23  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 937.23 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 308 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Itamura, John, Minoru, , MD,FAAOS</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 10 |  | 06 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 10  |  | 06  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 921 Monterey Rd   |  | <b>Transaction ID : 11645755</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>South Pasadena  | State<br>CA  | Zip Code<br>91030   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>1000.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>The Kerlan-Jobe Orthopaedic Foundation   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Labriola, Joanne, , , MD,FAAOS</b>     |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 10 |  | 06 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 10  |  | 06  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 203 The Lane  |  | <b>Transaction ID : 11645757</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Hinsdale  | State<br>IL  | Zip Code<br>60521-3750  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>M&M Orthopaedics / Dupage Medical Grou   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Alberta, Francis, G, , MD,FAAOS</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 10 |  | 06 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 10  |  | 06  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 28 Garfield Avenue  |  | <b>Transaction ID : 11645765</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Avon By the Sea   | State<br>NJ  | Zip Code<br>07717   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>NJOC   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>500.00                 |   |       |             |       |   |             |    |  |    |  |      |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 309 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Weinstein, David, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2446 Research Parkway Suite 200  
 City Colorado Springs State CO Zip Code 80920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Center Of Orthopaedic Excellence Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1250.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645766**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Nagda, Sameer, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8713 Standish Rd  
 City Alexandria State VA Zip Code 22308-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anderson Ortho Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645771**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Wongworawat, M., Daniel, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11406 Loma Linda Dr, Ste 218  
 City Loma Linda State CA Zip Code 92354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Loma Linda Univ Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645772**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 310 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. O'Brien, Michael, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Gull St  
 City New Orleans State LA Zip Code 70124-4302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tulane University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645773**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Cordasco, Frank, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 West 77th St Apt 5B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645774**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. King, Joseph, John, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7452 SW 120th Street  
 City Gainesville State FL Zip Code 32608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : 11645775**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 311 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Noojin, Frank, Kenneth, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Country Club Ct  
 City Columbia State SC Zip Code 29206-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prisma Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645776**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Sajadi, Kaveh, Robert, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2133 Woodmont Dr  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kentucky Bone & Joint Surgeons Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645778**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Glasgow, Michele, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3085 Wolf Ct  
 City Dekalb State IL Zip Code 60115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645779**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 684.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 312 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Abboud, Joseph, A, , MD,FAAOS**

Mailing Address 726 Conestoga Rd

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Bryn Mawr | State<br>PA | Zip Code<br>19010 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Rothman Institute | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 10    | / | 2023        |

**Transaction ID : 11645780**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Glasgow, Michele, T, , MD,FAAOS**

Mailing Address 3085 Wolf Ct

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dekalb | State<br>IL | Zip Code<br>60115 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Northwestern Medicine | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 10    | / | 2023        |

**Transaction ID : 11645781**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Baker, James, Douglas, , MD, FAAOS**

Mailing Address 560 S Loop Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Edgewood | State<br>KY | Zip Code<br>41017 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Commonwealth Orthopedic Centers | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 10    | / | 2023        |

**Transaction ID : 11645782**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 313 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Holloway, G Brian, , , MD,FAAOS</b>    |  |  | Date of Receipt   |
| Mailing Address 8956 Hemingway Grove Circle   |  |  | <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2023"/> |
| City<br>Knoxville   | State<br>TN  | Zip Code<br>37922                                  | <b>Transaction ID : 11645785</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  |  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Name of Employer (for Individual)<br>Knoxville Orthopaedic Clinic   |  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Bieber, Edward, J, , MD,FAAOS</b>      |   |  | Date of Receipt   |
| Mailing Address 7407 Beverly Road   |   |  | <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2023"/> |
| City<br>Bethesda  | State<br>MD   | Zip Code<br>20814                                  | <b>Transaction ID : 11645786</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   |  | Amount of Each Receipt this Period<br><input type="text" value="500.00"/>                             |
| Name of Employer (for Individual)<br>BCC Orthopaedics   |   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="500.00"/> |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Chutkan, Norman, Barrington, , MD,FAAOS</b> |   |  | Date of Receipt   |
| Mailing Address 1 E Lexington Ave<br>Unit 1404   |   |  | <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2023"/> |
| City<br>Phoenix  | State<br>AZ   | Zip Code<br>85012                                  | <b>Transaction ID : 11645789</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>   |   |  | Amount of Each Receipt this Period<br><input type="text" value="84.00"/>                              |
| Name of Employer (for Individual)<br>The CORE Institute  |   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Aggregate Year-to-Date ▼<br><input type="text" value="840.00"/> |  |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1584.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                 |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 314 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ticker, Jonathan, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 3rd Ave Apt 1022

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Mineola | State<br>NY | Zip Code<br>11501-4351 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Orlin & Cohen Orthopaedic Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023

**Transaction ID : 11645790**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Romeo, Anthony, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8301 Fars Cove

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Burr Ridge | State<br>IL | Zip Code<br>60527 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Midwest Ortho at Rush | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2023

**Transaction ID : 11645793**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Baker, Champ, , , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 Overlook Dr

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Columbus | State<br>GA | Zip Code<br>31906 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Jack Hughston Memorial Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023

**Transaction ID : 11645794**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line 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 315 OF 547  
(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. Assenmacher, Andrew, T, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2712 W. Rauch Rd  
 City Temperance State MI Zip Code 48182-9666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Promedica Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645797**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Aleem, Alexander, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Webster Woods Dr  
 City Saint Louis State MO Zip Code 63119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University School of Medici Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645800**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gentile, Joseph, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17324 Wavcrest Ct  
 City Cornelius State NC Zip Code 28031-7699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645801**  
 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 316 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Flik, Kyle, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Hills Rd  
 City Albany State NY Zip Code 12211-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoNY Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2023  
**Transaction ID : 11645802**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. More, Robert, Cameron, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 Wescott Drive Suite 101  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645803**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Paxton, E, Scott, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 South Meadow Ln  
 City Barrington State RI Zip Code 02806-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645804**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 459.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 317 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Huffman, G Russell, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1216 Kyleston Ct  
 City Orlando State FL Zip Code 32806-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645805**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fernandez, Rafael, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 Wellington Cres  
 City Faribault State MN Zip Code 55021-6723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 672.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645809**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1324.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645810**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 318 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Greenwood, Alan, G., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 S 101st Ave  
 City Yakima State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645811**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Frisch, Nicholas, Blair, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Lahser Rd  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2672.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645812**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Reed, Lori, K., , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Klaas Boulevard  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645813**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 319 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cimino, William, Gerard, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 Beach Road  
Suite 207

City Fairfield State CT Zip Code 06824

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 11645816**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Damalas, Konstantinos, , , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd

City Rosemont State IL Zip Code 60018-4974

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

Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11645817**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Merwin Ave  
Unit C

City Milford State CT Zip Code 06460

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

Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : 11645818**

Amount of Each Receipt this Period 84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |   |   |  |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 320 OF 547   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Murray, Ryan, , , MD**

Mailing Address 5215 Falmouth Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Bethesda | State<br>MD | Zip Code<br>20816 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2023

**Transaction ID : 11645819**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 14 Turner Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Capital Region Orthopaedic Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2023

**Transaction ID : 11645820**

Amount of Each Receipt this Period  
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hannon, Charles, Patrick, , MD,MBA**

Mailing Address 5680 Harvest Moon Blvd NW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55901-5674 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2023

**Transaction ID : 11645821**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 321 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Scott, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Registries, Quality and Learning Coord  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : 11645822**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Woodcock, Jessica, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Court  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 636.00

Date of Receipt 10 / 19 / 2023  
**Transaction ID : 11645823**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Sinclair, Micah, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 43rd Street  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 20 / 2023  
**Transaction ID : 11645824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 209.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 322 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Glusenkamp, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.26

Date of Receipt 10 / 23 / 2023  
**Transaction ID : 11645825**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mejia, Alfonso, , , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5332 South Shore Drive  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4688.67

Date of Receipt 10 / 24 / 2023  
**Transaction ID : 11645827**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Quiet Mead Place  
 City The Woodlands State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 27 / 2023  
**Transaction ID : 11645828**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 218.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 323 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Curran, Todd, A, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2722 Meadow Cross Way  
 City York State PA Zip Code 17402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSS Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2023  
**Transaction ID : 11645829**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645830**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Priore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 City Rosemont State IL Zip Code 60018-4975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645831**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 324 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Ortiz, Dionisio, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Burton Ln  
 City Albany State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645832**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Iorio, Richard, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Prince St  
 City Beverly State MA Zip Code 01915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645833**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Lopez, David, Vincent, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Courtney Ct  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645835**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 852.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 325 OF 547              |
|   | <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. Torres, Daniel, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1488 Shelburne Ct  
 City Allentown State PA Zip Code 18104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lehigh Valley Practioner Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : 11645836**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Freedberg, Douglas, Bentley, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Arizona Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : 11645837**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Paterson, William, Hunt, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1356 E Palomino Dr  
 City Tempe State AZ Zip Code 85284-2449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arizona Spine & Joint Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : 11645839**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1585.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 326 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 11646586**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 11646587**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Martin, Christopher, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3191 Shorewood Dr  
 City Arden Hills State MN Zip Code 55112-7948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 11646591**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 327 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Brolin, Tyler, James, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9294 Ingleside Farms Drive South  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 11646592**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Abrams, Jeffrey, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Foulet Dr  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Princeton Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 11646594**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

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

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 11646596**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 328 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Curtis, Benjamin, David, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 East Browning Ave  
 City Salt Lake City State UT Zip Code 84108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Utah Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646609**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Schmale, Gregory, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 126th Ave NE  
 City Kirkland State WA Zip Code 98033-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646610**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hasan, Syed, Ashfaq, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7730 Elmwood Road  
 City Fulton State MD Zip Code 20759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646611**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 329 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Burke, Charles, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Delafield Rd  
Ste 4010

City Pittsburgh State PA Zip Code 15215-3235

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646612**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Archdeacon, Michael, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4538 Philnoll Dr

City Cincinnati State OH Zip Code 45247-5079

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

Name of Employer (for Individual) UC Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646613**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Skeehan, Christopher, Doria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Cutler Court

City Portsmouth State RI Zip Code 02871-3521

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

Name of Employer (for Individual) Southcoast Health Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646614**

Amount of Each Receipt this Period 84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 330 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Quitkin, Hiram, Matthew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Country Farm Rd  
 City Stratham State NH Zip Code 03885-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Access Sports Medicine and Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11646615**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Herbst, Steven, Arthur, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8620 S County Rd 560 E  
 City Selma State IN Zip Code 47383-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Indiana Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 11647639**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**C. Christensen, Alan, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 11647641**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2284.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 331 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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

**A. Mosley, Emmett, Wayne, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Thompson Pl  
 City Roswell State GA Zip Code 30075-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11647649**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Kiner, Dirk, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Canyon Springs Dr  
 City Hixson State TN Zip Code 37343-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Erlanger Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11647650**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11647651**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 251.33 |
| <b>TOTAL</b> This Period (last page this line 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 332 OF 547<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                         |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                          |
| <input type="checkbox"/> 15   | <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. Lane, Joseph, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 11647652**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 11647798**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Greene, Robert, Neil, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2309  
 City Yakima State WA Zip Code 98907-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2023  
**Transaction ID : 11647968**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1335.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 333 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Leddy, Michael, J, , III, MD,FA</b>    |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 08 / 2023<br><b>Transaction ID : 11647969</b> |  |  |
| Mailing Address 3444 Masonic Dr   |             |  | Amount of Each Receipt this Period<br>500.00   |  |  |
| City<br>Alexandria  | State<br>LA | Zip Code<br>71301                                  | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>Central Louisiana Surgical Hospital  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>2000.00                |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Drinkwater, Christopher, John, , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 08 / 2023<br><b>Transaction ID : 11647970</b> |  |  |
| Mailing Address 85 Barrington St  |             |  | Amount of Each Receipt this Period<br>250.00   |  |  |
| City<br>Rochester   | State<br>NY | Zip Code<br>14607-2240                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>University of Rochester  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       |             | Aggregate Year-to-Date ▼<br>1000.00                |  |  |  |

|  |             |  |  |  |  |
|--|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Breien, Kristoffer, Meyers, , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 07 / 2023<br><b>Transaction ID : 11648054</b> |  |  |
| Mailing Address 10977 57th St N  |             |  | Amount of Each Receipt this Period<br>1100.00  |  |  |
| City<br>Lake Elmo  | State<br>MN | Zip Code<br>55042-9697                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |  |  |  |  |
| Name of Employer (for Individual)<br>Summit Orthopedics  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      |             | Aggregate Year-to-Date ▼<br>1100.00                |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1850.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 334 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Shein, David, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Random Farms Circle  
 City Chappaqua State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : 11648055**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Jimenez, Ramon, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Corral De Tierra Rd  
 City Salinas State CA Zip Code 93908-9474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MPOSMI Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : 11648056**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37

Date of Receipt **11 / 07 / 2023**  
**Transaction ID : 11648057**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1291.67 |
| <b>TOTAL</b> This Period (last page this line 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 335 OF 547  
(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. Bettin, Clayton, Charles, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5047 Shady Hall Ct  
 City Memphis    State TN    Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648058**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Calandrucchio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Road  
 City Germantown    State TN    Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648059**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedic Surgery  
 1400 South Germantown Rd  
 City Germantown    State TN    Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of TN-Campbell Clinic    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648060**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.01  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 336 OF 547              |
|   | <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. Crockarell, John, R., Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1458 W Poplar Ave  
 Ste 100  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 11648061**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Ford, Marcus, Christopher, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Duntreath Rd  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 11648062**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item

**C. Grear, Benjamin, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lagrange Creek Drive  
 City Eads State TN Zip Code 38028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 11648063**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.18 |
| <b>TOTAL</b> This Period (last page this line 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 337 OF 547  
(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. Guyton, James, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 Massey Estates Cove  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648064**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Harkess, James, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9566 Fox Hill Circle S  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648065**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Heck, Robert, Kurt, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Barfield Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648066**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.01  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 338 OF 547              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Kelly, Derek, Michael, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove N  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.37

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648067**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Lamplot, Joseph, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Wychewood Dr  
 City Memphis State TN Zip Code 38117-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648068**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Mascioli, Anthony, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 W Goodwyn  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11648069**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 339 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Mihalko, Marc, J, , MD,FAOS</b>        |             |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 07 / 2023<br><b>Transaction ID : 11648070</b> |  |  |
| Mailing Address 4079 Barfield Road  |             |  | Amount of Each Receipt this Period<br>41.67   |  |  |
| City<br>Memphis   | State<br>TN | Zip Code<br>38117                                  | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>458.37  |  |  |
| Name of Employer (for Individual)<br>Campbell Clinic  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |   |  |  |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Murphy, Garnett, Andrew, , MD,FAOS</b> |             |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 07 / 2023<br><b>Transaction ID : 11648071</b> |  |  |
| Mailing Address 1400 S Germantown Rd  |             |  | Amount of Each Receipt this Period<br>41.67   |  |  |
| City<br>Germantown  | State<br>TN | Zip Code<br>38138-2205                             | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>458.37  |  |  |
| Name of Employer (for Individual)<br>Campbell Clinic  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |   |  |  |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Orland, Keith, Jayson, , MD</b>      |             |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 07 / 2023<br><b>Transaction ID : 11648072</b> |  |  |
| Mailing Address 1246 Monroe Dr NE   |             |  | Amount of Each Receipt this Period<br>41.67   |  |  |
| City<br>Atlanta   | State<br>GA | Zip Code<br>30306                                  | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>291.69  |  |  |
| Name of Employer (for Individual)<br>Campbell Clinic  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |  |   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 340 OF 547              |
|   | <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. Phillips, Barry, B, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8681 Windrush

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38125 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648073**

Amount of Each Receipt this Period  
20.83

Memo Item

**B. Richardson, David, R, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38112 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648074**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Rider, Carson, Mills, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2372 Corinne Oak Court

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38119 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648075**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 341 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Rudloff, Matthew, Ian, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10211 Ramblewood Dr  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : 11648076**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Sawyer, Jeffrey, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 Chickasaw Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : 11648077**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Sheffer, Benjamin, West, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 708.37

Date of Receipt  
 11 / 07 / 2023  
**Transaction ID : 11648078**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 342 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Thompson, Kirk, Michael, , MD

Mailing Address 75 St Albans Fairway

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : 11648079**

Amount of Each Receipt this Period  
20.83

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Thompson, Norfleet, Buckner, , MD, FAAOS

Mailing Address 3784 Highland Park Place

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : 11648080**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Throckmorton, Thomas, Ward, , MD, FAAOS

Mailing Address 4901 Fairfield Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023

**Transaction ID : 11648081**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 343 OF 547              |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Warner, William, C, , Jr, MD, FA

Mailing Address 215 East Cherry Circle

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648082**

Amount of Each Receipt this Period  
41.67

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120-2707 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648083**

Amount of Each Receipt this Period  
41.67

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2023    |

**Transaction ID : 11648084**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 125.01 |
| <b>TOTAL</b> This Period (last page this line 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 344 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Berkeley Rd  
 City Wilmington State DE Zip Code 19807-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 856.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2023  
**Transaction ID : 11648466**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Lang, Gerald, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 Redan Drive  
 City Verona State WI Zip Code 53593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2023  
**Transaction ID : 11648492**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Joyce, Timothy, Andrew, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1052 7th St W  
 City Whitefish State MT Zip Code 59937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Logan Health Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2023  
**Transaction ID : 11648617**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 84.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 250.00 |



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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 345 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. McCoy, Blane, William, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Hidden Canyon Dr  
 City Brecksville State OH Zip Code 44141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOMS/ Southwest Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 11648630**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kofoed, John, Charles, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 979.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 11648631**  
 Amount of Each Receipt this Period 89.00  
 Memo Item

**C. Barnes, C, Lowry, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) University of Arkansas for Medical Sci Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 11648632**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2089.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 346 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Nahigian, Kevin, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2825 Devine St  
Apt 420

City Columbia      State SC      Zip Code 29205-2574

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

Name of Employer (for Individual) Carolina Shoulder & Knee Specialists      Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt **11 / 11 / 2023**

**Transaction ID : 11649290**

Amount of Each Receipt this Period **84.00**

Memo Item

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

Mailing Address 2603 90th Ave

City Lone Rock      State IA      Zip Code 50559-8556

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

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

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt **11 / 12 / 2023**

**Transaction ID : 11649999**

Amount of Each Receipt this Period **84.00**

Memo Item

**C. Means, Kenneth, Robert, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 Crabapple Ln

City Ellicott City      State MD      Zip Code 21042

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

Name of Employer (for Individual) Union Memorial Hospital      Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **11 / 12 / 2023**

**Transaction ID : 11650000**

Amount of Each Receipt this Period **250.00**

Memo Item

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>418.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 347 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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

**A. John, Thomas, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650001**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Watling, Jonathan, , , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Starboard Reach  
 City Yarmouth State ME Zip Code 04096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650002**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mansfield, David, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650003**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 348 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Hogan, Kathleen, Anne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Castle Hill Rd  
 City Windham State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NH Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650004**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mesko, Daniel, R, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6430 Heathfield Dr  
 City East Lansing State MI Zip Code 48823-9665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650010**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hu, Serena, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Broadway Street MC:6342  
 City Redwood City State CA Zip Code 94063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 11650012**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 349 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Krueger, Chad, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 11650016**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Pinto, Mark, C, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7644 Base Lake Drive  
 City Dexter State MI Zip Code 48130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IHA Orthopaedic Surgery - Chelsea Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 11650017**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James, Jeremy, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 11650018**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 350 OF 547              |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Axelrad, Thomas, William, , MD,PhD,FAA

