

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00343137

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

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

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

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

5. Covering Period 01/01/2024 through 03/31/2024

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 04/11/2024

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

Table with 7 columns and 1 row for 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: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		485518.56
(b) Cash on Hand at Beginning of Reporting Period.....	485518.56	
(c) Total Receipts (from Line 19) .....	327608.89	327608.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	813127.45	813127.45
7. Total Disbursements (from Line 31).....	219851.31	219851.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	593276.14	593276.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	279672.34	279672.34
(ii) Unitemized .....	47936.55	47936.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	327608.89	327608.89
(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) .....	327608.89	327608.89
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.....	0.00	0.00
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)).....▶	327608.89	327608.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	327608.89	327608.89

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9601.31	9601.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9601.31	9601.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	209000.00	209000.00
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 .....	1250.00	1250.00
(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)).....	1250.00	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	219851.31	219851.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	219851.31	219851.31

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	327608.89	327608.89
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	326358.89	326358.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9601.31	9601.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9601.31	9601.31

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 02 / 2024  
**Transaction ID : 11668879**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Vazquez, Oscar, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Monroe St Apt 4  
 City Hoboken State NJ Zip Code 07030-6956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hackensack Meridian 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  
 01 / 02 / 2024  
**Transaction ID : 11669988**  
 Amount of Each Receipt this Period  
 1000.00  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2024  
**Transaction ID : 11670061**  
 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 7 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Swards, Joseph, Milo, , MD,FAOS**  
 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 ▼ 250.00

Date of Receipt 01 / 03 / 2024  
**Transaction ID : 11670063**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 01 / 03 / 2024  
**Transaction ID : 11670064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Guy, Daniel, K., , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 Country Club Rd  
 City Lagrange State GA Zip Code 30240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory Southern Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 03 / 2024  
**Transaction ID : 11670633**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Yates, Adolph, J, , Jr, MD,FAA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2024 <b>Transaction ID : 11671101</b>
Mailing Address 52 Mallard Drive		Amount of Each Receipt this Period 1000.00
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Univ of Pittsburgh Med Ctr	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Manista, Andrew, Philip, , MD, FAAOS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2024 <b>Transaction ID : 11671498</b>
Mailing Address 1909 Golden Maples Court NW		Amount of Each Receipt this Period 1000.00
City Olympia	State WA	Zip Code 98502
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capital Medical Center	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Keller, Julie, M, , MD,FAAOS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2024 <b>Transaction ID : 11671521</b>
Mailing Address 113 W Essex Street Suite 201		Amount of Each Receipt this Period 250.00
City Maywood	State NJ	Zip Code 07607-1023
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Restoration Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

<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 9 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Goodyear, Adam, M, , MD, FAAOS</b>		Date of Receipt
Mailing Address 9749 Belmont Dr		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2024"/>
City Lenexa	State KS	Zip Code 66227
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11671524</b>
Name of Employer (for Individual) OrthoKansas LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Orthopaedic Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jain, Sonu, A, , MD</b>		Date of Receipt
Mailing Address 231 Albert Sabin Way Mail Location 0513		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2024"/>
City Cincinnati	State OH	Zip Code 45267
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11671528</b>
Name of Employer (for Individual) Ohio State University Hand & Upper Ext		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Orthopaedic Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ellis, Thomas, J, , MD,FAAOS</b>		Date of Receipt
Mailing Address 5190 Harlem Road		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2024"/>
City New Albany	State OH	Zip Code 43054-9771
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11671533</b>
Name of Employer (for Individual) Orthopedic ONE		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Orthopaedic Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<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 10 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hall, Adam, Dean, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 Silver Linden Ct  
 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 ▼ 1100.00

Date of Receipt 01 / 07 / 2024  
**Transaction ID : 11671535**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

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

Date of Receipt 01 / 09 / 2024  
**Transaction ID : 11671684**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Stokel, Edward, A, , MD,FAAOS**  
 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 01 / 09 / 2024  
**Transaction ID : 11671887**  
 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: PAGE 11 OF 199  
(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. Grimes, Jerry, Speight, , Jr, MD,MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3304 20th  
 City Lubbock State TX Zip Code 79410-1412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TTUHSC-Department of Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 10 / 2024  
**Transaction ID : 11672411**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Grimes, Jerry, Speight, , Jr, MD,MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3304 20th  
 City Lubbock State TX Zip Code 79410-1412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TTUHSC-Department of Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 10 / 2024  
**Transaction ID : 11672412**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. 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 01 / 11 / 2024  
**Transaction ID : 11672418**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 250.00

Date of Receipt 01 / 12 / 2024  
**Transaction ID : 11672582**  
 Amount of Each Receipt this Period 250.00  
 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  
 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 ▼ 250.00

Date of Receipt 01 / 13 / 2024  
**Transaction ID : 11672854**  
 Amount of Each Receipt this Period 250.00  
 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  
 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 ▼ 250.00

Date of Receipt 01 / 15 / 2024  
**Transaction ID : 11672858**  
 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 13 OF 199
	<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  
**A. Smith, Jeffrey, Mark, , MD,CPC,FAA**

Mailing Address 5865 Friars Rd  
Unit 3310

City San Diego State CA Zip Code 92110

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 ▼  
250.00

Date of Receipt  
01 / 16 / 2024  
**Transaction ID : 11673545**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 12500 NE 10th

City Choctaw State OK Zip Code 73020-8151

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

Name of Employer (for Individual) Jordan Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 11 / 2024  
**Transaction ID : 11673741**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Goldberg, Steven, Scott, , MD,FAOS**

Mailing Address 5867 Whisperwood Ct

City Naples State FL Zip Code 34110

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 ▼  
250.00

Date of Receipt  
01 / 17 / 2024  
**Transaction ID : 11673987**

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: PAGE 14 OF 199  
(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. Carnduff, Mary, Foley, , MD,MBA,FAA**

Mailing Address 1909 Rhode Island Ave

City McLean      State VA      Zip Code 22101

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 ▼  
250.00

Date of Receipt  
01 / 18 / 2024  
**Transaction ID : 11674982**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bruch, Richard, Franklin, , MD,FAAOS**

Mailing Address 207 Pineview Road

City Durham      State NC      Zip Code 27707-2845

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  
01 / 18 / 2024  
**Transaction ID : 11676057**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Larson, Amanda, Celest Roof, , MD,FAAOS**

Mailing Address 7617 58th Avenue NW

City Gig Harbor      State WA      Zip Code 98335-7482

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 19 / 2024  
**Transaction ID : 11676185**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Lowry, Jason, Kirk, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Orthopedic Way  
 City Arlington State TX Zip Code 76015-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (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 01 / 20 / 2024  
**Transaction ID : 11676499**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mejia, Hector, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1281 Myrtle View Dr  
 City Tallahassee State FL Zip Code 32312  
 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 ▼ 500.00

Date of Receipt 01 / 21 / 2024  
**Transaction ID : 11676511**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Bowen, William, Scott, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 St Vincent Cir Ste 100  
 City Little Rock State AR Zip Code 72205-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bowen Hefley Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2024  
**Transaction ID : 11677146**  
 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 16 OF 199
	<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. Marshall, Silas, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14524 SE 93rd St  
 City Newcastle State WA Zip Code 98059-3482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Proliance Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2024  
**Transaction ID : 11677489**  
 Amount of Each Receipt this Period 500.00  
 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  
 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 ▼ 250.00

Date of Receipt 01 / 23 / 2024  
**Transaction ID : 11677490**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Biggs, William, Davis, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6565 Rookery Rd  
 City Fort Collins State CO Zip Code 80528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of the Rockies Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2024  
**Transaction ID : 11677491**  
 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 17 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2024  
**Transaction ID : 11677495**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Coward, David, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 Palisades Sierra Oaks Lane  
 City Sacramento State CA Zip Code 95825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sacramento Knee & Sports Medicine 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  
 01 / 18 / 2024  
**Transaction ID : 11677499**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Daouk, Ayman, Ahmad, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 Poinsettia Ave  
 City Orlando State FL Zip Code 32804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians Associates 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  
 01 / 23 / 2024  
**Transaction ID : 11677505**  
 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 18 OF 199
	<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. Caucci, David, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Stoney Creek Road  
 City South Abington Township    State PA    Zip Code 18411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wayne Memorial Healthcare System    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2024  
**Transaction ID : 11677523**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Zoltan, Donald, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1081 East Circle Dr  
 City Milwaukee    State WI    Zip Code 53217  
 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 01 / 23 / 2024  
**Transaction ID : 11677562**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gower, Joseph, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2344 Ramshorn Drive  
 PO Box 342  
 City Allenwood    State NJ    Zip Code 08720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Jackson Foundation    Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : 11734847**  
 Amount of Each Receipt this Period 250.00  
 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 19 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Baird, Evan, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 East 81st Street, Apt 11E  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt Sinai School of Med Affl Hospitals 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  
 01 / 24 / 2024  
**Transaction ID : 11734849**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : 11734915**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Aldrich, Daniel, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 LaFayette Landing  
 City Heath State TX Zip Code 75032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Pointe 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  
 01 / 24 / 2024  
**Transaction ID : 11734919**  
 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 20 OF 199
<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. Greenky, Max, , , MD**