Mailing Address 1136 Beaver Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Santa Rosa | State<br>CA | Zip Code<br>95404-3413 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Santa Rosa Orthopaedics | Occupation (for Individual)<br>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 |
| 11    | / | 13    | / | 2023        |

**Transaction ID : 11650163**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Axelrad, Thomas, William, , MD,PhD,FAA

Mailing Address 1136 Beaver Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Santa Rosa | State<br>CA | Zip Code<br>95404-3413 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Santa Rosa Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 13    | / | 2023        |

**Transaction ID : 11650164**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Courtney, Paul, Maxwell, , MD,FAAOS

Mailing Address 1005 Millbrook Rd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Berwyn | State<br>PA | Zip Code<br>19312-2213 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Rothman Institute | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2023        |

**Transaction ID : 11650174**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 351 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Carter, Ralph, E, , III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Sterling Ln  
 City Laurinburg State NC Zip Code 28352-5598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 11650175**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Wolf, Megan, Rianne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Acorn Ln  
 City Milford State CT Zip Code 06461-1876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UConn Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 11650176**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sandmeier, Robert, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2038 NW 127th Pl  
 City Portland State OR Zip Code 97229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Portland Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 11650183**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 352 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Forman, Scott, K, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 High Water  
 City Newport Coast State CA Zip Code 92657-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 11651283**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Schmitz, Miguel, Antonio, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8624 E Maraingo  
 City Spokane State WA Zip Code 99212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alpine Orthopaedic and Spine PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 11651482**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Song, Frederick, Suh, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 660 Pretty Brook Road  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Princeton Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 11651487**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 353 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Olsen, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Harrison Avenue  
 Apt 1012  
 City Boston State MA Zip Code 02118-3088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brigham and Women's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 17 / 2023  
**Transaction ID : 11651556**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kraushaar, Barry, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 N Church Rd  
 City Saddle River State NJ Zip Code 07458-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Ortho & Sports Medicine Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 11 / 17 / 2023  
**Transaction ID : 11651557**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Cooper, Scott, Snow, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Clinic Orthopedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 11 / 17 / 2023  
**Transaction ID : 11651558**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 354 OF 547              |
|   | <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. Braaton, Paul, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd  
 Ste 101  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 11651559**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. O'Shaughnessy, Maureen, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Steeplechase Ct  
 City Nicholasville State KY Zip Code 40356-9152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 18 / 2023  
**Transaction ID : 11651601**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Maender, Christopher, W, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4509 Turtle Bay  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of Illinois Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 19 / 2023  
**Transaction ID : 11651605**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 419.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 355 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Roth, Alan, I, , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 19 / 2023<br><b>Transaction ID : 11651606</b>                            |  |  |
| Mailing Address 318 Mockingbird Valley Rd   |             |  | Amount of Each Receipt this Period<br>125.00  |  |  |
| City<br>Louisville  | State<br>KY | Zip Code<br>40207                                  | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>500.00  |  |  |
| Name of Employer (for Individual)<br>Healthcare Initiatives   |             | Occupation (for Individual)<br>Orthopaedic Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |             |  |   |  |  |
|--|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Payares, Monica, Maria, , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 20 / 2023<br><b>Transaction ID : 11651613</b>                            |  |  |
| Mailing Address 9461 SW 128 Street   |             |  | Amount of Each Receipt this Period<br>85.00   |  |  |
| City<br>Miami  | State<br>FL | Zip Code<br>33176-5718                             | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |  | Aggregate Year-to-Date ▼<br>720.00  |  |  |
| Name of Employer (for Individual)<br>Nemours/Alfred I duPont Hospital for C  |             | Occupation (for Individual)<br>Orthopaedic Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |             |  |   |  |  |
|--|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Grayson, Chris, , , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 20 / 2023<br><b>Transaction ID : 11652825</b>                          |  |  |
| Mailing Address 4012 W De Leon   |             |  | Amount of Each Receipt this Period<br>1000.00   |  |  |
| City<br>Tampa  | State<br>FL | Zip Code<br>33609-4417                             | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |  | Aggregate Year-to-Date ▼<br>1000.00   |  |  |
| Name of Employer (for Individual)<br>BayCare Health System   |             | Occupation (for Individual)<br>Orthopaedic Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1210.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 356 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Shen, Wen, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Pond Hills Ct  
 City Pleasant Valley State NY Zip Code 12569-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652828**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Chapman, Cary, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10903 Blue Palm Street  
 City Plantation State FL Zip Code 33324-8234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652829**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Stoeckl, Andrew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Fairlawn Dr  
 City Amherst State NY Zip Code 14226-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652830**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 251.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 357 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Stronach, Benjamin, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Piedmont Ln  
 City Little Rock State AR Zip Code 72223-2232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652831**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Oberste, David, Jason, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4504 Rockbridge Hollow  
 City Tallahassee State FL Zip Code 32309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tallahassee Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652832**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Thoder, Joseph, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 Upper Stump Rd  
 City Chalfont State PA Zip Code 18914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11652833**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 358 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Kirol, Bernard, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Lemoyne Lane  
 City Johns Island State SC Zip Code 29455-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11653983**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Veitch, Andrew, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11653984**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Lindaman, Matthew, R, , DO, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2130 E Stonebrook Ln  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Rheumatology Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11653985**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1159.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 359 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Hire, Justin, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 Water Ave  
 City Elm Springs State AR Zip Code 72762-9109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11653986**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kawaguchi, Alan, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2019 W Lincoln Rd  
 City Stockton State CA Zip Code 95207-2464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alpine Orthopaedic Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11654010**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Keenen, Timothy, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 S Texas St  
 City Portland State OR Zip Code 97219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacific Spine Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11654021**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2042.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 360 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Friedmann, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 11654027**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bruggeman, Adam, J, , MD,FAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 La Escalera  
 City San Antonio State TX Zip Code 78261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Spine Care Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 11654028**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Navarro, Ronald, Anthony, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 11654029**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |         |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |                 |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 361 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Gerlinger, COL. (ret) Tad, L, , MD,FAAOS</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 24 / 2023 |
| Mailing Address 596 Provident Ave   |  | <b>Transaction ID : 11654030</b>                                 |
| City<br>Winnetka  | State<br>IL  | Zip Code<br>60093  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00                     |
| Name of Employer (for Individual)<br>Midwest Orthopaedics   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Aggregate Year-to-Date ▼<br>1000.00                |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Le, Theodore, Toan, , MD,FAAOS</b>     |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 24 / 2023 |
| Mailing Address 7735 Hartford Hills Lane  |  | <b>Transaction ID : 11654031</b>                                 |
| City<br>Montgomery  | State<br>OH  | Zip Code<br>45242-4347   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>UOCC   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                 |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 24 / 2023 |
| Mailing Address 1165 Rymers Switch Lane   |  | <b>Transaction ID : 11654032</b>                                 |
| City<br>Friendswood   | State<br>TX  | Zip Code<br>77546-1419   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>Univ of Texas Medical Branch   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Aggregate Year-to-Date ▼<br>420.00                 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 362 OF 547              |
|   | <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. Mason, Paul, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5056 Rockhaven Dr  
 City Clarence State NY Zip Code 14031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 24 / 2023**  
**Transaction ID : 11654265**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Guevara, Benjamin, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 280 Remington Dr  
 City Mandeville State LA Zip Code 70448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 25 / 2023**  
**Transaction ID : 11654267**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Beltran, Michael, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 924.00

Date of Receipt **11 / 26 / 2023**  
**Transaction ID : 11654270**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 363 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 11654271**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Scanlon, Christopher, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 11654272**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Service, Benjamin, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8710 Crestgate Circle  
 City Orlando State FL Zip Code 32819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 11654277**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 364 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Kristensen, Ronald, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 N Claremont Dr  
 City Boise State ID Zip Code 83702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Boise Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 11654279**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Harris, Ryan, N, , DO,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 Turnberry Ln  
 City Riner State VA Zip Code 24149-2582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 11654283**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Baker, Donald, Earl, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 959 Luckney Road  
 City Brandon State MS Zip Code 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 11654289**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 365 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Gramstad, Gregory, D, , MD, FAAOS</b>  |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 27 / 2023<br><b>Transaction ID : 11654291</b> |  |  |
| Mailing Address 6702 SW Canyon Crest Dr   |             |  | Amount of Each Receipt this Period<br>250.00   |  |  |
| City<br>Portland  | State<br>OR | Zip Code<br>97225                                  | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>Rebound Orthopedics & Neurosurgery   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00                |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Stone, Austin, V, , MD,PhD,FAA</b>     |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 27 / 2023<br><b>Transaction ID : 11654293</b> |  |  |
| Mailing Address 937 Turkey Foot Rd  |             |  | Amount of Each Receipt this Period<br>84.00  |  |  |
| City<br>Lexington   | State<br>KY | Zip Code<br>40502-2710                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>UK HealthCare  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>420.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Scales, Darrell, Kevin, , MD,FAAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2023<br><b>Transaction ID : 11654460</b> |  |  |
| Mailing Address 5425 Golf View Dr   |             |  | Amount of Each Receipt this Period<br>100.00   |  |  |
| City<br>Braselton   | State<br>GA | Zip Code<br>30517-4043                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>Northeast Georgia Physicians Group   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>1100.00                |  |  |  |

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 366 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Carolan, Gregory, Francis, , MD,FAAOS

Mailing Address 1806 Meadow Ridge Ct

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Bethlehem | State<br>PA | Zip Code<br>18015-5003 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>St Luke's Ortho Surg Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 924.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 11654461**

Amount of Each Receipt this Period  
 84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Allard, Mark, Michael, , MD,FAAOS

Mailing Address 3010 Cortney Circle

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Siloam Springs | State<br>AR | Zip Code<br>72761-4736 |
|------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Northwest Physicians | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 924.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 11654462**

Amount of Each Receipt this Period  
 84.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Coates, Kevin, E, , MD,MBA,FAA

Mailing Address 5651 Goldenberry Ct

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Winston Salem | State<br>NC | Zip Code<br>27106 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Wake Forest Baptist Medical Center | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 11654463**

Amount of Each Receipt this Period  
 250.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 367 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Huddleston, Paul, M, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31219 Lakeview Ave  
 City Red Wing State MN Zip Code 55066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654464**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Tracey, Robert, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Walker Road  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Walter Reed National Military Medical Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654465**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Connair, Michael, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Old Hartford Turnpike  
 City Hamden State CT Zip Code 06517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1990.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654466**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 368 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Giuseffi, Steven, A, MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654467**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. King, Brandon, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 S Rogers  
 City Northville State MI Zip Code 48167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654468**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Bhatnagar, Rishi, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11654469**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 369 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Glassman, Andrew, H, , MD,MS,FAAO

Mailing Address 126 North Drexel Avenue

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbus | State<br>OH | Zip Code<br>43209-1427 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Ohio State University Wexner Medical C | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 28  |   | 2023    |

**Transaction ID : 11654470**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Moon, Daniel, K, , MD,MBA,MS,

Mailing Address 5997 Beeler St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Denver | State<br>CO | Zip Code<br>80238 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Colorado School of Medic | Occupation (for Individual)<br>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 |
| 11  |   | 28  |   | 2023    |

**Transaction ID : 11654471**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gary, Joshua, Layne, , MD,FAAOS

Mailing Address 951 Descanso Dr

|                              |             |                        |
|------------------------------|-------------|------------------------|
| City<br>La Canada Flintridge | State<br>CA | Zip Code<br>91011-3820 |
|------------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Keck School of Medicine of USC | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 28  |   | 2023    |

**Transaction ID : 11654472**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 370 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Detch, Robert, Corwin, , MD, FAAOS**

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

Mailing Address 2517 Valdivia Way

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Burlingame | State<br>CA | Zip Code<br>94010 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Palo Alto Medical Foundation | Occupation (for Individual)<br>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 |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 11654741**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Moor, John, Timothy, , MD,FAAOS**

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

Mailing Address 2124 Sparrow Court

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Sarasota | State<br>FL | Zip Code<br>34239-3755 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Advanced Sports Medicine Center | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2125.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 11655167**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Petsche, Timothy, S, , MD,FAAOS**

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

Mailing Address 41W207 Lenz Rd

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Campton Hills | State<br>IL | Zip Code<br>60124-8633 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Fox Valley Orthopaedic Institute | Occupation (for Individual)<br>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 |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 11655168**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 371 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Hennrikus, William, L, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11655169**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Powell, Thomas, Edward, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Canyon Rd Ste 200  
 City Vestavia Hills State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powell & Jones Orthopaedics Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11655170**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Defee, Jason, Miles, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 Cottonwood Drive  
 City Alamosa State CO Zip Code 81101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Luis Valley Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : 11655318**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 372 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cunningham, Rick, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Meadow Rd  
 City Edwards State CO Zip Code 81632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Vail - Summit Orthopedics 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  
 11 / 30 / 2023  
**Transaction ID : 11655319**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Joyce, Michael, Edward, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8220 Timber Ridge Road  
 City Conway State SC Zip Code 29526-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Orthopaedic Sports 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  
 11 / 30 / 2023  
**Transaction ID : 11655320**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Cooke, Shannon, E, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1342 Elmwood Dr  
 City Abilene State TX Zip Code 79605-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Abilene Bone and Joint, LLC 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  
 11 / 30 / 2023  
**Transaction ID : 11655321**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 373 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mather, Richard, C., III, MD,MB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4110 New Leaf Lane  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2023  
**Transaction ID : 11656563**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Brophy, Robert, H., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Maryhill Drive  
 City Saint Louis State MO Zip Code 63124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2023  
**Transaction ID : 11656564**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Cassidy, Carter, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4890 Faulkirk Lane  
 City Lexington State KY Zip Code 40515-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2023  
**Transaction ID : 11656565**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 374 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Smith, Eric, Louis, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 Beacon Street  
 City Waban State MA Zip Code 02468-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2023  
**Transaction ID : 11656566**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Steinlauf, Steven, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1514 Victoria Isle Way  
 City Weston State FL Zip Code 33327-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2023  
**Transaction ID : 11656567**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Bailey, James, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Calle Granada  
 City Santa Barbara State CA Zip Code 93105-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2023  
**Transaction ID : 11656630**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1126.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 375 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Espinoza, Luis, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Savannah Ridge Lane  
 City Metairie State LA Zip Code 70001-5492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 03 / 2023  
**Transaction ID : 11656631**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 04 / 2023  
**Transaction ID : 11656632**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Prohaska, Matthew, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 04 / 2023  
**Transaction ID : 11656633**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 376 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Pushkin, Gary, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4101 Greenway  
 City Baltimore State MD Zip Code 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2023  
**Transaction ID : 11657411**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Shell, Grantham, McAleer, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3717 Calderwood Dr  
 City Mobile State AL Zip Code 36608-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alabama Ortho Clinic PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2023  
**Transaction ID : 11657413**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Urband, Lindsey, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1924.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 11657415**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 377 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

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

Mailing Address 5 Pembroke Dr

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Avon | State<br>CT | Zip Code<br>06001 |
|--------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Advanced Orthopaedics New England | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 03    |   | 2023        |

**Transaction ID : 11657416**

Amount of Each Receipt this Period  
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Hartsock, Langdon, A, , MD, FAAOS**

Mailing Address 188 Tradd Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Charleston | State<br>SC | Zip Code<br>29401 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Med Univ of SC | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 06    |   | 2023        |

**Transaction ID : 11657417**

Amount of Each Receipt this Period  
60.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Kaminski, Ken, J, , MD, FAAOS**

Mailing Address 6987 Canal St

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Tyler | State<br>TX | Zip Code<br>75703 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Azalea Orthopaedics | Occupation (for Individual)<br>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 |
| 11    |   | 06    |   | 2023        |

**Transaction ID : 11657419**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1144.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 378 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Chimento, George, F, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 Chester St  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Ochsner Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657420**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Holmes, Wendell, , , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Belleclave Rd  
 City Columbia State SC Zip Code 29223  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657422**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Schmitz, Matthew, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East Basse Rd Apt 1535  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657423**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 379 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Kolessar, David, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 Timbergrove Rd  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657427**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Edelstein, David, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 Pickens St  
 City Houston State TX Zip Code 77007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kelsey Seybold Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657428**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Banwart, J, Christopher, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3130 Skelley Court  
 City Joplin State MO Zip Code 64804-1393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of the Four Sta Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657431**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 380 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Hansen, Erik, Nathan, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 191 Dalewood Way  
 City San Francisco State CA Zip Code 94127-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSF Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657432**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Higuera Rueda, Carlos, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 Ranch Rd  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657433**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Noiseux, Nicolas, Oliver, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Burr Oak Ct  
 City Iowa City State IA Zip Code 52246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657434**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 381 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Star, Andrew, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 291 Midfield Drive  
 City Ambler State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedicare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657435**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Waldrop, Preston, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Knotbreak Rd  
 City Salem State VA Zip Code 24153-5404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657436**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Chen, Antonia, F, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 Brooks Ave Unit 1  
 City Newton State MA Zip Code 02460-1535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657437**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 382 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Roche, Martin, William, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1340 South Ocean Dr  
 City Fort Lauderdale State FL Zip Code 33316-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HSS Florida Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657438**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Jana, Ajoy, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17259 Valley Drive  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Methodist Physicians Clinic Orthopedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 11657439**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Kain, Michael, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Blossom St  
 City Lexington State MA Zip Code 02421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lahey Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 11657440**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 383 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Sheehan, John, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 11657443**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Woolf, Shane, Kelby, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Island Park Drive, Suite 105  
 City Charleston State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 11657444**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Wright, Adam, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 King Lot Lane  
 City Lewisville State TX Zip Code 75056-5548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott and White Memorial Hospital Occupation (for Individual) 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  
 11 / 06 / 2023  
**Transaction ID : 11657445**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 384 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Talbert, Timothy, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 Oneonta St  
 City Shreveport State LA Zip Code 71106-1129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highland Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 11657447**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Noojin, Frank, Kenneth, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Country Club Ct  
 City Columbia State SC Zip Code 29206-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prisma Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11657448**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Licini, David, Jonathan, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7811 N Thames Dr  
 City Bloomington State IN Zip Code 47408-9337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IHU Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11657452**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1184.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 385 OF 547              |
|   | <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. Rodriguez, Jose, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 East 70th Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lenox Hill Hosp Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11657453**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Culp, Brian, Matthew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Arreton Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 11657454**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Chutkan, Norman, Barrington, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 E Lexington Ave Unit 1404  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 11657457**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1184.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 386 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Manthe, Megan, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4367 E Bogey Ct  
 City Springfield State MO Zip Code 65809-2415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOI Nassau Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 11657459**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Hickernell, Thomas, R, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Lockwood Ln  
 City Riverside State CT Zip Code 06878-1713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 11657460**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. More, Robert, Cameron, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 Wescott Drive Suite 101  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 11657461**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1184.00 |
| <b>TOTAL</b> This Period (last page this line 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 387 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Fernandez, Rafael, M, , MD,MBA,FAA**

Mailing Address 1085 Wellington Cres

City Faribault State MN Zip Code 55021-6723

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt **11 / 10 / 2023**

**Transaction ID : 11657462**

Amount of Each Receipt this Period 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Greenwood, Alan, G, , MD,FAAOS**

Mailing Address 3203 S 101st Ave

City Yakima State WA Zip Code 98903

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt **11 / 10 / 2023**

**Transaction ID : 11657463**

Amount of Each Receipt this Period 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Frisch, Nicholas, Blair, , MD,MBA,FAA**