Mailing Address 8424 Hobnail Rd

City Manlius	State NY	Zip Code 13104
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	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
01	/	24	/	2024

**Transaction ID : 11734921**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 800 Fair Park Blvd

City Little Rock	State AR	Zip Code 72204
---------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2024

**Transaction ID : 11734923**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Rosenfeld, Samuel, R, , MD,FAAOS**

Mailing Address 1212 Bennington Dr

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	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
01	/	25	/	2024

**Transaction ID : 11734955**

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 21 OF 199
<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. Hoffman, Gregor, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Fairway Dr  
 City New Orleans State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Ortho Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : 11734967**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kazaglis, Jeffrey, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Stone Ridge Drive  
 City South Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortho Illinois Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : 11735485**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Locker, Joseph, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 SE 17th Avenue  
 City Ocala State FL Zip Code 34471  
 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 01 / 26 / 2024  
**Transaction ID : 11792724**  
 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 22 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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) Occupation (for Individual)  
 Eisenhower Desert Orthopaedic Center Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2024  
**Transaction ID : 11792726**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Blessinger, Brian, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 St Charles St  
 City Jasper State IN Zip Code 47546-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Norris and Love Ortho & Sports Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2024  
**Transaction ID : 11792727**  
 Amount of Each Receipt this Period  
 1000.00  
 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) Occupation (for Individual)  
 Maimonides Med Ctr Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2024  
**Transaction ID : 11792730**  
 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 23 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gregory, 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  
 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 01 / 26 / 2024  
**Transaction ID : 11792759**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Viehe, Thomas, Blake, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34917 Fairview Rd  
 City Oconomowoc State WI Zip Code 53066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11792990**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Alexander, A. Herbert, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1657  
 City Sun Valley State ID Zip Code 83353-1657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alexander Orthopaedics PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11793005**  
 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 24 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Austin, Matthew, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 Harriton Rd  
 City Bryn Mawr State PA Zip Code 19010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2024  
**Transaction ID : 11793006**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Chan, Peter, Sing-Hung, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Colgate Drive  
 City Morristown State NJ Zip Code 07960-3175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hand Surgery Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2024  
**Transaction ID : 11793009**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 500.00

Date of Receipt 01 / 27 / 2024  
**Transaction ID : 11793011**  
 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 25 OF 199
<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. 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  
 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 01 / 28 / 2024  
**Transaction ID : 11793019**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Abdel, Matthew, Philip, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 Hamlet Road Southwest  
 City Rochester State MN Zip Code 55902  
 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 01 / 28 / 2024  
**Transaction ID : 11793024**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Gorab, Robert, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1985 Port Claridge Pl  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Specialty Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2024  
**Transaction ID : 11793028**  
 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 26 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Everding, Nathan, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5596 Muscovy Ln  
 City Manlius State NY Zip Code 13104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Syracuse Orthopedic Specialists 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  
 01 / 28 / 2024  
**Transaction ID : 11793030**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Thordarson, David, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 832 Hanley Ave  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cedars Sinai Hospital 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  
 01 / 28 / 2024  
**Transaction ID : 11793032**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Koenig, Karl, Marc, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5718 Standing Rock Dr  
 City Austin State TX Zip Code 78730-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Austin/Dept of Sur 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  
 01 / 29 / 2024  
**Transaction ID : 11793581**  
 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 27 OF 199
<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. Aronow, Michael, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Braintree Dr  
 City West Hartford State CT Zip Code 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Association of Hartford Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : 11793588**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Gallentine, James, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 High Street  
 City Lincoln State NE Zip Code 68502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nebraska Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : 11793590**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Ferkel, Richard, D, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6815 Noble Ave  
 City Van Nuys State CA Zip Code 91405-6515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern California Ortho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : 11798255**  
 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 28 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Anz, Alan, Garvin, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Westmount Ave  
 City Columbia State MO Zip Code 65203-3473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : 11798272**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Wolf, Brian, R, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4346 Maier Ave SW  
 City Iowa City State IA Zip Code 52240-8410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Hospitals Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : 11799224**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 250.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : 11799518**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : 11799520**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Nanson, Christopher, J., MD, MPH, FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21331 SW Nicholas View Dr  
 City Sherwood State OR Zip Code 97140  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : 11799522**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Provencher, Matthew, T., MD, MBA, FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 West Meadow Drive Suite 400  
 City Vail State CO Zip Code 81657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Steadman Clinic 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  
 02 / 02 / 2024  
**Transaction ID : 11799523**  
 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 30 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Racca, Jeffrey, Wayne, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10600 Santa Monica SE  
 City Albuquerque State NM Zip Code 87122  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : 11799692**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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) Occupation (for Individual)  
 Brandywine Institute of 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  
 02 / 02 / 2024  
**Transaction ID : 11799701**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. McDevitt, Edward, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Beards Dock Crossing  
 City Annapolis State MD Zip Code 21403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Bay Area Orthopaedics Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : 11799715**  
 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