Mailing Address 3805 Lahser Rd

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2756.00

Date of Receipt **11 / 10 / 2023**

**Transaction ID : 11657464**

Amount of Each Receipt this Period 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 388 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Reed, Lori, K, , MD,FAAOS

Mailing Address 107 Klaas Boulevard

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Madison | State<br>MS | Zip Code<br>39110 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Mississippi Medical Cent | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 10    | / | 2023        |

**Transaction ID : 11657465**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Anz, Alan, Garvin, , MD,FAAOS

Mailing Address 710 Westmount Ave

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>MO | Zip Code<br>65203-3473 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Columbia Orthopaedic Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 13    | / | 2023        |

**Transaction ID : 11657467**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Cimino, William, Gerard, , MD,FAAOS

Mailing Address 52 Beach Road  
Suite 207

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Fairfield | State<br>CT | Zip Code<br>06824 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Beach Road Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 13    | / | 2023        |

**Transaction ID : 11657468**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 468.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 389 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Damalas, Konstantinos, , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 11 / 13 / 2023  
**Transaction ID : 11657469**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 11 / 13 / 2023  
**Transaction ID : 11657470**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Fragomen, Austin, Thomas, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 11 / 13 / 2023  
**Transaction ID : 11657471**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 268.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 390 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|  |          |  |  |  |  |
|--|----------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Lisella, Jordan, Mills, , MD, FAAOS</b> |          |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 14 / 2023<br><b>Transaction ID : 11657472</b> |  |  |
| Mailing Address 14 Turner Lane   |          |  | Amount of Each Receipt this Period<br>84.00  |  |  |
| City Loudonville   | State NY | Zip Code 12211                                     | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |          |  | Aggregate Year-to-Date ▼<br>924.00   |  |  |
| Name of Employer (for Individual)<br>Capital Region Orthopaedic Group  |          | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |          |  |  |  |  |

|   |          |  |  |  |  |
|---|----------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Hannon, Charles, Patrick, , MD,MBA</b> |          |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 14 / 2023<br><b>Transaction ID : 11657473</b> |  |  |
| Mailing Address 5680 Harvest Moon Blvd NW   |          |  | Amount of Each Receipt this Period<br>84.00  |  |  |
| City Rochester  | State MN | Zip Code 55901-5674                                | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |          |  | Aggregate Year-to-Date ▼<br>924.00   |  |  |
| Name of Employer (for Individual)<br>Mayo Clinic  |          | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |          |  |  |  |  |

|   |          |   |  |  |  |
|---|----------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Scott, Diana, , ,</b>                |          |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 14 / 2023<br><b>Transaction ID : 11657474</b> |  |  |
| Mailing Address 9400 W Higgins Rd   |          |   | Amount of Each Receipt this Period<br>25.00  |  |  |
| City Rosemont   | State IL | Zip Code 60018-4974   | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |          |   | Aggregate Year-to-Date ▼<br>275.00   |  |  |
| Name of Employer (for Individual)<br>AAOS   |          | Occupation (for Individual)<br>Registries, Quality and Learning Coord |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |          |   |  |  |  |

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 193.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 391 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Schneider, Scott, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1180 Mary Hill Circle  
 City Hartland State WI Zip Code 53029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 11657475**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Woodcock, Jessica, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Court  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 11657477**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Smith, Michael, Devon, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Thornhill Pl  
 City Vestavia State AL Zip Code 35243-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southlake Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 11657478**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 392 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Sinclair, Micah, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 43rd Street  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 11657479**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Kain, Michael, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Blossom St  
 City Lexington State MA Zip Code 02421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lahey Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 11657480**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Patel, Vikas, Vanarsi, , MD,BSME,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Bellaire St  
 City Denver State CO Zip Code 80220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Colorado, Schl of Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657481**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 393 OF 547              |
|   | <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. Rechter, Alan, Jeffrey, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18885 Katy Freeway  
 City Houston State TX Zip Code 77094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657483**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Urband, Lindsey, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2424.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657484**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Silcox, Daniel, Hal, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 Tanglewood Trail  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peachtree Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657486**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 394 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Woods, Barrett, Ivory, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 Park Place  
 City Galloway State NJ Zip Code 08205-6013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657487**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Carreira, Dominic, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Braxton Way  
 City Roswell State GA Zip Code 30075-6233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peachtree Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657488**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Carreira, Dominic, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Braxton Way  
 City Roswell State GA Zip Code 30075-6233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peachtree Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657489**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line 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 395 OF 547  
(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. Aluisio, Frank, V, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Greensboro Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 11657490**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Gluskamp, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.26

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 11657492**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Collins, Paul, Calvin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1965 North Stoneview Place  
 City Boise State ID Zip Code 83702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Healthcare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 11657496**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 396 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Brennan, Michael, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1455 Overlook Ridge Dr.  
 City Belton State TX Zip Code 76513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott and White Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 11657500**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Quiet Mead Place  
 City The Woodlands State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 11657501**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 11657503**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 397 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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**

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Priore, Anthony, , ,</b>               |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2023 |  |  |
| Mailing Address 9400 W Higgins Rd Ste 100   |             |  | <b>Transaction ID : 11657504</b>                                 |  |  |
| City<br>Rosemont  | State<br>IL | Zip Code<br>60018-4975                                 | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>AAOS   |             | Occupation (for Individual)<br>Chief Marketing Officer |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>924.00                     |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Ortiz, Dionisio, , , MD,FAOS</b>       |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2023 |  |  |
| Mailing Address 24 Burton Ln  |             |  | <b>Transaction ID : 11657505</b>                                 |  |  |
| City<br>Albany  | State<br>NY | Zip Code<br>12211                                  | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>US Army  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>924.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Iorio, Richard, , , MD,FAOS</b>      |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2023 |  |  |
| Mailing Address 31 Prince St  |             |  | <b>Transaction ID : 11657506</b>                                 |  |  |
| City<br>Beverly   | State<br>MA | Zip Code<br>01915                                  | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Brigham and Women's Hospital   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>924.00                 |  |  |  |

|  |        |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 398 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Lopez, David, Vincent, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Courtney Ct  
 City Freehold State NJ Zip Code 07728  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : 11657514**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Torres, Daniel, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1488 Shelburne Ct  
 City Allentown State PA Zip Code 18104  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Lehigh Valley Practioner Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : 11657515**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Schmidt, Todd, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 05 / 2023  
**Transaction ID : 11658208**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 419.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 399 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Martin, Christopher, T, , MD, FAAOS**

Mailing Address 3191 Shorewood Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Arden Hills | State<br>MN | Zip Code<br>55112-7948 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Minnesota | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
754.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 05    | / | 2023        |

**Transaction ID : 11658209**

Amount of Each Receipt this Period  
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Early, John, S, , MD,FAAOS**

Mailing Address 8210 Walnut Hill Ln  
Ste 130

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75231 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Texas Orthopaedic Associates | Occupation (for Individual)<br>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 |
| 12    | / | 05    | / | 2023        |

**Transaction ID : 11658210**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Baker, James, Douglas, , MD, FAAOS**

Mailing Address 560 S Loop Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Edgewood | State<br>KY | Zip Code<br>41017 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Commonwealth Orthopedic Centers | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 05    | / | 2023        |

**Transaction ID : 11658211**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 400 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Spelich, Mark, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8285  
 City Boise State ID Zip Code 83707  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Treasure Valley Hospital 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  
 12 / 05 / 2023  
**Transaction ID : 11658212**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Schmale, Gregory, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 126th Ave NE  
 City Kirkland State WA Zip Code 98033-8569  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Seattle Children's Hospital Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2023  
**Transaction ID : 11659283**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Burke, Charles, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Delafield Rd Ste 4010  
 City Pittsburgh State PA Zip Code 15215-3235  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 UPMC Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2023  
**Transaction ID : 11659284**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 401 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nugent, Matthew, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1142 Sunburst Way  
 City Grants Pass State OR Zip Code 97526-6352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Oregon Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11659285**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Skeehan, Christopher, Doria, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cutler Court  
 City Portsmouth State RI Zip Code 02871-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southcoast Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11659286**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Quitkin, Hiram, Matthew, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Country Farm Rd  
 City Stratham State NH Zip Code 03885-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Access Sports Medicine and Orthopaedic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11659288**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 402 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Holtzclaw, James, F, , MD,FAAOS</b>    |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>06</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 06 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12  |  | 06  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 41 W Bluff Dr   |  | <b>Transaction ID : 11659289</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Savannah  | State<br>GA  | Zip Code<br>31406-7548  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Chatham Orthopaedic Associates   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                |   |       |             |       |   |             |    |  |    |  |      |

|  |  |   |       |             |       |   |             |    |  |    |  |      |
|--|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Mosley, Emmett, Wayne, , MD,FAAOS,F</b> |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 07 |  | 2023 |
| M M M  | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12   |  | 07  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 220 Thompson Pl  |  | <b>Transaction ID : 11659527</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Roswell  | State<br>GA  | Zip Code<br>30075-3522  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C  |  | Amount of Each Receipt this Period<br>84.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Aspirus   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1008.00                |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Kiner, Dirk, W, , MD,FAAOS</b>       |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 07 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12  |  | 07  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 449 Canyon Springs Dr   |  | <b>Transaction ID : 11659528</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Hixson  | State<br>TN  | Zip Code<br>37343-2387  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Erlanger   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>1008.00                |   |       |             |       |   |             |    |  |    |  |      |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 403 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Gallant, Gregory, G, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3588 Wellsford Lane  
 City Doylestown State PA Zip Code 18902-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2023  
**Transaction ID : 11659529**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Tooze, Steven, Ernest, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Beiser Blvd Suite 201 Enterprise Plaza  
 City Dover State DE Zip Code 19904-7804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) 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  
 12 / 05 / 2023  
**Transaction ID : 11659577**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Frazier, John, Keith, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3191 Stanwood Ln  
 City Lafayette State CA Zip Code 94549-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2023  
**Transaction ID : 11659578**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 533.33 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 404 OF 547              |
|   | <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. Marsicano, Joseph, Gerard, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1412 Crabapple Dr  
 City Manasquan State NJ Zip Code 08736-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brielle Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 05 / 2023  
**Transaction ID : 11659583**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Tyndall, William, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 Brittany Ln  
 City Hollidaysburg State PA Zip Code 16648-9269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11659848**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Greene, Robert, Neil, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2309  
 City Yakima State WA Zip Code 98907-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11659849**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1269.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 405 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Ritchie, William, L, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 Louisiana Blvd  
Ste 410

City Albuquerque State NM Zip Code 87110

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

Name of Employer (for Individual) New Mexico Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11659851**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Armstrong, April, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hope Drive  
Bldg A, Suite 2900, EC089

City Hershey State PA Zip Code 17033

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

Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2023  
**Transaction ID : 11660011**

Amount of Each Receipt this Period 125.00

Memo Item

**C. Nichols, Reid, Boyce, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 Berkeley Rd

City Wilmington State DE Zip Code 19807-2809

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

Name of Employer (for Individual) Nemours/Al Dupont Hosp For Children Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 940.00

Date of Receipt 12 / 09 / 2023  
**Transaction ID : 11660012**

Amount of Each Receipt this Period 84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 709.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 406 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Romano, David, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Joy Ct  
 City Yorktown State VA Zip Code 23693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William Beaumont Army Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2023  
**Transaction ID : 11660016**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Nahigian, Kevin, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 Devine St Apt 420  
 City Columbia State SC Zip Code 29205-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 11 / 2023  
**Transaction ID : 11660025**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Dodds, Julie, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 90th Ave  
 City Lone Rock State IA Zip Code 50559-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 12 / 2023  
**Transaction ID : 11660692**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 407 OF 547 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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

**A. John, Thomas, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 12 / 2023  
**Transaction ID : 11660693**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Mansfield, David, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.04

Date of Receipt 12 / 12 / 2023  
**Transaction ID : 11660694**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Osborn, Patrick, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 456 18th St NW  
 City Sauk Rapids State MN Zip Code 56379-9464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CentraCare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2023  
**Transaction ID : 11660695**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 408 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Odgers, Charles, Justice, , IV, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Meadow Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2023  
**Transaction ID : 11660696**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Krueger, Chad, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 13 / 2023  
**Transaction ID : 11661036**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hogan, MaCalus, Vinson, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Field Brook Lane  
 City Gibsonia State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2023  
**Transaction ID : 11661037**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 409 OF 547              |
|   | <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, Jeremy, R, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Briar Hollow St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Covington | State<br>LA | Zip Code<br>70433-4511 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>DISC of Louisiana | Occupation (for Individual)<br>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 |
| 12    |   | 13    |   | 2023        |

**Transaction ID : 11661038**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Espiritu, Michael, T, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Spanish Bay

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>North Sioux City | State<br>SD | Zip Code<br>57049 |
|--------------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>CNOS | Occupation (for Individual)<br>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 |
| 12    |   | 13    |   | 2023        |

**Transaction ID : 11661040**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Miller, Benjamin, James, , MD,MS,FAAO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 Sumac Ct

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Iowa City | State<br>IA | Zip Code<br>52246 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Iowa | Occupation (for Individual)<br>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 |
| 12    |   | 13    |   | 2023        |

**Transaction ID : 11661041**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 410 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Scolaro, John, Alan, , MD,FAOS,M</b>   |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>14</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 14 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12  |  | 14  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 11772 Las Palmas Dr   |  | <b>Transaction ID : 11661229</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Santa Ana   | State<br>CA  | Zip Code<br>92705-3118  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>UCI Orthopaedics   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                 |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Courtney, Paul, Maxwell, , MD,FAOS</b> |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>14</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 14 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12  |  | 14  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 1005 Millbrook Rd   |  | <b>Transaction ID : 11661230</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>Berwyn  | State<br>PA  | Zip Code<br>19312-2213  |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00   |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Rothman Institute  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1008.00                |   |       |             |       |   |             |    |  |    |  |      |

|   |  |   |       |             |       |   |             |    |  |    |  |      |
|---|--|---|-------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Girling, Robert, George, , MD, FAAOS</b> |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>14</td> <td></td> <td>2023</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 12 |  | 14 |  | 2023 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 12  |  | 14  |       | 2023        |       |   |             |    |  |    |  |      |
| Mailing Address 5 Salado Ridge  |  | <b>Transaction ID : 11661232</b>  |       |             |       |   |             |    |  |    |  |      |
| City<br>San Antonio   | State<br>TX  | Zip Code<br>78217   |       |             |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00  |       |             |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Methodist Orthopaedic  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item  |       |             |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Aggregate Year-to-Date ▼<br>1000.00                |   |       |             |       |   |             |    |  |    |  |      |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 834.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 411 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Henderson, Christopher, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Chatham Hill Circle  
 City Clarks Summit State PA Zip Code 18411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scranton Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : 11662852**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mollano, Anthony, V, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 163 Galloping Hill Road  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Concord Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : 11662853**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Nelson, Bradley, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : 11662854**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 412 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bernholt, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662930**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Bettin, Clayton, Charles, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5047 Shady Hall Ct  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662931**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Calandruccio, James, H, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Road  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662932**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 413 OF 547              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Campion, Chad, Evan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedic Surgery  
 1400 South Germantown Rd  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of TN-Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662933**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Crockarell, John, R, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1458 W Poplar Ave  
 Ste 100  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662934**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Ford, Marcus, Christopher, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Duntreath Rd  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662935**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 104.18 |
| <b>TOTAL</b> This Period (last page this line 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 414 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Grear, Benjamin, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lagrange Creek Drive  
 City Eads State TN Zip Code 38028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662936**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Guyton, James, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 Massey Estates Cove  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662937**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Harkess, James, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9566 Fox Hill Circle S  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662938**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 415 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Heck, Robert, Kurt, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Barfield Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662939**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Kelly, Derek, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Brenrich Cove N  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662940**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Lamplot, Joseph, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Wychewood Dr  
 City Memphis State TN Zip Code 38117-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662941**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 416 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mascioli, Anthony, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 W Goodwyn  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662942**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**B. Mihalko, Marc, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Barfield Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662943**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Murphy, Garnett, Andrew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 S Germantown Rd  
 City Germantown State TN Zip Code 38138-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662944**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 417 OF 547              |
|   | <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. Orland, Keith, Jayson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1246 Monroe Dr NE  
 City Atlanta State GA Zip Code 30306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 12 / 14 / 2023  
**Transaction ID : 11662945**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Phillips, Barry, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8681 Windrush  
 City Memphis State TN Zip Code 38125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 12 / 14 / 2023  
**Transaction ID : 11662946**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Richardson, David, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 636 Center Dr  
 City Memphis State TN Zip Code 38112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 12 / 14 / 2023  
**Transaction ID : 11662947**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 418 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Rider, Carson, Mills, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2372 Corinne Oak Court  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662948**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Rudloff, Matthew, Ian, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10211 Ramblewood Dr  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662949**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Sawyer, Jeffrey, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 Chickasaw Road  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662950**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 419 OF 547              |
|   | <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. Sheffer, Benjamin, West, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Ben Avon Way  
 City Memphis State TN Zip Code 38111-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662951**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Thompson, Kirk, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 St Albans Fairway  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662952**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**C. Thompson, Norfleet, Buckner, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 Highland Park Place  
 City Memphis State TN Zip Code 38111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662953**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 104.17 |
| <b>TOTAL</b> This Period (last page this line 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 420 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Throckmorton, Thomas, Ward, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Fairfield Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662954**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Warner, William, C, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 East Cherry Circle  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662955**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Weinlein, John, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 633 Valleybrook Dr  
 City Memphis State TN Zip Code 38120-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Campbell Clinic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11662956**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 421 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Williams, Keith, D, , MD, FAAOS</b>    |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 14 / 2023 |  |  |
| Mailing Address 2336 Pinnacle Creek Dr  |             |  | <b>Transaction ID : 11662957</b>                                 |  |  |
| City<br>Germantown  | State<br>TN | Zip Code<br>38138                                  | Amount of Each Receipt this Period<br>41.67                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Campbell Clinic  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>500.04                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Alley, R, Maxwell, , MD,FAOS</b>       |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 14 / 2023 |  |  |
| Mailing Address 1367 Washington Ave Ste 200   |             |  | <b>Transaction ID : 11662990</b>                                 |  |  |
| City<br>Albany  | State<br>NY | Zip Code<br>12206-1043                             | Amount of Each Receipt this Period<br>1000.00                    |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Capital Region Orthopaedics  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00                |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Kofoed, John, Charles, , MD, FAAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 14 / 2023 |  |  |
| Mailing Address 2619 Seminole Ct  |             |  | <b>Transaction ID : 11662991</b>                                 |  |  |
| City<br>Fairfield   | State<br>CA | Zip Code<br>94534-7871                             | Amount of Each Receipt this Period<br>89.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Sutter Medical Group   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>1068.00                |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1130.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 422 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Susi, Jesse, G, , MD,FAAOS**

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

Mailing Address 12443 Ballas Meadows D

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Saint Louis | State<br>MO | Zip Code<br>63131 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mid County Orthopedics | Occupation (for Individual)<br>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  
 12 / 14 / 2023

**Transaction ID : 11662997**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Tenholder, Mark, Joseph, , MD,FAAOS**

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

Mailing Address 4153 Belcourt Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Destin | State<br>FL | Zip Code<br>32541-4319 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopaedic Associates | Occupation (for Individual)<br>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  
 12 / 14 / 2023

**Transaction ID : 11662998**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Olsen, Adam, S, , MD**

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

Mailing Address 345 Harrison Avenue  
Apt 1012

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Boston | State<br>MA | Zip Code<br>02118-3088 |
|----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2023

**Transaction ID : 11663074**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 542.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 423 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kraushaar, Barry, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 N Church Rd  
 City Saddle River State NJ Zip Code 07458-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2023  
**Transaction ID : 11663075**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Cooper, Scott, Snow, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 NW A St  
 City Bentonville State AR Zip Code 72712-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1124.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2023  
**Transaction ID : 11663076**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Braaton, Paul, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 Coffee Rd Ste 101  
 City Modesto State CA Zip Code 95355-3192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2023  
**Transaction ID : 11663077**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 424 OF 547              |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Crofford, Theodore, W, , MD,FAAOS

Mailing Address 2228 Winton Terrace E

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Fort Worth | State<br>TX | Zip Code<br>76109 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Texas Hip and Knee Center | Occupation (for Individual)<br>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 |
| 12    | / | 17    | / | 2023        |

**Transaction ID : 11663079**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'Shaughnessy, Maureen, A, , MD,FAAOS

Mailing Address 105 Steeplechase Ct

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Nicholasville | State<br>KY | Zip Code<br>40356-9152 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ of Kentucky | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 18    | / | 2023        |

**Transaction ID : 11663312**

Amount of Each Receipt this Period  
85.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Vaccaro, Alexander, , , MD,PhD,MBA

Mailing Address 1840 Aloha Lane

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Gladwyne | State<br>PA | Zip Code<br>19035 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Rothman Orthopaedic Specialty Hospital | Occupation (for Individual)<br>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 |
| 12    | / | 18    | / | 2023        |

**Transaction ID : 11663576**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2085.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 425 OF 547              |
|   | <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"/>                | <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. Jones, David, Brynley, , Jr, MD, FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5116  
 City Sioux Falls State SD Zip Code 57117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 18 / 2023**  
**Transaction ID : 11663578**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Plancher, Kevin, D, , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Pheasant Lane  
 City Greenwich State CT Zip Code 06830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Plancher Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 18 / 2023**  
**Transaction ID : 11664053**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Moon, Edward, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1055 Vista Rd  
 City Hillsborough State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 18 / 2023**  
**Transaction ID : 11664132**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line 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 426 OF 547  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Hickernell, Thomas, R, , MD**

Mailing Address 45 Lockwood Ln

City Riverside State CT Zip Code 06878-1713

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
12 / 20 / 2023  
**Transaction ID : 11664897**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gombera, Mufaddal, M, , MD, FAAOS**

Mailing Address 323 Hunters Trail

City Houston State TX Zip Code 77024-6949

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

Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 20 / 2023  
**Transaction ID : 11664898**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Dines, David, M, , MD,FAAOS**

Mailing Address 2 Highland Ct

City Old Westbury State NY Zip Code 11568-1527

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

Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
12 / 20 / 2023  
**Transaction ID : 11664899**

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 427 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Payares, Monica, Maria, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9461 SW 128 Street  
 City Miami State FL Zip Code 33176-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nemours/Alfred I duPont Hospital for C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt 12 / 20 / 2023  
**Transaction ID : 11664900**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Shen, Wen, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Pond Hills Ct  
 City Pleasant Valley State NY Zip Code 12569-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 21 / 2023  
**Transaction ID : 11665100**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Chapman, Cary, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10903 Blue Palm Street  
 City Plantation State FL Zip Code 33324-8234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 21 / 2023  
**Transaction ID : 11665101**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 253.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 428 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Stoeckl, Andrew, , MD, FAAOS</b>       |             |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>21</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M | / | D D D | / | Y Y Y Y Y Y | 12 |  | 21 |  | 2023 |
| M M M   | /           | D D D  | /   | Y Y Y Y Y Y |  |       |   |       |   |             |    |  |    |  |      |
| 12  |             | 21   |   | 2023        |  |       |   |       |   |             |    |  |    |  |      |
| Mailing Address 90 Fairlawn Dr  |             |  | <b>Transaction ID : 11665102</b>  |             |  |       |   |       |   |             |    |  |    |  |      |
| City<br>Amherst   | State<br>NY | Zip Code<br>14226-3422   | Amount of Each Receipt this Period<br><table border="1"> <tr> <td>83.00</td> </tr> </table>   |             |  | 83.00 |   |       |   |             |    |  |    |  |      |
| 83.00   |             |  |   |             |  |       |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item  |             |  |       |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Excelsior Orthopedics  |             | Occupation (for Individual)<br>Orthopaedic Surgeon                                 |   |             |  |       |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td>996.00</td> </tr> </table> | 996.00  |             |  |       |   |       |   |             |    |  |    |  |      |
| 996.00  |             |  |   |             |  |       |   |       |   |             |    |  |    |  |      |

|   |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |
|---|-------------|--|---|-------------|--|--------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Port, J Teig, , MD,FAAOS</b>           |             |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>21</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M  | / | D D D | / | Y Y Y Y Y Y | 12 |  | 21 |  | 2023 |
| M M M   | /           | D D D  | /   | Y Y Y Y Y Y |  |        |   |       |   |             |    |  |    |  |      |
| 12  |             | 21   |   | 2023        |  |        |   |       |   |             |    |  |    |  |      |
| Mailing Address 322 Knights Trail   |             |  | <b>Transaction ID : 11665131</b>  |             |  |        |   |       |   |             |    |  |    |  |      |
| City<br>Heath   | State<br>TX | Zip Code<br>75032-0153   | Amount of Each Receipt this Period<br><table border="1"> <tr> <td>250.00</td> </tr> </table>  |             |  | 250.00 |   |       |   |             |    |  |    |  |      |
| 250.00  |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item  |             |  |        |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Self Employed  |             | Occupation (for Individual)<br>Orthopaedic Surgeon                                 |   |             |  |        |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td>250.00</td> </tr> </table> | 250.00  |             |  |        |   |       |   |             |    |  |    |  |      |
| 250.00  |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |

|   |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |
|---|-------------|--|---|-------------|--|--------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Werner, Mark, E, , MD,FAAOS</b>      |             |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2023</td> </tr> </table> |             |  | M M M  | / | D D D | / | Y Y Y Y Y Y | 12 |  | 20 |  | 2023 |
| M M M   | /           | D D D  | /   | Y Y Y Y Y Y |  |        |   |       |   |             |    |  |    |  |      |
| 12  |             | 20   |   | 2023        |  |        |   |       |   |             |    |  |    |  |      |
| Mailing Address 11310 Carmel Ave NE   |             |  | <b>Transaction ID : 11665288</b>  |             |  |        |   |       |   |             |    |  |    |  |      |
| City<br>Albuquerque   | State<br>NM | Zip Code<br>87122  | Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table>  |             |  | 500.00 |   |       |   |             |    |  |    |  |      |
| 500.00  |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item  |             |  |        |   |       |   |             |    |  |    |  |      |
| Name of Employer (for Individual)<br>Albuquerque Health Partners  |             | Occupation (for Individual)<br>Orthopaedic Surgeon                                 |   |             |  |        |   |       |   |             |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00  |             |  |        |   |       |   |             |    |  |    |  |      |
| 500.00  |             |  |   |             |  |        |   |       |   |             |    |  |    |  |      |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <table border="1"> <tr> <td>833.00</td> </tr> </table> | 833.00 |
| 833.00   |  |        |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <table border="1"> <tr> <td></td> </tr> </table>       |        |
|  |  |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 429 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Kirol, Bernard, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Lemoyne Lane  
 City Johns Island State SC Zip Code 29455-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : 11665521**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Veitch, Andrew, John, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13416 Desert Zinnia Ct NE  
 City Albuquerque State NM Zip Code 87111-7154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : 11665522**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Hire, Justin, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 Water Ave  
 City Elm Springs State AR Zip Code 72762-9109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : 11665523**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 201.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 430 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Styron, Joseph, F, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14244 Calderdale Ln  
 City Strongsville State OH Zip Code 44136-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : 11665524**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Workman, Kimberly, L, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13939 NW Germantown Rd  
 City Portland State OR Zip Code 97231-2799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Permanente Occupation (for Individual) 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  
 12 / 22 / 2023  
**Transaction ID : 11665645**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Price, Thomas, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 295 Broadmeadow Cove  
 City Roswell State GA Zip Code 30075-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Project Health Solutions Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2023  
**Transaction ID : 11665648**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 431 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Bergmann, Karl, Andrew, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 Mercy Road, Suite 2000  
 City Omaha State NE Zip Code 68124-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHI Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2023  
**Transaction ID : 11665658**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Friedmann, Elizabeth, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 23 / 2023  
**Transaction ID : 11665659**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Palma, Douglas, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 White Horse Rd  
 City Cochranville State PA Zip Code 19330-9472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delaware Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2023  
**Transaction ID : 11665660**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 432 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Shah, Roshan, P, , MD,JD,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2023

**Transaction ID : 11665662**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Navarro, Ronald, Anthony, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Wide Loop Rd

City Rolling Hills State CA Zip Code 90274-5234

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

Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2023

**Transaction ID : 11665663**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Le, Theodore, Toan, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7735 Hartford Hills Lane

City Montgomery State OH Zip Code 45242-4347

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2023

**Transaction ID : 11665664**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line 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 433 OF 547<br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 Rymers Switch Lane  
 City Friendswood State TX Zip Code 77546-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **12 / 24 / 2023**  
**Transaction ID : 11665665**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Beltran, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Dept of Orthopaedic Surgery  
 231 Albert Sabin Way Room 5553  
 City Cincinnati State OH Zip Code 45267-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : 11665669**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. McClain, Edward, J, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 Canterwood Lane  
 City Wexford State PA Zip Code 15090-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **12 / 26 / 2023**  
**Transaction ID : 11665670**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 434 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Scanlon, Christopher, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11665672**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Smith, Justin, Taylor, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6009 Daphne Circle  
 City Fort Mill State SC Zip Code 29708-6577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11665673**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cordell, Davin, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Williamson Place  
 City Corpus Christi State TX Zip Code 78411-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of Corpus Christi Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11665674**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 435 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Sanders, James, O, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 New Castle Dr  
 City Chapel Hill State NC Zip Code 27517-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of North Carolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11665879**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Hussain, Suleman, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6817 Still Creek Pass  
 City Bettendorf State IA Zip Code 52722-7567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : 11666199**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Stone, Austin, V, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 Turkey Foot Rd  
 City Lexington State KY Zip Code 40502-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UK HealthCare Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : 11666200**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 436 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Scales, Darrell, Kevin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5425 Golf View Dr  
 City Braselton State GA Zip Code 30517-4043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) 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  
 12 / 28 / 2023  
**Transaction ID : 11666289**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Carolan, Gregory, Francis, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Meadow Ridge Ct  
 City Bethlehem State PA Zip Code 18015-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666290**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Razi, Afshin, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Dogwood Road  
 City Great Neck State NY Zip Code 11024-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666291**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 437 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Allard, Mark, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761-4736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Physicians Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666292**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Giuseffi, Steven, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4784 Enchanted Pines Dr  
 City Rapid City State SD Zip Code 57701-9251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666293**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Bhatnagar, Rishi, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666294**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 84.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 252.00 |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 438 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Glassman, Andrew, H, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 North Drexel Avenue  
 City Columbus State OH Zip Code 43209-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666295**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Gary, Joshua, Layne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1092.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11666296**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Hayden, Shawn, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5124 Marble Falls Ln  
 City Plano State TX Zip Code 75093-7545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11668143**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 439 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Schwartz, Mark, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Inverness Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Blue Bell | State<br>PA | Zip Code<br>19422-3204 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>PMSI | Occupation (for Individual)<br>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  
 12 / 29 / 2023

**Transaction ID : 11668147**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Stocks, Gregory, William, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5207 Valerie

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Bellaire | State<br>TX | Zip Code<br>77401 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Texas Orthopedic Hospital | Occupation (for Individual)<br>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  
 12 / 29 / 2023

**Transaction ID : 11668157**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Hamlin, Brian, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3169 Beechwood Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Allison Park | State<br>PA | Zip Code<br>15101 |
|----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Magee-Women's Hospital | Occupation (for Individual)<br>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  
 12 / 30 / 2023

**Transaction ID : 11668159**

Amount of Each Receipt this Period  
 1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 440 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Jevsevar, David, S, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 Boulders Parkway  
 City Richmond State VA Zip Code 23225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2023  
**Transaction ID : 11668161**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Hearty, Thomas, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2116 Woodside Rd  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IHA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2023  
**Transaction ID : 11668163**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Bravo, Cesar, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Institute of Orthopedics and Neuro  
 2331 Franklin Road  
 City Roanoke State VA Zip Code 24014-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ION Occupation (for Individual) 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  
 12 / 30 / 2023  
**Transaction ID : 11668165**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 441 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mackel, Audley M, , III, MD,FA

Mailing Address 23200 Lyman Blvd

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Shaker Heights | State<br>OH | Zip Code<br>44122-2150 |
|------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Associates In Orthopaedics | Occupation (for Individual)<br>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 |
| 12    |   | 31    |   | 2023        |

**Transaction ID : 11668167**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Santoro, Vincent, M, , MD,FAOS

Mailing Address 3913 East Lake Sammamish Shore Lan

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Sammamish | State<br>WA | Zip Code<br>98075-9604 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Shoulderworks Consulting PLLC | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4928.87

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 12    |   | 2023        |

**Transaction ID : 11670352**

Amount of Each Receipt this Period  
4928.87

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Urband, Lindsey, , , MD,FAOS

Mailing Address 15066 Almond Orchard Lane  
Suite 403

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>San Diego | State<br>CA | Zip Code<br>92131 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>San Diego Hand Specialists | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2508.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2023        |

**Transaction ID : 11670559**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5262.87 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 442 OF 547              |
|   | <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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Grosso, Matthew, , MD</b>              |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2023 |  |  |
| Mailing Address 5 Pembroke Dr   |             |  | <b>Transaction ID : 11670560</b>                                 |  |  |
| City<br>Avon  | State<br>CT | Zip Code<br>06001                                  | Amount of Each Receipt this Period<br>84.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Advanced Orthopaedics New England  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1008.00                |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Norheim, Elizabeth, Picnic, , MD,FAAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2023 |  |  |
| Mailing Address 4535 Homer Street   |             |  | <b>Transaction ID : 11670561</b>                                 |  |  |
| City<br>Los Angeles   | State<br>CA | Zip Code<br>90031                                  | Amount of Each Receipt this Period<br>100.00                     |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Kaiser Permanente Downey Medical Cente   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     |             | Aggregate Year-to-Date ▼<br>1100.00                |  |  |  |

|  |             |  |  |  |  |
|--|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hartsock, Langdon, A, , MD, FAAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 04 / 2023 |  |  |
| Mailing Address 188 Tradd Street   |             |  | <b>Transaction ID : 11670562</b>                                 |  |  |
| City<br>Charleston   | State<br>SC | Zip Code<br>29401                                  | Amount of Each Receipt this Period<br>60.00                      |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |  | <input type="checkbox"/> Memo Item                               |  |  |
| Name of Employer (for Individual)<br>Med Univ of SC  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |             | Aggregate Year-to-Date ▼<br>300.00                 |  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 244.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 443 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Holmes, Wendell, , , Jr, MD,FAA**

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

Mailing Address 101 Belleclave Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29223 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Palmetto Health | Occupation (for Individual)<br>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  
 12 / 05 / 2023

**Transaction ID : 11670563**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Van Thiel, Geoffrey, , , MD,MBA,FAA**

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

Mailing Address 324 Roxbury Road

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rockford | State<br>IL | Zip Code<br>61107-5090 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthollinois | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2023

**Transaction ID : 11670564**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Schmitz, Matthew, R, , MD,FAOS**

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

Mailing Address 300 East Basse Rd  
Apt 1535

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78209 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>San Antonio Military Medical Center | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2023

**Transaction ID : 11670565**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 444 OF 547              |
|   | <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. Sheehan, John, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670566**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Keeney, James, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1106 Shallow Ridge Circle  
 City Columbia State MO Zip Code 65201  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670567**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Backe, Henry, A, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Blackrock Turnpike  
 City Fairfield State CT Zip Code 06825  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Orthopaedic Specialty Group PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670568**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 445 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wolf, Shane, Kelby, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Island Park Drive, Suite 105  
 City Charleston State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670569**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Olinger, Catherine, Renee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Oakes Drive Apt 2902  
 City Iowa City State IA Zip Code 52245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Iowa Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670570**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bollier, Matthew, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Pairie Meadow Dr  
 City Iowa City State IA Zip Code 52242-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Iowa Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2023  
**Transaction ID : 11670572**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 446 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Noojin, Frank, Kenneth, , III, MD,FA

Mailing Address 9 Country Club Ct

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29206-3229 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Prisma Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2023

**Transaction ID : 11670573**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Iannotti, Joseph, P, , MD,PhD,FAA

Mailing Address 16848 Matisse Dr

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Delray Beach | State<br>FL | Zip Code<br>33446 |
|----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Cleveland Clinic Foundation | Occupation (for Individual)<br>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  
 12 / 07 / 2023

**Transaction ID : 11670574**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Chutkan, Norman, Barrington, , MD,FAAOS

Mailing Address 1 E Lexington Ave  
Unit 1404

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The CORE Institute | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2023

**Transaction ID : 11670577**

Amount of Each Receipt this Period  
84.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 668.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 447 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Levy, Matthew, Eric, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2490 Snowberry Lane  
 City Cleveland State OH Zip Code 44124-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crystal Clinic Orthopadic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11670579**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Costa, Anthony, Joseph, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Bordeaux Ln  
 City Holmdel State NJ Zip Code 07733-2283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthocenter Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11670580**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Goll, Christopher, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6500 Bowden Rd Ste 103  
 City Jacksonville State FL Zip Code 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Orthopedic Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2023  
**Transaction ID : 11670581**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 448 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. More, Robert, Cameron, , MD,FAAOS**

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

Mailing Address 8100 Wescott Drive  
Suite 101

City Flemington State NJ Zip Code 08822

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

Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 11 / 2023

**Transaction ID : 11670583**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Ewald, Timothy, James, , MD,FAAOS**

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

Mailing Address 170 Clemens Pl

City Davidson State NC Zip Code 28036-0330

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

Name of Employer (for Individual) Novant Health Orthopedics & Sports med Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2023

**Transaction ID : 11670585**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Fernandez, Rafael, M, , MD,MBA,FAA**

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

Mailing Address 1085 Wellington Cres

City Faribault State MN Zip Code 55021-6723

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 11 / 2023

**Transaction ID : 11670586**

Amount of Each Receipt this Period 84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 449 OF 547              |
|   | <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. Greenwood, Alan, G., MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3203 S 101st Ave

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Yakima | State<br>WA | Zip Code<br>98903 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Orthopedics Northwest | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 11    |   | 2023        |

**Transaction ID : 11670587**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Frisch, Nicholas, Blair, , MD,MBA,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 Lahser Rd

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Bloomfield Hills | State<br>MI | Zip Code<br>48304 |
|--------------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Henry Ford Hospital | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2840.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 11    |   | 2023        |

**Transaction ID : 11670588**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Kemp, Alysia, , , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 Adelaide St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Detroit | State<br>MI | Zip Code<br>48201-3110 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Karmanos Cancer Institute | Occupation (for Individual)<br>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 |
| 12    |   | 11    |   | 2023        |

**Transaction ID : 11670589**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 450 OF 547              |
|   | <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. Reed, Lori, K, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Klaas Boulevard

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Madison | State<br>MS | Zip Code<br>39110 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Mississippi Medical Cent | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 11    | / | 2023        |