FOR LINE NUMBER: PAGE 31 OF 199
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. 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 1000.00

Date of Receipt 02 / 02 / 2024
Transaction ID : 11799733
Amount of Each Receipt this Period 1000.00
Memo Item

B. Powell, Elisha, T., MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2650 Marston Drive
City Anchorage State AK Zip Code 99517
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 02 / 02 / 2024
Transaction ID : 11799735
Amount of Each Receipt this Period 1000.00
Memo Item

C. Cox, Christopher, V., MD,FAAOS
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 02 / 03 / 2024
Transaction ID : 11799801
Amount of Each Receipt this Period 1000.00
Memo Item

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Song, Suzette, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2864 Deer Chase Lane  
 City York State PA Zip Code 17403-9584  
 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 **02 / 03 / 2024**  
**Transaction ID : 11799805**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Robon, Matthew, Joseph, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3464 NE Harrison St  
 City Issaquah State WA Zip Code 98029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Proliance Orthopedics & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 03 / 2024**  
**Transaction ID : 11799807**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Benz, Robert, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2107 Linden Lake Road  
 City Fort Collins State CO Zip Code 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Spine Center of the Rock Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 04 / 2024**  
**Transaction ID : 11799813**  
 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 33 OF 199		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024

**Transaction ID : 11799816**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. 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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024

**Transaction ID : 11799818**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kelley, Todd, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2959 Alpine Terrace

City Cincinnati State OH Zip Code 45208

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  
 02 / 05 / 2024

**Transaction ID : 11800101**

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 34 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Delanois, Ronald, Emilio, , MD,FAOS</b>		Date of Receipt <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>01</td> <td></td> <td>04</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		04		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
01		04		2024								
Mailing Address 6 Brookfield Garth		<b>Transaction ID : 11800351</b>										
City Lutherville	State MD	Zip Code 21093										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) Lifebridge	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Moore, Slade, C, , MD, FAAOS</b>		Date of Receipt <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>01</td> <td></td> <td>23</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		23		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
01		23		2024								
Mailing Address 1209 Carriage House Dr		<b>Transaction ID : 11800371</b>										
City Colfax	State NC	Zip Code 27235-9420										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) Novant Health	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Martin, Thomas, L, , MD, FAAOS</b>		Date of Receipt <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>01</td> <td></td> <td>23</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		23		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
01		23		2024								
Mailing Address 279 Old Schoolhouse Road		<b>Transaction ID : 11800372</b>										
City Lewisburg	State PA	Zip Code 17837										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) Evangelical Community Hospital	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00											