**Transaction ID : 11670590**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Davis, Daniel, Edward, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 Thayer Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Swarthmore | State<br>PA | Zip Code<br>19081 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Thomas Jefferson Univ Hosp | Occupation (for Individual)<br>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 |
| 12    | / | 11    | / | 2023        |

**Transaction ID : 11670591**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 27015 Glaramara Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Yorba Linda | State<br>CA | Zip Code<br>92887 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>FCPP | Occupation (for Individual)<br>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 |
| 12    | / | 11    | / | 2023        |

**Transaction ID : 11670592**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 451 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Hood, Ronald, G, , MD,FAOS</b>         |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2023<br><b>Transaction ID : 11670593</b> |  |  |
| Mailing Address 5409 Rolling Oaks Drive   |             |  | Amount of Each Receipt this Period<br>1000.00  |  |  |
| City<br>Muskogee  | State<br>OK | Zip Code<br>74401                                  | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>3125.00  |  |  |
| Name of Employer (for Individual)<br>Eastar Clinics   |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Cimino, William, Gerard, , MD,FAOS</b> |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2023<br><b>Transaction ID : 11670594</b> |  |  |
| Mailing Address 52 Beach Road Suite 207   |             |  | Amount of Each Receipt this Period<br>84.00  |  |  |
| City<br>Fairfield   | State<br>CT | Zip Code<br>06824                                  | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>1008.00  |  |  |
| Name of Employer (for Individual)<br>Beach Road Orthopaedics  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Karns, Daniel, J, , MD, FAAOS</b>    |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 11 / 2023<br><b>Transaction ID : 11670595</b> |  |  |
| Mailing Address 4303 Fryman Drive   |             |  | Amount of Each Receipt this Period<br>250.00   |  |  |
| City<br>Akron   | State<br>OH | Zip Code<br>44333-1747                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>250.00   |  |  |
| Name of Employer (for Individual)<br>NOMS Healthcare  |             | Occupation (for Individual)<br>Orthopaedic Surgeon |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |  |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1334.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 452 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Damalas, Konstantinos, , MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : 11670596**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2023  
**Transaction ID : 11670597**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Lisella, Jordan, Mills, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Turner Lane  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : 11670598**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 453 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hannon, Charles, Patrick, , MD,MBA

Mailing Address 5680 Harvest Moon Blvd NW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55901-5674 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023

**Transaction ID : 11670599**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Scott, Diana, , ,

Mailing Address 9400 W Higgins Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018-4974 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Registries, Quality and Learning Coord |
|---|---|

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  
 12 / 14 / 2023

**Transaction ID : 11670600**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kayal, Robert, A, , MD,FAAOS

Mailing Address 1044 Dogwood Trail

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Franklin Lakes | State<br>NJ | Zip Code<br>07417 |
|------------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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  
 12 / 18 / 2023

**Transaction ID : 11670601**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1109.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 454 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Culp, Brian, Matthew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Arreton Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 18 / 2023  
**Transaction ID : 11670603**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Woodcock, Jessica, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Stillwood Court  
 City New Bern State NC Zip Code 28560-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 804.00

Date of Receipt 12 / 19 / 2023  
**Transaction ID : 11670604**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Sinclair, Micah, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 43rd Street  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 20 / 2023  
**Transaction ID : 11670605**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 434.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 455 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Snyder, Matthew, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14912 Chopine Pass  
 City Roanoke State IN Zip Code 46783-9308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2023  
**Transaction ID : 11670606**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gluskamp, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1010.26

Date of Receipt 12 / 22 / 2023  
**Transaction ID : 11670607**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Anctil, Eric, , , MD, FAAOS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6512 N Ventana Canyon dr  
 City Tucson State AZ Zip Code 85750-0928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tucson Orthopaedic Inst Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 26 / 2023  
**Transaction ID : 11670608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 550.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 456 OF 547              |
|   | <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. Waterman, Brian, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5378 Summer Hill Ln  
 City Winston Salem State NC Zip Code 27106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William Beaumont Army Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670610**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Crist, Brett, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 E Audubon Rd  
 City Columbia State MO Zip Code 65201-8983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Missouri - Columbia Occupation (for Individual) 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  
 12 / 26 / 2023  
**Transaction ID : 11670611**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Gay, Dustin, Phillip, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2047 Claxton Dairy Rd Unit 3  
 City Dublin State GA Zip Code 31021-4357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairview Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670612**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 457 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Freels, Douglas, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Southern Lane  
 City Savannah State TN Zip Code 38372-5093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Ortho/Triangle Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670613**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Stehly, Eric, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 Olympia Ln  
 City Coppell State TX Zip Code 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Texas Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670615**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Steinlauf, Steven, D, , MD, FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1514 Victoria Isle Way  
 City Weston State FL Zip Code 33327-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670616**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 458 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Nye, Darin, Duane, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16078 Forest Lake Dr  
 City Findlay State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Ohio Orthopedics & Sports Me Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : 11670617**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Quiet Mead Place  
 City The Woodlands State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2023  
**Transaction ID : 11670618**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Arend, Thomas, E, , Jr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd  
 City Rosemont State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2023  
**Transaction ID : 11670619**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 418.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 459 OF 547   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Priore, Anthony, , ,</b>               |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2023 |
| Mailing Address 9400 W Higgins Rd Ste 100   |  | <b>Transaction ID : 11670620</b>                                 |
| City<br>Rosemont  | State<br>IL  | Zip Code<br>60018-4975   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>AAOS   | Occupation (for Individual)<br>Chief Marketing Officer | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1008.00                    |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Ortiz, Dionisio, , , MD,FAOS</b>       |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2023 |
| Mailing Address 24 Burton Ln  |  | <b>Transaction ID : 11670621</b>                                 |
| City<br>Albany  | State<br>NY  | Zip Code<br>12211  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>US Army  | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1008.00                |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Iorio, Richard, , , MD,FAOS</b>      |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2023 |
| Mailing Address 31 Prince St  |  | <b>Transaction ID : 11670622</b>                                 |
| City<br>Beverly   | State<br>MA  | Zip Code<br>01915  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>84.00                      |
| Name of Employer (for Individual)<br>Brigham and Women's Hospital   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>1008.00                |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 460 OF 547              |
|   | <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. Ruark, Randall, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1404 Harrisville Rd  
 City Hamilton State GA Zip Code 31811-3831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : 11670624**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Horan, Michael, Patrick, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 913 Woodland Dr  
 City Columbia State SC Zip Code 29205-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 29 / 2023**  
**Transaction ID : 11734964**  
 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. Giordano, Brian, D, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Aden Hill  
 City Pittsford State NY Zip Code 14534-9650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Rochester Affl Hosps Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 19 / 2023**  
**Transaction ID : 11734965**  
 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>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 486846.56 |

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 461 OF 547                        |
| <input 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 checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Michael Burgess For Congress</b>                       |                                     |                             | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 22 / 2023 |
| Mailing Address PO Box 2334   |                                     |                             | <b>Transaction ID : 11665646</b>                         |
| City<br>Denton  | State<br>TX                         | Zip Code<br>76202-2334      | Amount of Each Receipt this Period<br>2500.00            |
| FEC ID number of contributing federal political committee.<br>C C00372532   |                                     |                             | <input type="checkbox"/> Memo Item                       |
| Name of Employer (for Individual)   |                                     | Occupation (for Individual) | Refund of contribution                                   |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |                             |  |

|   |                          |                             |  |
|---|--------------------------|-----------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B.</b>                                    |                          |                             | Date of Receipt<br>M M / D D / Y Y Y Y |
| Mailing Address   |                          |                             | Amount of Each Receipt this Period     |
| City  | State                    | Zip Code                    | <input type="checkbox"/> Memo Item     |
| FEC ID number of contributing federal political committee.<br>C   |                          |                             |  |
| Name of Employer (for Individual)   |                          | Occupation (for Individual) |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |                             |  |

|   |                          |                             |  |
|---|--------------------------|-----------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C.</b>                                  |                          |                             | Date of Receipt<br>M M / D D / Y Y Y Y |
| Mailing Address   |                          |                             | Amount of Each Receipt this Period     |
| City  | State                    | Zip Code                    | <input type="checkbox"/> Memo Item     |
| FEC ID number of contributing federal political committee.<br>C   |                          |                             |  |
| Name of Employer (for Individual)   |                          | Occupation (for Individual) |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ |                             |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 03    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11615525**

Amount of Each Disbursement this Period

|        |
|--------|
| 309.75 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 17    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11615526**

Amount of Each Disbursement this Period

|        |
|--------|
| 775.30 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 24    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11615527**

Amount of Each Disbursement this Period

|        |
|--------|
| 143.90 |
|--------|

Memo Item Bank fees deducted from account

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

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

|         |
|---------|
| 1228.95 |
|---------|

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|  |
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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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>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 |
| 07    |   | 31    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11615528**

Amount of Each Disbursement this Period

|         |
|---------|
| 1585.45 |
|---------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>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 |
| 07    |   | 03    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11615529**

Amount of Each Disbursement this Period

|        |
|--------|
| 265.00 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>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 |
| 08    |   | 07    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11627558**

Amount of Each Disbursement this Period

|        |
|--------|
| 381.92 |
|--------|

Memo Item Bank fees deducted from account

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

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

|         |
|---------|
| 2232.37 |
|---------|

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|  |
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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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11627559**

Amount of Each Disbursement this Period

[REDACTED] 242.49

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11627560**

Amount of Each Disbursement this Period

[REDACTED] 117.26

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11627561**

Amount of Each Disbursement this Period

[REDACTED] 366.86

Memo Item Bank fees deducted from account

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

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

[REDACTED] 726.61

[REDACTED]



# 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"/> 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. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11627562**

Amount of Each Disbursement this Period

[REDACTED] 3782.67

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11627563**

Amount of Each Disbursement this Period

[REDACTED] 11.52

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : 11635844**

Amount of Each Disbursement this Period

[REDACTED] 555.91

Memo Item Bank fees deducted from account

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

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

[REDACTED] 4350.10

[REDACTED]

**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"/> 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**

|  |  |  |  |
|--|--|--|--|
| <p>A. <b>Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement</p> <p>MM / DD / YYYY<br/>09 / 05 / 2023</p>   |
| <p>Category/Type: <input type="text" value="001"/></p>   |  |  | <p>FEC Identification Number</p> <p><input type="text" value="C"/></p> <p><b>Transaction ID : 11635845</b></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.88"/></p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p>  |
| <p>B. <b>Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement</p> <p>MM / DD / YYYY<br/>09 / 11 / 2023</p>   |
| <p>Category/Type: <input type="text" value="001"/></p>   |  |  | <p>FEC Identification Number</p> <p><input type="text" value="C"/></p> <p><b>Transaction ID : 11635846</b></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.70"/></p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p> |
| <p>C. <b>Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement</p> <p>MM / DD / YYYY<br/>09 / 19 / 2023</p>   |
| <p>Category/Type: <input type="text" value="001"/></p>   |  |  | <p>FEC Identification Number</p> <p><input type="text" value="C"/></p> <p><b>Transaction ID : 11635847</b></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="329.77"/></p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶</p>  |  |  | <p><input type="text" value="574.35"/></p>   |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>   |  |  | <p><input type="text"/></p>  |

**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"/> 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. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 25    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11635848**

Amount of Each Disbursement this Period

|        |
|--------|
| 111.20 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 02    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11645848**

Amount of Each Disbursement this Period

|        |
|--------|
| 188.86 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 09    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11645849**

Amount of Each Disbursement this Period

|        |
|--------|
| 198.20 |
|--------|

Memo Item Bank fees deducted from account

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

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

|        |
|--------|
| 498.26 |
|--------|

|  |
|--|
|  |
|--|

**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"/> 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. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 16    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11645850**

Amount of Each Disbursement this Period

|        |
|--------|
| 169.60 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 23    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11645851**

Amount of Each Disbursement this Period

|        |
|--------|
| 188.99 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 31    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11645852**

Amount of Each Disbursement this Period

|        |
|--------|
| 277.37 |
|--------|

Memo Item Bank fees deducted from account

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

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

|        |
|--------|
| 635.96 |
|--------|

|  |
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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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

|   |  |   |                          |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Huntington National Bank</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 03 / 2023  |                          |
| Mailing Address 678 Lee St  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : 11645853</b><br>Amount of Each Disbursement this Period<br>1294.98 |                          |
| City<br>Des Plaines   | State<br>IL  | Zip Code<br>60018   | Category/<br>Type<br>001 |
| Purpose of Disbursement<br>Bank fees deducted from account                    |  | Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>   |                          |
| Candidate Name  |  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President           |                          |
| State:<br>District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Huntington National Bank</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 06 / 2023   |                          |
| Mailing Address 678 Lee St  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : 11659463</b><br>Amount of Each Disbursement this Period<br>283.52 |                          |
| City<br>Des Plaines   | State<br>IL  | Zip Code<br>60018  | Category/<br>Type<br>001 |
| Purpose of Disbursement<br>Bank fees deducted from account                    |  | Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>  |                          |
| Candidate Name  |  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                          |
| State:<br>District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Huntington National Bank</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 13 / 2023   |                          |
| Mailing Address 678 Lee St  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : 11659464</b><br>Amount of Each Disbursement this Period<br>205.32 |                          |
| City<br>Des Plaines   | State<br>IL  | Zip Code<br>60018  | Category/<br>Type<br>001 |
| Purpose of Disbursement<br>Bank fees deducted from account                    |  | Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>  |                          |
| Candidate Name  |  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                          |
| State:<br>District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1783.82 |
| <b>TOTAL</b> 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"/> 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. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 20    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11659465**

Amount of Each Disbursement this Period

|        |
|--------|
| 121.60 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 27    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11659466**

Amount of Each Disbursement this Period

|        |
|--------|
| 326.11 |
|--------|

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 03    |   | 2023      |

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11659467**

Amount of Each Disbursement this Period

|         |
|---------|
| 1042.98 |
|---------|

Memo Item Bank fees deducted from account

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

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

|         |
|---------|
| 1581.69 |
|---------|

|  |
|--|
|  |
|--|

**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"/> 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**

|  |  |  |   |  |
|--|--|--|---|--|
| <p><b>A. Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement<br/>12 / 04 / 2023</p> <p>FEC Identification Number<br/>C</p> <p><b>Transaction ID : 11671653</b></p> <p>Amount of Each Disbursement this Period<br/>878.80</p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p> |  |
| <p><b>B. Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement<br/>12 / 04 / 2023</p> <p>FEC Identification Number<br/>C</p> <p><b>Transaction ID : 11671654</b></p> <p>Amount of Each Disbursement this Period<br/>197.37</p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p> |  |
| <p><b>C. Huntington National Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 678 Lee St</p> <p>City Des Plaines State IL Zip Code 60018</p> <p>Purpose of Disbursement<br/>Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  |  | <p>Date of Disbursement<br/>12 / 11 / 2023</p> <p>FEC Identification Number<br/>C</p> <p><b>Transaction ID : 11671655</b></p> <p>Amount of Each Disbursement this Period<br/>178.97</p> <p><input type="checkbox"/> Memo Item Bank fees deducted from account</p> |  |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶</p>  |  |  | <p>1255.14</p>  |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>   |  |  | <p></p>   |  |

# 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"/> 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. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11671656**

Amount of Each Disbursement this Period

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Huntington National Bank**

Mailing Address 678 Lee St

City  
Des Plaines

State  
IL

Zip Code  
60018

Purpose of Disbursement

Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11671657**

Amount of Each Disbursement this Period

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address PO Box 248

City  
Flint

State  
MI

Zip Code  
48501

Purpose of Disbursement

011

Candidate Name

Kildee, Dan, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00499947

**Transaction ID : 11556769**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Fitzpatrick For All Of Us**

Mailing Address PO Box 939

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement

011

Candidate Name

Fitzpatrick, Brian, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: PA District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00607416

**Transaction ID : 11556770**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City  
San Bernardino

State  
CA

Zip Code  
92423

Purpose of Disbursement

011

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00510461

**Transaction ID : 11556771**

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"/> 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. Josh Gottheimer For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 584

City  
Ridgewood

State  
NJ

Zip Code  
07451

FEC Identification Number

**C** C00573949

**Transaction ID : 11556772**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Gottheimer, Josh, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NJ

District: 05

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smucker For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address 824 S Milledge Ave  
Ste 101

City  
Athens

State  
PA

Zip Code  
30605

FEC Identification Number

**C** C00599464

**Transaction ID : 11556773**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Smucker, Lloyd, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: PA

District: 11

Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Derek Kilmer**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 1381

City  
Tacoma

State  
WA

Zip Code  
98402

FEC Identification Number

**C** C00514893

**Transaction ID : 11556774**

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: WA

District: 06

Memo Item

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

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

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andy Harris For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 6

City  
Cambridge

State  
MD

Zip Code  
21613

FEC Identification Number

**C** C00435974

**Transaction ID : 11556775**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Harris, Andy, , Rep., USNR, M.D.

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: MD District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cartwright For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 414

City  
Scranton

State  
PA

Zip Code  
18501

FEC Identification Number

**C** C00509968

**Transaction ID : 11556776**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Cartwright, Matt, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: PA District: 08

Memo Item

Full Name (Last, First, Middle Initial)

**C. Donald Norcross For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 160

City  
Collingswood

State  
NJ

Zip Code  
08108

FEC Identification Number

**C** C00558320

**Transaction ID : 11556777**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Norcross, Donald, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NJ District: 01

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Chrissy Houlahan For Congress**

Mailing Address PO Box 222

City  
Devon

State  
PA

Zip Code  
19333

Purpose of Disbursement

011

Candidate Name

Houlahan, Chrissy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00637371

**Transaction ID : 11556778**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr John Joyce For Congress**

Mailing Address 1002 Logan Blvd  
Ste 114 #237

City  
Altoona

State  
PA

Zip Code  
16602

Purpose of Disbursement

011

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00674259

**Transaction ID : 11556779**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dwight Evans For Congress**

Mailing Address PO Box 6578

City  
Philadelphia

State  
PA

Zip Code  
19138

Purpose of Disbursement

011

Candidate Name

Evans, Dwight, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00591065

**Transaction ID : 11556780**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 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"/> 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. Dwight Evans For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 6578

FEC Identification Number

|   |           |
|---|-----------|
| C | C00591065 |
|---|-----------|

**Transaction ID : 11556781**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

City Philadelphia State PA Zip Code 19138

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Evans, Dwight, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: PA District: 03

Full Name (Last, First, Middle Initial)

**B. Bera For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 582496

FEC Identification Number

|   |           |
|---|-----------|
| C | C00461061 |
|---|-----------|

**Transaction ID : 11556782**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Bera, Ami, , Rep., M.D.

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 06

Full Name (Last, First, Middle Initial)

**C. Feenstra For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address 641 2nd St

FEC Identification Number

|   |           |
|---|-----------|
| C | C00693663 |
|---|-----------|

**Transaction ID : 11556783**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Memo Item

City Hull State IA Zip Code 51239

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Feenstra, Randy, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: IA District: 04

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

|         |
|---------|
| 6000.00 |
|---------|

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr John Joyce For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address 1002 Logan Blvd  
Ste 114 #237

City Altoona State PA Zip Code 16602

FEC Identification Number

|   |           |
|---|-----------|
| C | C00674259 |
|---|-----------|

**Transaction ID : 11556784**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

FEC Identification Number

|   |           |
|---|-----------|
| C | C00458976 |
|---|-----------|

**Transaction ID : 11556785**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Sewell, Terri, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: AL District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Virginia Foxx For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

FEC Identification Number

|   |           |
|---|-----------|
| C | C00386748 |
|---|-----------|

**Transaction ID : 11556786**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Foxx, Virginia, , Rep., Ed.D.

Office Sought:  House  
 Senate  
 President  
State: NC District: 05

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

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

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

|         |
|---------|
| 5000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Guy For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2023        |

Mailing Address PO Box 23177

FEC Identification Number

|   |           |
|---|-----------|
| C | C00657833 |
|---|-----------|

**Transaction ID : 11556788**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Reschenthaler, Guy, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: PA District: 14

Full Name (Last, First, Middle Initial)

**B. David Rouzer For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2023        |

Mailing Address PO Box 3142

FEC Identification Number

|   |           |
|---|-----------|
| C | C00501643 |
|---|-----------|

**Transaction ID : 11556789**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

City Wilmington State NC Zip Code 28406-0142

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Rouzer, David, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NC District: 07

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2023        |

Mailing Address PO Box 1566

FEC Identification Number

|   |           |
|---|-----------|
| C | C00502575 |
|---|-----------|

**Transaction ID : 11556790**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

City Indio State CA Zip Code 92202

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Ruiz, Raul, , Rep., M.D.

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 25

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

|         |
|---------|
| 6000.00 |
|---------|

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

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|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lou Correa For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address 3230 Arena Blvd  
Ste 245-416

City Sacramento State CA Zip Code 95834

FEC Identification Number

**C** C00578302

**Transaction ID : 11556791**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Correa, Lou, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Full Name (Last, First, Middle Initial)

**B. Free State PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 2712  
Suite 115

City Topeka State KS Zip Code 66601

FEC Identification Number

**C** C00455717

**Transaction ID : 11556793**

Amount of Each Disbursement this Period

5000.00

Moran LPAC

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Moran LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Iowans For Zach Nunn**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 18    |   | 2023      |

Mailing Address PO Box 11

City Bondurant State IA Zip Code 50035

FEC Identification Number

**C** C00784389

**Transaction ID : 11556794**

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Nunn, Zach, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

**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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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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. Ashley Hinson For Congress

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY, 07/18/2023

Mailing Address PO Box 811

City Marion State IA Zip Code 52302

FEC Identification Number

FEC ID form: C00706267

Purpose of Disbursement

Category/Type form: 011

Transaction ID : 11556796

Amount of Each Disbursement this Period

Amount of Each Disbursement form: 1500.00

Candidate Name

Hinson, Ashley, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: IA District: 02

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Caraveo For Congress

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY, 07/18/2023

Mailing Address PO Box 953

City Eastlake State CO Zip Code 80614

FEC Identification Number

FEC ID form: C00787788

Purpose of Disbursement

Category/Type form: 011

Transaction ID : 11556797

Amount of Each Disbursement this Period

Amount of Each Disbursement form: 1500.00

Candidate Name

Caraveo, Yadira, , Rep., Dr.

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: CO District: 08

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Caraveo For Congress

Date of Disbursement

Date of Disbursement form: MM/DD/YYYY, 07/18/2023

Mailing Address PO Box 953

City Eastlake State CO Zip Code 80614

FEC Identification Number

FEC ID form: C00787788

Purpose of Disbursement

Category/Type form: 011

Transaction ID : 11556798

Amount of Each Disbursement this Period

Amount of Each Disbursement form: 1000.00

Candidate Name

Caraveo, Yadira, , Rep., Dr.

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

State: CO District: 08

[ ] Memo Item

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

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

Subtotal form: 4000.00

Total form: (blank)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Debbie Lesko For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address PO Box 45388

FEC Identification Number

|   |           |
|---|-----------|
| C | C00663914 |
|---|-----------|

**Transaction ID : 11613142**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City  
Phoenix

State  
AZ

Zip Code  
85064

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Lesko, Debbie, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address PO Box 1362  
317 W Washington Ave

FEC Identification Number

|   |           |
|---|-----------|
| C | C00390724 |
|---|-----------|

**Transaction ID : 11613143**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Walberg, Tim, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann For Congress Committee, Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address PO Box 11091

FEC Identification Number

|   |           |
|---|-----------|
| C | C00461822 |
|---|-----------|

**Transaction ID : 11613144**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City  
Chattanooga

State  
TN

Zip Code  
37401

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Fleischmann, Chuck, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

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

|         |
|---------|
| 3000.00 |
|---------|

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dusty Johnson**

Mailing Address PO Box 278

City  
Mitchell

State  
SD

Zip Code  
57301

Purpose of Disbursement

011

Candidate Name

Johnson, Dusty, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00628917

**Transaction ID : 11613145**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Greg Pence For Congress**

Mailing Address PO Box 275

City  
Taylorsville

State  
IN

Zip Code  
47280

Purpose of Disbursement

011

Candidate Name

Pence, Greg, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: IN District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00658401

**Transaction ID : 11613146**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of David Schweikert**

Mailing Address 8175 East Evans Road  
# 13176

City  
Scottsdale

State  
AZ

Zip Code  
85267

Purpose of Disbursement

011

Candidate Name

Schweikert, David, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00540617

**Transaction ID : 11613196**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stanton For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address 4340 E Indian School Road  
Suite 21-518

City Phoenix State AZ Zip Code 85018

FEC Identification Number

|   |           |
|---|-----------|
| C | C00657304 |
|---|-----------|

**Transaction ID : 11613329**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Stanton, Greg, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Lucas For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address PO Box 1726

City Oklahoma City State OK Zip Code 73101-1726

FEC Identification Number

|   |           |
|---|-----------|
| C | C00287912 |
|---|-----------|

**Transaction ID : 11613504**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Lucas, Frank, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Perimeter PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2023      |

Mailing Address 124 Washington Street  
Suite 101

City Foxboro State MA Zip Code 02035

FEC Identification Number

|   |           |
|---|-----------|
| C | C00544254 |
|---|-----------|

**Transaction ID : 11613626**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item Duckworth LPAC

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Duckworth LPAC

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)..... ▶

|         |
|---------|
| 3000.00 |
|---------|

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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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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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. Jay Obernolte For Congress

Mailing Address 824 S Milledge Ave Ste 101

City Athens State CA Zip Code 30605

Purpose of Disbursement

Category/Type: 011

Candidate Name

Obernolte, Jay, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 23

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

Date of Disbursement

Date: 07 / 31 / 2023

FEC Identification Number

C C00720078

Transaction ID : 11613627

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Becky Edwards For Congress

Mailing Address PO Box 26141

City Alexandria State UT Zip Code 22313

Purpose of Disbursement

Category/Type: 011

Candidate Name

Edwards, Becky, , Ms.,

Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 02

Disbursement For: 2023
[ ] Primary [ ] General
[X] Other (specify) Special-Primary2023

Date of Disbursement

Date: 07 / 31 / 2023

FEC Identification Number

C C00842088

Transaction ID : 11613628

Amount of Each Disbursement this Period

5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Morgan Luttrell

Mailing Address PO Box 1245

City Magnolia State TX Zip Code 77353

Purpose of Disbursement

Category/Type: 011

Candidate Name

Luttrell, Morgan, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 08

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

Date of Disbursement

Date: 08 / 08 / 2023

FEC Identification Number

C C00781112

Transaction ID : 11617459

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

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

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

8500.00

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kathy Manning For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 08    |   | 2023      |

Mailing Address PO Box 41197

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Greensboro | State<br>NC | Zip Code<br>27404 |
|--------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00662577 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11617460**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

Manning, Kathy, , Rep.,

Office Sought:  House  
 Senate  
 President

State: NC District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cole For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 08    |   | 2023      |

Mailing Address PO Box 722256

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Norman | State<br>OK | Zip Code<br>73070 |
|----------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00379735 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11617461**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

Cole, Tom, , Rep.,

Office Sought:  House  
 Senate  
 President

State: OK District: 04

Disbursement For: 2024

Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. Re-Joyce PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 08    |   | 2023      |

Mailing Address 824 S Milledge Avenue  
Suite 101

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Athens | State<br>GA | Zip Code<br>30605 |
|----------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00691501 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11617462**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

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

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

|         |
|---------|
| 7000.00 |
|---------|

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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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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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. Beth Van Duyne For Congress

Date of Disbursement

Date selection grid showing 08/11/2023

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063

FEC Identification Number

FEC ID grid showing C00714865

Purpose of Disbursement

Category/Type grid showing 011

Transaction ID : 11618800

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name Van Duyne, Beth, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President State: TX District: 24

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Fischbach For Congress

Date of Disbursement

Date selection grid showing 08/11/2023

Mailing Address PO Box 190

City Litchfield State MN Zip Code 55355

FEC Identification Number

FEC ID grid showing C00717959

Purpose of Disbursement

Category/Type grid showing 011

Transaction ID : 11618802

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name Fischbach, Michelle, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President State: MN District: 07

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Kiggans For Congress

Date of Disbursement

Date selection grid showing 08/11/2023

Mailing Address PO Box 5042

City Virginia Beach State VA Zip Code 23471

FEC Identification Number

FEC ID grid showing C00776120

Purpose of Disbursement

Category/Type grid showing 011

Transaction ID : 11618803

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name Kiggans, Jen, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President State: VA District: 02

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

[ ] Memo Item

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

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

Subtotal grid showing 3000.00

Total grid showing 3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Monica De La Cruz Hernandez For US Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 11    | / | 2023        |

Mailing Address 1317 West Frontage Road  
Suite C

FEC Identification Number

|   |           |
|---|-----------|
| C | C00723072 |
|---|-----------|

City Alamo State TX Zip Code 78516

**Transaction ID : 11618808**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

De La Cruz, Monica, , ,

Office Sought:  House  
 Senate  
 President  
State: TX District: 15

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Prairie PAC**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 05    | / | 2023        |

Mailing Address PO Box 2002

FEC Identification Number

|   |           |
|---|-----------|
| C | C00347195 |
|---|-----------|

City Springfield State IL Zip Code 62705

**Transaction ID : 11625891**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Durbin LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Durbin LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHC Bold PAC**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 05    | / | 2023        |

Mailing Address PO Box 75375

FEC Identification Number

|   |           |
|---|-----------|
| C | C00365536 |
|---|-----------|

City Washington State DC Zip Code 20013

**Transaction ID : 11625893**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

2023 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

2023 Contribution

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"/> 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. Greg Pence For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 05    |   | 2023      |

Mailing Address PO Box 275

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Taylorsville | State<br>IN | Zip Code<br>47280 |
|----------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00658401 |
|---|-----------|

**Transaction ID : 11625894**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Pence, Greg, , Rep.,

Office Sought:  House  
 Senate  
 President

State: IN District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Debbie Dingell For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 05    |   | 2023      |

Mailing Address PO Box 972480

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Ypsilanti | State<br>MI | Zip Code<br>48197 |
|-------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00558213 |
|---|-----------|

**Transaction ID : 11625895**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Dingell, Debbie, , Rep.,

Office Sought:  House  
 Senate  
 President

State: MI District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Feenstra For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 05    |   | 2023      |

Mailing Address 641 2nd St

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Hull | State<br>IA | Zip Code<br>51239 |
|--------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00693663 |
|---|-----------|

**Transaction ID : 11625896**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Feenstra, Randy, , Rep.,

Office Sought:  House  
 Senate  
 President

State: IA District: 04

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

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

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

|         |
|---------|
| 7000.00 |
|         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Feenstra For Congress**

Mailing Address 641 2nd St

City  
Hull

State  
IA

Zip Code  
51239

Purpose of Disbursement

011

Candidate Name

Feenstra, Randy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00693663

**Transaction ID : 11625897**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 1566

City  
Indio

State  
CA

Zip Code  
92202

Purpose of Disbursement

011

Candidate Name

Ruiz, Raul, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00502575

**Transaction ID : 11625898**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Robin Kelly For Congress**

Mailing Address PO Box 101199

City  
Chicago

State  
IL

Zip Code  
60610

Purpose of Disbursement

011

Candidate Name

Kelly, Robin, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00539866

**Transaction ID : 11625899**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 1318

FEC Identification Number

|   |           |
|---|-----------|
| C | C00495952 |
|---|-----------|

**Transaction ID : 11625901**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: IL District: 10

Full Name (Last, First, Middle Initial)

**B. Carey For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 16032

FEC Identification Number

|   |           |
|---|-----------|
| C | C00779603 |
|---|-----------|

**Transaction ID : 11625902**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

City Columbus State OH Zip Code 43216

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Carey, Mike, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: OH District: 15

Full Name (Last, First, Middle Initial)

**C. Womack For Congress Committee**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 508

FEC Identification Number

|   |           |
|---|-----------|
| C | C00477745 |
|---|-----------|

**Transaction ID : 11625903**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

City Rogers State AR Zip Code 72757-0508

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Womack, Steve, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: AR District: 03

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 5 | 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"/> 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. Burchett For Congress**

Mailing Address PO Box 51345

City  
Knoxville

State  
TN

Zip Code  
37950

Purpose of Disbursement

011

Candidate Name

Burchett, Tim, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00652149

**Transaction ID : 11625904**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Doggett For Congress**

Mailing Address PO Box 5843

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement

011

Candidate Name

Doggett, Lloyd, , Rep., II

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: TX District: 37

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00286500

**Transaction ID : 11625905**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony Gonzales For Congress**

Mailing Address 11613 Huebner

City  
San Antonio

State  
TX

Zip Code  
78248

Purpose of Disbursement

011

Candidate Name

Gonzales, Tony, , Rep., II

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00706614

**Transaction ID : 11625906**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 5 | 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"/> 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. Texans For Jodey Arrington**

Mailing Address PO Box 6687

City  
Lubbock

State  
TX

Zip Code  
79493-6687

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Arrington, Jodey, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: TX

District: 19

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00588657

**Transaction ID : 11629296**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMI PAC**

Mailing Address PO Box 582496

City  
Elk Grove

State  
CA

Zip Code  
95758

Purpose of Disbursement

Bera LPAC

011

Category/  
Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00561779

**Transaction ID : 11629297**

Amount of Each Disbursement this Period

5000.00

Bera LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address 600 Pennsylvania Ave SE  
#15180

City  
Washington

State  
OH

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: OH

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00264697

**Transaction ID : 11629298**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Buddy Carter For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address PO Box 10570

FEC Identification Number

|   |           |
|---|-----------|
| C | C00543967 |
|---|-----------|

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Savannah | State<br>GA | Zip Code<br>31412 |
|------------------|-------------|-------------------|

**Transaction ID : 11629299**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Carter, Buddy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Judy Chu For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address 16633 Ventura Blvd # 1008

FEC Identification Number

|   |           |
|---|-----------|
| C | C00458125 |
|---|-----------|

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Encino | State<br>CA | Zip Code<br>91436 |
|----------------|-------------|-------------------|

**Transaction ID : 11629307**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Chu, Judy, , Rep., Dr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Memo Item

Full Name (Last, First, Middle Initial)

**C. Katherine Clark For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address 600 Pennsylvania Ave SE #15180

FEC Identification Number

|   |           |
|---|-----------|
| C | C00541888 |
|---|-----------|

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>MA | Zip Code<br>20003 |
|--------------------|-------------|-------------------|

**Transaction ID : 11629559**

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Clark, Katherine, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Memo Item

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

|         |
|---------|
| 7500.00 |
|---------|

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

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Neal Dunn**

Mailing Address PO Box 10037

City  
Tallahassee

State  
FL

Zip Code  
32302

Purpose of Disbursement

011

Candidate Name

Dunn, Neal, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00582304

**Transaction ID : 11629560**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Neal Dunn**

Mailing Address PO Box 10037

City  
Tallahassee

State  
FL

Zip Code  
32302

Purpose of Disbursement

011

Candidate Name

Dunn, Neal, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00582304

**Transaction ID : 11629561**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Emmer For Congress**

Mailing Address PO Box 279

City  
Elk River

State  
MN

Zip Code  
55330

Purpose of Disbursement

011

Candidate Name

Emmer, Tom, , Rep., Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00545749

**Transaction ID : 11629565**

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"/> 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. Deb Fischer For US Senate**

Mailing Address 5555 South St, Suite 200

City  
Lincoln

State  
NE

Zip Code  
68506

Purpose of Disbursement

011

Candidate Name

Fischer, Deb., Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NE

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2023

FEC Identification Number

C C00498907

Transaction ID : 11629566

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Fitzpatrick For All Of Us**

Mailing Address PO Box 939

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement

011

Candidate Name

Fitzpatrick, Brian., Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2023

FEC Identification Number

C C00607416

Transaction ID : 11629568

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Fitzpatrick For All Of Us**

Mailing Address PO Box 939

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement

011

Candidate Name

Fitzpatrick, Brian., Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2023

FEC Identification Number

C C00607416

Transaction ID : 11629569

Amount of Each Disbursement this Period

1500.00

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"/> 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. Elizabeth Pannill Fletcher For Congress

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

FEC Identification Number

C C00640045

Transaction ID : 11629570

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Fletcher, Lizzie, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: TX District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. Hudson For Congress

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 1875

City Southern Pines State NC Zip Code 28388

FEC Identification Number

C C00504522

Transaction ID : 11629571

Amount of Each Disbursement this Period

1500.00

Memo Item

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)

### C. Hudson For Congress

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 1875

City Southern Pines State NC Zip Code 28388

FEC Identification Number

C C00504522

Transaction ID : 11629572

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

**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"/> 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 Raja For Congress**

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement

011

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00575092

**Transaction ID : 11629573**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement

011

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00575092

**Transaction ID : 11629574**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ted Lieu For Congress**

Mailing Address 777 S Figueroa St  
Suite 4050

City  
Los Angeles

State  
CA

Zip Code  
90017

Purpose of Disbursement

011

Candidate Name

Lieu, Ted, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00556506

**Transaction ID : 11629575**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 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 |
|---|---|---|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 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"/> 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. Nicole For New York**

Mailing Address PO Box 60487

City  
Staten Island

State  
NY

Zip Code  
10306

Purpose of Disbursement

011

Candidate Name

Malliotakis, Nicole, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00694778

**Transaction ID : 11629577**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210-0137

Purpose of Disbursement

011

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00390476

**Transaction ID : 11629580**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Darren Soto For Congress**

Mailing Address PO Box 421349

City  
Kissimmee

State  
FL

Zip Code  
34742

Purpose of Disbursement

011

Candidate Name

Soto, Darren, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00581074

**Transaction ID : 11629581**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Elise For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address PO Box 500

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Glens Falls | State<br>NY | Zip Code<br>12801 |
|---------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00547893 |
|---|-----------|

**Transaction ID : 11629582**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Stefanik, Elise, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Full Name (Last, First, Middle Initial)

**B. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address 1519 Washington Street  
Suite 200

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Laredo | State<br>TX | Zip Code<br>78040 |
|----------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00371302 |
|---|-----------|

**Transaction ID : 11629583**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Cuellar, Henry, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Full Name (Last, First, Middle Initial)

**C. Wenstrup For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address PO Box 9551

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45209-0551 |
|--------------------|-------------|------------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00497818 |
|---|-----------|

**Transaction ID : 11629584**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Wenstrup, Brad, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

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

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

|         |
|---------|
| 7500.00 |
|---------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walberg For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address PO Box 1362

317 W Washington Ave

City  
Jackson

State  
MI

Zip Code  
49204-1362

FEC Identification Number

**C** C00390724

**Transaction ID : 11629588**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: MI

District: 05

Full Name (Last, First, Middle Initial)

**B. Bergmanforcongress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address 3585 Bunker Hill Rd, #434

City  
Acme

State  
MI

Zip Code  
49610

FEC Identification Number

**C** C00614214

**Transaction ID : 11629589**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Bergman, Jack, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: MI

District: 01

Full Name (Last, First, Middle Initial)

**C. Joe Neguse For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 12    |   | 2023      |

Mailing Address PO Box 7142

City  
Boulder

State  
CO

Zip Code  
80306

FEC Identification Number

**C** C00648253

**Transaction ID : 11629590**

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: CO

District: 02

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

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Guy For Congress**

Mailing Address PO Box 23177

City  
Pittsburgh

State  
PA

Zip Code  
15222

Purpose of Disbursement

011

Candidate Name

Reschenthaler, Guy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00657833

Transaction ID : 11632621

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. David Scott For Congress**

Mailing Address PO Box 960821

City  
Riverdale

State  
GA

Zip Code  
30296

Purpose of Disbursement

011

Candidate Name

Scott, David, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: GA District: 13

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00369801

Transaction ID : 11632622

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045

Purpose of Disbursement

011

Candidate Name

Kelly, Mike, , Rep., Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00474189

Transaction ID : 11632624

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30a, 30b. Box 23 is checked.