<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 35 OF 199
	<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. Freedman, Brett, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1257 Fox Grove Place SW  
 City Rochester State MN Zip Code 55902  
 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 ▼ 1500.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : 11800375**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Schueckler, Otto, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1580 Nasella Ln  
 City San Luis Obispo State CA Zip Code 93405-4764  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Cental Coast Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11800380**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Samora, Julie, B, , MD,PhD,MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 Slate Run Woods Court  
 City Upper Arlington State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11800381**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Glassner, Philip, Justin, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Kingwood Stockton Rd  
 City Stockton State NJ Zip Code 08559  
 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 ▼ 1000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11800383**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bartelt, Robert, Boyd, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1718 Rocky Ridge Rd  
 City Cedar Falls State IA Zip Code 50613-8338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cedar Valley Medical Specialists, PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11800384**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Langford, Scott, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 W 87th Terrace  
 City Prairie Village State KS Zip Code 66207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockhill Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : 11800385**  
 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 37 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2024  
**Transaction ID : 11800388**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Rogozinski, Chaim, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3716 University Blvd S Ste 3  
 City Jacksonville State FL Zip Code 32216-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogozinski Orthopedic Clinic 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  
 01 / 29 / 2024  
**Transaction ID : 11800390**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Rogozinski, Abraham, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3716 University Blvd S Ste 3  
 City Jacksonville State FL Zip Code 32216-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogozinski Orthopedic Clinic 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  
 01 / 29 / 2024  
**Transaction ID : 11800391**  
 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 38 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Parks, Michael, Lloyd, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2024 <b>Transaction ID : 11800393</b>
Mailing Address 535 E 70th St		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kuzel, Bradley, Randall, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2024 <b>Transaction ID : 11800401</b>
Mailing Address 4040 Minnesota Avenue		Amount of Each Receipt this Period 1000.00
City Duluth	State MN	Zip Code 55802
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Essentia Health	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Katz, Neil, Thomas, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2024 <b>Transaction ID : 11800402</b>
Mailing Address POB 62076		Amount of Each Receipt this Period 250.00
City Irvine	State CA	Zip Code 92602
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Katz Orthopaedic Surgery & Sports Medi	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

<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 39 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Buzzell, Jonathan, E, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2725 S 144th St Ste 212  
 City Omaha State NE Zip Code 68144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : 11800405**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Millett, Peter, J, , MD,MSc,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 W Meadow Dr Suite 400  
 City Vail State CO Zip Code 81657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Steadman Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : 11800408**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hart, Gavin, Pollock, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1874 Ascott Rd  
 City N Palm Beach State FL Zip Code 33408-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Center for Bone & Joint Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : 11800409**  
 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 40 OF 199
<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, Karl, C., MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1118 Pinecrest SE  
 City Grand Rapids State MI Zip Code 49506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Michigan Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : 11800410**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11800714**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11800716**  
 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 41 OF 199
	<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. Guthrie, Todd, B, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2029 Weston Lane

City Mount Shasta	State CA	Zip Code 96067
----------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2024

**Transaction ID : 11800738**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mariorenzi, Louis, J, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Bay View Dr

City Jamestown	State RI	Zip Code 02835
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopedic Associates	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
01		02		2024

**Transaction ID : 11800739**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. 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  

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2024

**Transaction ID : 11801040**

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 42 OF 199
<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. 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 ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801059**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 02 / 07 / 2024  
**Transaction ID : 11801076**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Rosen, Craig, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 Champlain Dr  
 City Voorhees Township State NJ Zip Code 08043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cooper Bone & Joint at Inspira Woodbur Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2024  
**Transaction ID : 11801167**  
 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 43 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Harrison, Donnis, K, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 Beach Blvd  
 City Pascagoula State MS Zip Code 39567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bienville Orthopaedic Specialists, LLC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 07 / 2024  
**Transaction ID : 11801171**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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 02 / 06 / 2024  
**Transaction ID : 11801337**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Stewart, Nathaniel, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2480 Fieldstone  
 City Eau Claire State WI Zip Code 54701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801342**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Su, Edward, T, , MD, FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		06		2024								
Mailing Address 11726 Valley Creek Rd		<b>Transaction ID : 11801343</b>										
City Woodbury	State MN	Zip Code 55129										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) Summit Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Petsche, Timothy, S, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		06		2024								
Mailing Address 41W207 Lenz Rd		<b>Transaction ID : 11801346</b>										
City Campton Hills	State IL	Zip Code 60124-8633										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) Fox Valley Orthopaedic Institute	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Foad, Abdullah, , , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		06		2024								
Mailing Address 19152 247th Avenue		<b>Transaction ID : 11801348</b>										
City Bettendorf	State IA	Zip Code 52722										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) Quality Care Clinic	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00											

<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 45 OF 199
	<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. Fraipont, Michael, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5285 La Canada Blvd  
 City La Canada State CA Zip Code 91011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Congress Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801355**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**B. Cambareri, John, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 Feldspar Dr  
 City Syracuse State NY Zip Code 13219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Syracuse Ortho Specialists, PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801356**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dangles, Chris, John, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1107 West University Ave  
 City Champaign State IL Zip Code 61821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gibson Area Hospital Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801360**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1780.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<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 <b>A. Maender, Christopher, W., MD, FAAOS</b>			Date of Receipt												
Mailing Address 4509 Turtle Bay			<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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
02		06		2024											
City Springfield	State IL	Zip Code 62711	<b>Transaction ID : 11801361</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1000.00												
Name of Employer (for Individual) Orthopaedic Center of Illinois		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Motamed, Soheil, , MD,FAAOS</b>			Date of Receipt												
Mailing Address 332 42nd Ave			<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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
02		06		2024											
City San Mateo	State CA	Zip Code 94403	<b>Transaction ID : 11801389</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 500.00												
Name of Employer (for Individual) Mission Peak Orthopaedic		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Witmer, Daniel, , MD, FAAOS</b>			Date of Receipt												
Mailing Address 8 Theodate Lane			<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>02</td> <td></td> <td>06</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	02		06		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
02		06		2024											
City Farmington	State CT	Zip Code 06032-2380	<b>Transaction ID : 11801392</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 500.00												
Name of Employer (for Individual) Orthopedic Associates of Harford, PC		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00													