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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. Marc For US Inc

Mailing Address PO Box 219

City Leeds

State NY

Zip Code 12451

Purpose of Disbursement

011

Candidate Name

Molinaro, Marc, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 19

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 09/26/2023

FEC Identification Number

C C00789586

Transaction ID : 11632629

Amount of Each Disbursement this Period

Amount field: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Letlow For Congress

Mailing Address PO Box 539

City Rayville

State LA

Zip Code 71269-0539

Purpose of Disbursement

011

Candidate Name

Letlow, Julia, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 05

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 09/26/2023

FEC Identification Number

C C00766428

Transaction ID : 11632631

Amount of Each Disbursement this Period

Amount field: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Velvet Hammer PAC

Mailing Address PO Box 14362

City St Paul

State MN

Zip Code 55114

Purpose of Disbursement

011

Tina Smith LPAC

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 09/26/2023

FEC Identification Number

C C00692111

Transaction ID : 11632632

Amount of Each Disbursement this Period

Amount field: 1500.00

Tina Smith LPAC

[ ] Memo Item

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

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

Subtotal field: 5000.00

Total field: (empty)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jake Auchincloss For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 600698

FEC Identification Number

|   |           |
|---|-----------|
| C | C00721449 |
|---|-----------|

**Transaction ID : 11632634**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Newtonville | State<br>MA | Zip Code<br>02460 |
|---------------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Auchincloss, Jake, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Full Name (Last, First, Middle Initial)

**B. Mad 4 PA PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 444

FEC Identification Number

|   |           |
|---|-----------|
| C | C00670844 |
|---|-----------|

**Transaction ID : 11632638**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Glenside | State<br>PA | Zip Code<br>19038 |
|------------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Dean, Madeleine, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Full Name (Last, First, Middle Initial)

**C. Jay Obernolte For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address 824 S Milledge Ave Ste 101

FEC Identification Number

|   |           |
|---|-----------|
| C | C00720078 |
|---|-----------|

**Transaction ID : 11632639**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Athens | State<br>CA | Zip Code<br>30605 |
|----------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Obernolte, Jay, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

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

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

|         |
|---------|
| 3000.00 |
|         |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 1381

FEC Identification Number

|   |           |
|---|-----------|
| C | C00514893 |
|---|-----------|

**Transaction ID : 11632640**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Tacoma State WA Zip Code 98402

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: WA District: 06

Full Name (Last, First, Middle Initial)

**B. Weber For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address 133 N Friendswood Dr, #353

FEC Identification Number

|   |           |
|---|-----------|
| C | C00502229 |
|---|-----------|

**Transaction ID : 11632641**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Friendswood State TX Zip Code 77546

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Weber, Randy, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TX District: 14

Full Name (Last, First, Middle Initial)

**C. Pete Sessions For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 7754

FEC Identification Number

|   |           |
|---|-----------|
| C | C00303305 |
|---|-----------|

**Transaction ID : 11632642**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

City Waco State TX Zip Code 76714-7754

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Sessions, Pete, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TX District: 17

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

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

|         |
|---------|
| 3500.00 |
|         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pete Sessions For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 7754

FEC Identification Number

|   |           |
|---|-----------|
| C | C00303305 |
|---|-----------|

**Transaction ID : 11632643**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Waco | State<br>TX | Zip Code<br>76714-7754 |
|--------------|-------------|------------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Sessions, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

State: TX District: 17

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Hern For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address 9521-B Riverside Pkwy  
#350

FEC Identification Number

|   |           |
|---|-----------|
| C | C00636092 |
|---|-----------|

**Transaction ID : 11632644**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Tulsa | State<br>OK | Zip Code<br>74137 |
|---------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Hern, Kevin, , Rep.,

Office Sought:  House  
 Senate  
 President

State: OK District: 01

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Caraveo For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 953

FEC Identification Number

|   |           |
|---|-----------|
| C | C00787788 |
|---|-----------|

**Transaction ID : 11632645**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Eastlake | State<br>CO | Zip Code<br>80614 |
|------------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Caraveo, Yadira, , Rep., Dr.

Office Sought:  House  
 Senate  
 President

State: CO District: 08

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

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

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

|         |
|---------|
| 4500.00 |
|---------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Austin Scott For Congress Inc**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address 621 McLendon St

City Ashburn State GA Zip Code 31714

FEC Identification Number

|   |           |
|---|-----------|
| C | C00482737 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11632647**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

Scott, Austin, , Rep.,

Office Sought:  House  Senate  President  
State: GA District: 08

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson For Congress Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

FEC Identification Number

|   |           |
|---|-----------|
| C | C00607838 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11632648**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Ferguson, Drew, , Rep., IV

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson For Congress Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 26    |   | 2023      |

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

FEC Identification Number

|   |           |
|---|-----------|
| C | C00607838 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11632649**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Candidate Name

Ferguson, Drew, , Rep., IV

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

|         |
|---------|
| 4000.00 |
|---------|

|  |
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|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jason Smith For Congress**

Mailing Address PO Box 1324

City  
Cape Girardeau

State  
MO

Zip Code  
63702-1324

Purpose of Disbursement

011

Candidate Name

Smith, Jason, , Rep.,

Office Sought:  House  
 Senate  
 President

State: MO District: 08

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00541862

**Transaction ID : 11632650**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City  
Cape Girardeau

State  
MO

Zip Code  
63702-1324

Purpose of Disbursement

011

Candidate Name

Smith, Jason, , Rep.,

Office Sought:  House  
 Senate  
 President

State: MO District: 08

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00541862

**Transaction ID : 11632651**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Claudia Tenney For Congress**

Mailing Address PO Box 378

City  
Victor

State  
NY

Zip Code  
14564

Purpose of Disbursement

011

Candidate Name

Tenney, Claudia, , Rep.,

Office Sought:  House  
 Senate  
 President

State: NY District: 24

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C00632828

**Transaction ID : 11632652**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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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. Doggett For Congress

Mailing Address PO Box 5843

City Austin

State TX

Zip Code 78763

Purpose of Disbursement

011

Candidate Name

Doggett, Lloyd, , Rep., II

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 37

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date grid: 09 / 26 / 2023

FEC Identification Number

C C00286500

Transaction ID : 11632653

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston

State AL

Zip Code 36201

Purpose of Disbursement

011

Candidate Name

Rogers, Mike, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 03

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date grid: 10 / 09 / 2023

FEC Identification Number

C C00367862

Transaction ID : 11636979

Amount of Each Disbursement this Period

Amount grid: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Making a Responsible Stand for Households in America PAC

Mailing Address PO Box 3241

City Brentwood

State TN

Zip Code 37024

Purpose of Disbursement

011

Blackburn LPAC

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date grid: 10 / 09 / 2023

FEC Identification Number

C C00409276

Transaction ID : 11636980

Amount of Each Disbursement this Period

Amount grid: 1000.00

Blackburn LPAC

[ ] Memo Item

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

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

Amount grid: 4500.00

Amount grid: (empty)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Common Values PAC**

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Barrasso LPAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00442368

**Transaction ID : 11636981**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item Barrasso LPAC

Full Name (Last, First, Middle Initial)

**B. The Peter Norbeck Leadership PAC**

Mailing Address PO Boc 477

City Pierre State SD Zip Code 57501

Purpose of Disbursement

Rounds LPAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00571976

**Transaction ID : 11640000**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item Rounds LPAC

Full Name (Last, First, Middle Initial)

**C. Cole For Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement

Candidate Name

Cole, Tom, , Rep.,

Office Sought:  House  Senate  President

State: OK District: 04

Disbursement For: 2024  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00379735

**Transaction ID : 11640006**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Memo Item

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 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"/> 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. BRETPAC**

Mailing Address 504 Derek Ave

City  
Elizabethtown

State  
KY

Zip Code  
42701

Purpose of Disbursement

Guthrie LPAC

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00483487

**Transaction ID : 11640007**

Amount of Each Disbursement this Period

2500.00

Memo Item Guthrie LPAC

Full Name (Last, First, Middle Initial)

**B. Doggett For Congress**

Mailing Address PO Box 5843

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement

Candidate Name

Doggett, Lloyd, , Rep., II

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: TX

District: 37

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00286500

**Transaction ID : 11640012**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nathaniel Moran For Congress**

Mailing Address 314 S Broadway

City  
Tyler

State  
TX

Zip Code  
75702

Purpose of Disbursement

Candidate Name

Moran, Nathaniel, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: TX

District: 01

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00796086

**Transaction ID : 11640013**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hudson For Congress**

Mailing Address PO Box 1875

City  
Southern Pines

State  
NC

Zip Code  
28388

Purpose of Disbursement

011

Candidate Name

Hudson, Richard, , Rep., Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00504522

**Transaction ID : 11640014**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Texans For Ronny Jackson**

Mailing Address PO Box 53058

City  
Amarillo

State  
TX

Zip Code  
79159

Purpose of Disbursement

011

Candidate Name

Jackson, Ronny, , Rep., USN (Ret.)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00730531

**Transaction ID : 11640015**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoyer For Congress**

Mailing Address 1032 15th Street NW  
Suite 247

City  
Washington

State  
MD

Zip Code  
20005

Purpose of Disbursement

011

Candidate Name

Hoyer, Steny, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00140715

**Transaction ID : 11640016**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <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. Deb Fischer For US Senate**

Mailing Address 5555 South St, Suite 200

City  
Lincoln

State  
NE

Zip Code  
68506

Purpose of Disbursement

011

Candidate Name

Fischer, Deb, , Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NE

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2023

FEC Identification Number

C C00498907

Transaction ID : 11640017

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Denali PAC**

Mailing Address 1050 Thomas Jefferson Street, NW  
7th Floor

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement

Murkowski LPAC

011

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2023

FEC Identification Number

C C00438291

Transaction ID : 11640018

Amount of Each Disbursement this Period

2500.00

Murkowski LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

Candidate Name

Tester, Jon, , Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: MT

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2023

FEC Identification Number

C C00412304

Transaction ID : 11640019

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Susan Wild For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |   |   |

Mailing Address 1636 N Cedar Crest Blvd  
#183

City Allentown State PA Zip Code 18104

FEC Identification Number

**C** C00658567

**Transaction ID : 11640020**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Wild, Susan, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Full Name (Last, First, Middle Initial)

**B. Friends To Elect Dr. Greg Murphy To Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |   |   |

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

FEC Identification Number

**C** C00697649

**Transaction ID : 11640022**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Murphy, Gregory, F., Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Full Name (Last, First, Middle Initial)

**C. Reviving American Jobs Again PAC (RAJA PAC)**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |   |   |

Mailing Address PO Box 68412

City Schaumburg State IL Zip Code 60168

FEC Identification Number

**C** C00649772

**Transaction ID : 11640023**

Amount of Each Disbursement this Period

2500.00

Memo Item Krishnamoorthi LPAC

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Krishnamoorthi LPAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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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. Case For Congress

Mailing Address PO Box 2941

City Honolulu State HI Zip Code 96802

Purpose of Disbursement Void - Case For Congress

Candidate Name

Case, Ed, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

State: HI District: 01

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date selection grid showing 10/17/2023

FEC Identification Number

C00680918

Transaction ID : 11640169

Amount of Each Disbursement this Period

- 2500.00

[ ] Memo Item Void - Case For Congress

Full Name (Last, First, Middle Initial)

B. Case For Congress

Mailing Address PO Box 2941

City Honolulu State HI Zip Code 96802

Purpose of Disbursement

Candidate Name

Case, Ed, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

State: HI District: 01

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date selection grid showing 10/17/2023

FEC Identification Number

C00680918

Transaction ID : 11640170

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Void - Healthcare Freedom Fund

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date selection grid showing 10/17/2023

FEC Identification Number

C00528414

Transaction ID : 11640172

Amount of Each Disbursement this Period

- 5000.00

[ ] Memo Item Void - Healthcare Freedom Fund

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

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

- 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"/> 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. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement

Roe LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

C00528414

**Transaction ID : 11640173**

Amount of Each Disbursement this Period

5000.00

Memo Item Roe LPAC

Full Name (Last, First, Middle Initial)

**B. Pete Sessions For Congress**

Mailing Address PO Box 7754

City  
Waco

State  
TX

Zip Code  
76714-7754

Purpose of Disbursement

Void - Pete Sessions For Congress

Candidate Name

Sessions, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

State: TX District: 17

Disbursement For: 2024

Primary  General  
 Other (specify)

011  
Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

C00303305

**Transaction ID : 11640174**

Amount of Each Disbursement this Period

- 1000.00

Memo Item Void - Pete Sessions For Congress

Full Name (Last, First, Middle Initial)

**C. Pete Sessions For Congress**

Mailing Address PO Box 7754

City  
Waco

State  
TX

Zip Code  
76714-7754

Purpose of Disbursement

Candidate Name

Sessions, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

State: TX District: 17

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

C00303305

**Transaction ID : 11640175**

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)..... ▶

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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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. Texans For Jake Ellzey

Mailing Address 332 W Lee Hwy #303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement

Void - Texans For Jake Ellzey

Category/Type: 011

Candidate Name

Ellzey, John, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify)

State: TX District: 06

Date of Disbursement

Date: 10 / 17 / 2023

FEC Identification Number

C00662932

Transaction ID : 11640176

Amount of Each Disbursement this Period

- 1000.00

[ ] Memo Item Void - Texans For Jake Ellzey

Full Name (Last, First, Middle Initial)

B. Texans For Jake Ellzey

Mailing Address 332 W Lee Hwy #303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement

Candidate Name

Ellzey, John, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify)

State: TX District: 06

Date of Disbursement

Date: 10 / 17 / 2023

FEC Identification Number

C00662932

Transaction ID : 11640178

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Arkansas for Leadership PAC

Mailing Address 901 N Washington Street #700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Void - Arkansas for Leadership PAC

Category/Type: 011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

State: District:

Date of Disbursement

Date: 10 / 17 / 2023

FEC Identification Number

C00413948

Transaction ID : 11640179

Amount of Each Disbursement this Period

- 1000.00

[ ] Memo Item Void - Arkansas for Leadership PAC

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

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

- 1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Arkansas for Leadership PAC**

Mailing Address 901 N Washington Street  
#700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Boozeman LPAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00413948

**Transaction ID : 11640180**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item Boozeman LPAC

Full Name (Last, First, Middle Initial)

**B. Fallon For Congress**

Mailing Address PO Box 614

City Celina State TX Zip Code 75009

Purpose of Disbursement

Void - Fallon For Congress

Candidate Name

Fallon, Pat, , Rep.,

Office Sought:  House  Senate  President

State: TX District: 04

Disbursement For: 2024  Primary  General  Other (specify)

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00750307

**Transaction ID : 11640181**

Amount of Each Disbursement this Period

|           |
|-----------|
| - 1500.00 |
|-----------|

Memo Item Void - Fallon For Congress

Full Name (Last, First, Middle Initial)

**C. Fallon For Congress**

Mailing Address PO Box 614

City Celina State TX Zip Code 75009

Purpose of Disbursement

Candidate Name

Fallon, Pat, , Rep.,

Office Sought:  House  Senate  President

State: TX District: 04

Disbursement For: 2024  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00750307

**Transaction ID : 11640182**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

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

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

|         |
|---------|
| 1000.00 |
|---------|

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|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Blake Moore For Congress**

Mailing Address 358 South 700 E  
B505

City Salt Lake City State UT Zip Code 84102

Purpose of Disbursement

Void - Blake Moore For Congress

Category/  
Type

Candidate Name

Moore, Blake, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11640183**

Amount of Each Disbursement this Period

Memo Item Void - Blake Moore For Congress

Full Name (Last, First, Middle Initial)

**B. Blake Moore For Congress**

Mailing Address 358 South 700 E  
B505

City Salt Lake City State UT Zip Code 84102

Purpose of Disbursement

Candidate Name

Moore, Blake, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11640184**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Elizabeth Pannill Fletcher For Congress**

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

Purpose of Disbursement

Void - Elizabeth Pannill Fletcher For Congress

Category/  
Type

Candidate Name

Fletcher, Lizzie, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: TX District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11640185**

Amount of Each Disbursement this Period

Memo Item Void - Elizabeth Pannill Fletcher For Congress

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Elizabeth Pannill Fletcher For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 17    |   | 2023      |

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

FEC Identification Number

**C** C00640045

**Transaction ID : 11640186**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Fletcher, Lizzie, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: TX District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Bera For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 17    |   | 2023      |

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

FEC Identification Number

**C** C00461061

**Transaction ID : 11640187**

Amount of Each Disbursement this Period

- 1000.00

Void - Bera For Congress

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Bera, Ami, , Rep., M.D.

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Bera For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 17    |   | 2023      |

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

FEC Identification Number

**C** C00461061

**Transaction ID : 11640188**

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Bera, Ami, , Rep., M.D.

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

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

2500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Darrell Issa For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address 9070 Irvine Center Drive Suite 150

City Irvine State CA Zip Code 92618

FEC Identification Number

|   |           |
|---|-----------|
| C | C00721332 |
|---|-----------|

**Transaction ID : 11644089**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Purpose of Disbursement

|               |   |   |
|---------------|---|---|
| 0             | 1 | 1 |
| Category/Type |   |   |

Candidate Name

Issa, Darrell, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 48

Full Name (Last, First, Middle Initial)

**B. Joe Morelle For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 90914

City Rochester State NY Zip Code 14609

FEC Identification Number

|   |           |
|---|-----------|
| C | C00675108 |
|---|-----------|

**Transaction ID : 11659554**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Purpose of Disbursement

|               |   |   |
|---------------|---|---|
| 0             | 1 | 1 |
| Category/Type |   |   |

Candidate Name

Morelle, Joseph, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NY District: 25

Full Name (Last, First, Middle Initial)

**C. Caraveo For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 953

City Eastlake State CO Zip Code 80614

FEC Identification Number

|   |           |
|---|-----------|
| C | C00787788 |
|---|-----------|

**Transaction ID : 11659555**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Purpose of Disbursement

|               |   |   |
|---------------|---|---|
| 0             | 1 | 1 |
| Category/Type |   |   |

Candidate Name

Caraveo, Yadira, , Rep., Dr.

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CO District: 08

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 5 | 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"/> 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. Mike Thompson For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address 5445 Madison Avenue

City Sacramento State CA Zip Code 95841

FEC Identification Number

**C** C00326363

**Transaction ID : 11659556**

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 04

Full Name (Last, First, Middle Initial)

**B. Friends Of David Schweikert**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address 8175 East Evans Road # 13176

City Scottsdale State AZ Zip Code 85267

FEC Identification Number

**C** C00540617

**Transaction ID : 11659614**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: AZ District: 01

Full Name (Last, First, Middle Initial)

**C. Friends Of Don Beyer**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314-6233

FEC Identification Number

**C** C00555888

**Transaction ID : 11659616**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Beyer, Don, , Rep., Jr.

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: VA District: 08

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

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

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"/> 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. Tammy Baldwin For Senate**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address PO Box 696

FEC Identification Number

**C** C00326801

**Transaction ID : 11659617**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Madison State WI Zip Code 53701

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Baldwin, Tammy, , Sen.,

Office Sought:  House  Senate  President  
State: WI District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Boots PAC**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address 228 S Washington Street Suite 115

FEC Identification Number

**C** C00567545

**Transaction ID : 11659618**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Mullin LPAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)

**C. Hern For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |   |   |

Mailing Address 9521-B Riverside Pkwy #350

FEC Identification Number

**C** C00636092

**Transaction ID : 11659619**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Tulsa State OK Zip Code 74137

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Hern, Kevin, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Smucker For Congress

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |   |   |

Mailing Address 824 S Millledge Ave  
Ste 101

City Athens State PA Zip Code 30605

FEC Identification Number

**C** C00599464

**Transaction ID : 11659620**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Smucker, Lloyd, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 11

Full Name (Last, First, Middle Initial)

### B. Rudy For Indiana

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |   |   |

Mailing Address PO Box 26141

City Alexandria State IN Zip Code 22313

FEC Identification Number

**C** C00822767

**Transaction ID : 11659622**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Yakym, Rudy, , Rep., III

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Full Name (Last, First, Middle Initial)

### C. M-PAC

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |   |   |

Mailing Address 401 2nd Avenue South, Suite 303

City Seattle State WA Zip Code 98104

FEC Identification Number

**C** C00365270

**Transaction ID : 11659623**

Amount of Each Disbursement this Period

1000.00

Murray LPAC

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Murray LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr John Joyce For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 1002 Logan Blvd  
Ste 114 #237

City Altoona State PA Zip Code 16602

FEC Identification Number

|   |           |
|---|-----------|
| C | C00674259 |
|---|-----------|

**Transaction ID : 11659624**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

**B. Dr John Joyce For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 1002 Logan Blvd  
Ste 114 #237

City Altoona State PA Zip Code 16602

FEC Identification Number

|   |           |
|---|-----------|
| C | C00674259 |
|---|-----------|

**Transaction ID : 11659625**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson For Congress Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

FEC Identification Number

|   |           |
|---|-----------|
| C | C00607838 |
|---|-----------|

**Transaction ID : 11659626**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: GA District: 03

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

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

|         |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 9856 Archer Ln

City  
Dublin

State  
OH

Zip Code  
43017-8914

Purpose of Disbursement

011

Candidate Name

Joyce, Dave, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00527457

**Transaction ID : 11659627**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DUTCH PAC**

Mailing Address 499 S Capitol St, SW  
Suite 422

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Ruppersberger LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00448001

**Transaction ID : 11659628**

Amount of Each Disbursement this Period

2500.00

Ruppersberger LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Jodey Arrington**

Mailing Address PO Box 6687

City  
Lubbock

State  
TX

Zip Code  
79493-6687

Purpose of Disbursement

Candidate Name

Arrington, Jodey, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00588657

**Transaction ID : 11659629**

Amount of Each Disbursement this Period

1500.00

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"/> 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. Martin Heinrich For Senate**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 25763

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Albuquerque | State<br>NM | Zip Code<br>87125 |
|---------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00434563 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11659630**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

Heinrich, Martin, , Sen.,

Office Sought:  House  
 Senate  
 President

State: NM District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 1126 Avenue A  
Ste 6

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Scottsbluff | State<br>NE | Zip Code<br>69361-3563 |
|---------------------|-------------|------------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00412890 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11659631**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Smith, Adrian, , Rep.,

Office Sought:  House  
 Senate  
 President

State: NE District: 03

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. Don Bacon For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 391368

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68139 |
|---------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00575167 |
|---|-----------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 11659632**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Candidate Name

Bacon, Don, , Rep., Brig. Gen.

Office Sought:  House  
 Senate  
 President

State: NE District: 02

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

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

|         |
|---------|
| 5000.00 |
|---------|

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Fischbach For Congress**

Mailing Address PO Box 190

City  
Litchfield

State  
MN

Zip Code  
55355

Purpose of Disbursement

011

Candidate Name

Fischbach, Michelle, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00717959

**Transaction ID : 11659633**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Six PAC**

Mailing Address PO Box 183

City  
Hudson

State  
WI

Zip Code  
54016

Purpose of Disbursement

011

Mariannette Miller-Meeks LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00770255

**Transaction ID : 11659634**

Amount of Each Disbursement this Period

2500.00

Mariannette Miller-Meeks LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nevadans For Steven Horsford**

Mailing Address PO Box 336664

City  
North Las Vegas

State  
NV

Zip Code  
89033

Purpose of Disbursement

011

Candidate Name

Horsford, Steven, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00668228

**Transaction ID : 11659635**

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"/> 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. Ted Lieu For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 777 S Figueroa St  
Suite 4050

City Los Angeles State CA Zip Code 90017

FEC Identification Number

**C** C00556506

**Transaction ID : 11659636**

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Lieu, Ted, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Full Name (Last, First, Middle Initial)

**B. Kat For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 5200 NW 43rd St Ste 102-180

City Gainesville State FL Zip Code 32606

FEC Identification Number

**C** C00730895

**Transaction ID : 11659637**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Cammack, Kat, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

Full Name (Last, First, Middle Initial)

**C. Curtis For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 296

City Provo State UT Zip Code 84603

FEC Identification Number

**C** C00647339

**Transaction ID : 11659639**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Curtis, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: UT District: 03

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Armstrong For Congress**

Mailing Address 1515 Burnt Boat Drive  
Box 112

City Bismarck State ND Zip Code 58503

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Armstrong, Kelly, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

FEC Identification Number

C C00670547

**Transaction ID : 11659640**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of McCormick**

Mailing Address PO Box 3043

City Cumming State GA Zip Code 30040

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

McCormick, Rich, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

FEC Identification Number

C C00706747

**Transaction ID : 11659642**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hageman For Wyoming**

Mailing Address PO Box 4157

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Hageman, Harriet, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

FEC Identification Number

C C00788943

**Transaction ID : 11659643**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

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

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

|         |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Moolenaar For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

FEC Identification Number

**C** C00561530

**Transaction ID : 11659644**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Moolenaar, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Full Name (Last, First, Middle Initial)

**B. First in Freedom PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 824 S Milledge Ave  
Suite 101

City Athens State GA Zip Code 30605

FEC Identification Number

**C** C00540146

**Transaction ID : 11659647**

Amount of Each Disbursement this Period

1000.00

Hudson LPAC

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Hudson LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

FEC Identification Number

**C** C00513077

**Transaction ID : 11659648**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jake Auchincloss For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 600698

FEC Identification Number

|   |           |
|---|-----------|
| C | C00721449 |
|---|-----------|

**Transaction ID : 11659649**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Newtonville State MA Zip Code 02460

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
Auchincloss, Jake, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: MA District: 04

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Marie For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address PO Box 1164

FEC Identification Number

|   |           |
|---|-----------|
| C | C00806174 |
|---|-----------|

**Transaction ID : 11659651**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Washougal State WA Zip Code 98671

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
Gluesenkamp Perez, Marie, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Perimeter PAC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 07    |   | 2023      |

Mailing Address 124 Washington Street  
Suite 101

FEC Identification Number

|   |           |
|---|-----------|
| C | C00544254 |
|---|-----------|

**Transaction ID : 11659652**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item  
Duckworth LPAC

City Foxboro State MA Zip Code 02035

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
Duckworth LPAC

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)..... ▶

|         |
|---------|
| 4500.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Neal Dunn**

Mailing Address PO Box 10037

City  
Tallahassee

State  
FL

Zip Code  
32302

Purpose of Disbursement

011

Candidate Name

Dunn, Neal, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00582304

**Transaction ID : 11659653**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Maple PAC**

Mailing Address PO Box 1012

City  
Richmond

State  
VT

Zip Code  
05477

Purpose of Disbursement

Welch LPAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00542621

**Transaction ID : 11659654**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Welch LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Jodey Arrington**

Mailing Address PO Box 6687

City  
Lubbock

State  
TX

Zip Code  
79493-6687

Purpose of Disbursement

Candidate Name

Arrington, Jodey, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00588657

**Transaction ID : 11659655**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Memo Item

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

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

|         |
|---------|
| 2500.00 |
|---------|

|  |
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|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gabe Vasquez For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address Drawer L

FEC Identification Number

|   |           |
|---|-----------|
| C | C00789404 |
|---|-----------|

**Transaction ID : 11659656**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

City Mesilla State NM Zip Code 88046

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Vasquez, Gabe, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NM District: 02

Full Name (Last, First, Middle Initial)

**B. TURQUOISE PAC**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address 611 Pennsylvania Avenue, SE #143

FEC Identification Number

|   |           |
|---|-----------|
| C | C00517235 |
|---|-----------|

**Transaction ID : 11659657**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Lujan LPAC

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Lujan LPAC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Diana Degette For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

Mailing Address PO Box 61337

FEC Identification Number

|   |           |
|---|-----------|
| C | C00311639 |
|---|-----------|

**Transaction ID : 11659658**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

City Denver State CO Zip Code 80206

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

DeGette, Diana, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CO District: 01

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

|         |
|---------|
| 6000.00 |
|---------|

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Cramer For Senate

Mailing Address PO Box 396

City  
Bismarck

State  
ND

Zip Code  
58502-0396

Purpose of Disbursement

011

Candidate Name

Cramer, Kevin, , Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: ND

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C00504704

Transaction ID : 11659659

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Scanlon For Congress

Mailing Address PO Box 263

City  
Swarthmore

State  
PA

Zip Code  
19081

Purpose of Disbursement

011

Candidate Name

Scanlon, Mary, Gay, Rep.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: PA

District: 05

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C00669358

Transaction ID : 11659660

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Friends Of Raja For Congress

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement

011

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: IL

District: 08

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C00575092

Transaction ID : 11659661

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"/> 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. Virginia Foxx For Congress**

Mailing Address PO Box 2676

City  
Boone

State  
NC

Zip Code  
28607

Purpose of Disbursement

011

Candidate Name

Foxx, Virginia, , Rep., Ed.D.

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: NC

District: 05

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00386748

Transaction ID : 11659662

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Flood For Congress**

Mailing Address PO Box 81041

City  
Lincoln

State  
NE

Zip Code  
68501

Purpose of Disbursement

011

Candidate Name

Flood, Mike, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: NE

District: 01

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00801241

Transaction ID : 11659663

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Johnson For Louisiana**

Mailing Address 228 S Washington Street  
Suite 115

City  
Alexandria

State  
LA

Zip Code  
22314

Purpose of Disbursement

011

Candidate Name

Johnson, Mike, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: LA

District: 04

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00608695

Transaction ID : 11659664

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"/> 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. Summer Lee For Congress**

Mailing Address PO Box 15320

City  
Washington

State  
PA

Zip Code  
20003

Purpose of Disbursement

011

Candidate Name

Lee, Summer, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00791780

Transaction ID : 11659665

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIBE PAC**

Mailing Address 122 C St NW  
Suite 360

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement

Cardenas LPAC

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00570101

Transaction ID : 11659666

Amount of Each Disbursement this Period

1000.00

Cardenas LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Julie Johnson for Congress**

Mailing Address PO Box 802765

City  
Dallas

State  
TX

Zip Code  
75380

Purpose of Disbursement

011

Candidate Name

Julie Johnson for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 07 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00843003

Transaction ID : 11659668

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Chuck Fleischmann For Congress Committee, Inc.**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 11091

City  
Chattanooga

State  
TN

Zip Code  
37401

FEC Identification Number

**C** C00461822

**Transaction ID : 11662855**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Fleischmann, Chuck, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: TN

District: 03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Schneider For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

FEC Identification Number

**C** C00495952

**Transaction ID : 11662856**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: IL

District: 10

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Neguse For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 7142

City  
Boulder

State  
CO

Zip Code  
80306

FEC Identification Number

**C** C00648253

**Transaction ID : 11662857**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Neguse, Joe, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: CO

District: 02

Memo Item

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City  
San Bernardino

State  
CA

Zip Code  
92423

Purpose of Disbursement

011

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CA District: 33

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C00510461

**Transaction ID : 11662858**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Salud Carbajal For Congress**

Mailing Address PO Box 1290

City  
Santa Barbara

State  
CA

Zip Code  
93102

Purpose of Disbursement

011

Candidate Name

Carbajal, Salud, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CA District: 24

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C00576041

**Transaction ID : 11662859**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brittany Pettersen For Colorado**

Mailing Address PO Box 150887

City  
Lakewood

State  
CO

Zip Code  
80215

Purpose of Disbursement

011

Candidate Name

Pettersen, Brittany, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CO District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C00637215

**Transaction ID : 11662860**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

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

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

|         |
|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Category/Type

Candidate Name

Sewell, Terri, , Rep.,

Office Sought:  House  Senate  President  
State: AL District: 07

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11662861**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Diana Degette For Congress**

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

Category/Type

Candidate Name

DeGette, Diana, , Rep.,

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

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11662862**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Category/Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought:  House  Senate  President  
State: FL District: 14

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11662863**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Finstad For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2023        |

Mailing Address PO Box 923

FEC Identification Number

|   |           |
|---|-----------|
| C | C00807743 |
|---|-----------|

**Transaction ID : 11662864**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>New Ulm | State<br>MN | Zip Code<br>56073 |
|-----------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Finstad, Brad, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Full Name (Last, First, Middle Initial)

**B. Magaziner For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2023        |

Mailing Address One Park Row, 5th Floor

FEC Identification Number

|   |           |
|---|-----------|
| C | C00802504 |
|---|-----------|

**Transaction ID : 11662865**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Providence | State<br>RI | Zip Code<br>02903 |
|--------------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Magaziner, Seth, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Full Name (Last, First, Middle Initial)

**C. Rudy For Indiana**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2023        |

Mailing Address PO Box 26141

FEC Identification Number

|   |           |
|---|-----------|
| C | C00822767 |
|---|-----------|

**Transaction ID : 11662867**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Memo Item

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Alexandria | State<br>IN | Zip Code<br>22313 |
|--------------------|-------------|-------------------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Yakym, Rudy, , Rep., III

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

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

|         |
|---------|
| 4500.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address 400 N Michael Street

City  
St Marys

State  
PA

Zip Code  
15857

Purpose of Disbursement

011

Candidate Name

Thompson, Glenn, , Rep., Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: PA District: 15

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00444620

**Transaction ID : 11662868**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Curtis For Congress**

Mailing Address PO Box 296

City  
Provo

State  
UT

Zip Code  
84603

Purpose of Disbursement

011

Candidate Name

Curtis, John, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: UT District: 03

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00647339

**Transaction ID : 11662870**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Julie Johnson for Congress**

Mailing Address PO Box 802765

City  
Dallas

State  
TX

Zip Code  
75380

Purpose of Disbursement

011

Candidate Name

Julie Johnson for Congress

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: TX District: 32

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00843003

**Transaction ID : 11662883**

Amount of Each Disbursement this Period

- 5000.00

Void - Julie Johnson for Congress

Memo Item

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

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

- 1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Be Victorious Over Democrats PAC**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063

FEC Identification Number

|   |           |
|---|-----------|
| C | C00762930 |
|---|-----------|

**Transaction ID : 11662885**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

Van Duyne LPAC

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Van Duyne LPAC

State: District:

Full Name (Last, First, Middle Initial)

**B. Suozzi For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

FEC Identification Number

|   |           |
|---|-----------|
| C | C00607200 |
|---|-----------|

**Transaction ID : 11662886**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

Candidate Name

Suozzi, Thomas, , Rep.,

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) Special-General2024

Memo Item

State: NY District: 03

Full Name (Last, First, Middle Initial)

**C. Julie Johnson for Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

Mailing Address PO Box 802765

City Dallas State TX Zip Code 75380

FEC Identification Number

|   |           |
|---|-----------|
| C | C00843003 |
|---|-----------|

**Transaction ID : 11662887**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

Candidate Name

Julie Johnson for Congress

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

Memo Item

State: TX District: 32

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

|          |
|----------|
| 12500.00 |
|----------|

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

|  |
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|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement

Void - Schneider For Congress

011  
Category/  
Type

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00495952

**Transaction ID : 11662913**

Amount of Each Disbursement this Period

|   |         |
|---|---------|
| - | 2500.00 |
|---|---------|

Memo Item Void - Schneider For Congress

Full Name (Last, First, Middle Initial)

**B. Schneider For Congress**

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: IL District: 10

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00495952

**Transaction ID : 11662914**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

**C. Across the Aisle PAC**

Mailing Address 910 17th St NW  
Ste 925

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement

Leadership PAC

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 19 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00696591

**Transaction ID : 11664583**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Memo Item Leadership PAC

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

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

|         |
|---------|
| 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"/> 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. Elizabeth Pannill Fletcher For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    | / | 19    | / | 2023      |

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

Purpose of Disbursement  
Void - Elizabeth Pannill Fletcher For Congress

FEC Identification Number

**C** C00640045

**Transaction ID : 11664584**

Amount of Each Disbursement this Period

- 2500.00

Candidate Name  
Fletcher, Lizzie, , Rep.,  
Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
State: TX District: 07

Memo Item Void - Elizabeth Pannill Fletcher For Congress

Full Name (Last, First, Middle Initial)

**B. Elizabeth Pannill Fletcher For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    | / | 19    | / | 2023      |

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

Purpose of Disbursement

FEC Identification Number

**C** C00640045

**Transaction ID : 11664585**

Amount of Each Disbursement this Period

2500.00

Candidate Name  
Fletcher, Lizzie, , Rep.,  
Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
State: TX District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mooney For Senate, Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    | / | 22    | / | 2023      |

Mailing Address PO Box 1003

City Charles Town State WV Zip Code 25414

Purpose of Disbursement

FEC Identification Number

**C** C00828475

**Transaction ID : 11665643**

Amount of Each Disbursement this Period

1500.00

Candidate Name  
Mooney, Alex, , Rep.,  
Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
State: WV District:

Memo Item

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

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

1500.00

344000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Horan, Michael, Patrick, , MD,MS,FAAO**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 29    |   | 2023        |

Mailing Address 913 Woodland Dr

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29205-2069 |
|------------------|-------------|------------------------|

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : 11627450**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement

Refund of contribution

|                   |
|-------------------|
| 010               |
| Category/<br>Type |

Memo Item Refund of contribution

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  |  |

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Memo Item

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  |  |

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Memo Item

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:  |  |

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

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 1000.00 |
|---------|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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. Healthcare Freedom Fund SuperPAC

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 12    |   | 2023        |

Mailing Address 8136 Old Keene Mill Rd  
Suite A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2023 Contribution

|                   |
|-------------------|
| 012               |
| Category/<br>Type |

FEC Identification Number

|   |
|---|
| C |
|---|

Transaction ID : 11629586

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item 2023 Contribution

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

|          |
|----------|
| 15000.00 |
|----------|

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

|          |
|----------|
| 15000.00 |
|----------|