<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 47 OF 199
	<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. Gidumal, Ramesh, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East 74th St  
 Apt 2G  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801404**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Rechter, Alan, Jeffrey, , MD,FAAOS**  
 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 02 / 06 / 2024  
**Transaction ID : 11801424**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Olsewski, John, M, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Rivers Edge Drive #407  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801425**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (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 199
<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. Schuck, Michael, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10061 Oak Springs Trail  
 City Franktown State CO Zip Code 80116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801428**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Hilibrand, Alan, S, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 North Latches Lane  
 City Merion Station State PA Zip Code 19066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801429**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt 02 / 06 / 2024  
**Transaction ID : 11801430**  
 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 49 OF 199
	<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. Brecht, Julius, Stephen, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 Tennyson Drive  
 City Longmeadow State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New England Ortho Surgeons Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2024  
**Transaction ID : 11801437**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Rathjen, Karl, E, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Orthopaedics  
 2222 Welborn St  
 City Dallas State TX Zip Code 75219-3993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Texas Scottish Rite Hosp Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2024  
**Transaction ID : 11801439**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Larkin, John, J, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4355 Drake Rd  
 City Cincinnati State OH Zip Code 45243-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Beacon 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  
 02 / 06 / 2024  
**Transaction ID : 11801440**  
 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 50 OF 199
	<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. Southworth, Stephen, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1080 Quail Creek  
 City Tupelo State MS Zip Code 38801-7256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopaedic Institute of North Mis 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  
 02 / 06 / 2024  
**Transaction ID : 11801441**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Cooke, Shannon, E, , MD,FAAOS**  
 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) Abilene Bone and Joint, LLC 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  
 02 / 06 / 2024  
**Transaction ID : 11801450**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ortiz, Gerald, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 Steadmill Rd  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mohawk Valley Orthopedic 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  
 02 / 06 / 2024  
**Transaction ID : 11801453**  
 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 51 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ebert, Andrew, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2418 Terwilleger Blvd  
 City Tulsa State OK Zip Code 74114  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2024  
**Transaction ID : 11801493**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Warden, William, H, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2760 Atlantic Ave  
 City Long Beach State CA Zip Code 90806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Ortho Surgical Group 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  
 02 / 07 / 2024  
**Transaction ID : 11801574**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : 11801591**  
 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 52 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801593**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gill, John, T, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8230 Walnut Hill Ln Ste 708  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dallas Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801640**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Baumann, Richard, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Butternut  
 City Hannibal State MO Zip Code 63401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Orthopedic Specialists, Inc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801645**  
 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 53 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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) Ortho Arkansas Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801646**  
 Amount of Each Receipt this Period 832.00  
 Memo Item

**B. Hartsock, Langdon, , , 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 29223-3261  
 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 ▼ 204.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801649**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Farnworth, Lance, Ronald, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Portero Dr  
 City Pueblo State CO Zip Code 81005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pueblo Bone and Joint Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : 11801652**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1916.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Clark, Joseph, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 Macon Dr  
 City Huntsville State AL Zip Code 35802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopaedic 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  
 02 / 02 / 2024  
**Transaction ID : 11801653**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Frazier, John, Keith, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3191 Stanwood Ln  
 City Lafayette State CA Zip Code 94549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : 11801654**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Benson, Eric, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 Tirrell Rd  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hampshire Orthopaedic Center 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  
 02 / 02 / 2024  
**Transaction ID : 11801666**  
 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 55 OF 199
	<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. Whalen, John, Thomas, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Brookside Dr  
 City East Schodack State NY Zip Code 12063  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Ortho NY Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : 11801669**  
 Amount of Each Receipt this Period 500.00  
 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 Irvine State CA Zip Code 92603  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Pediatric Orthopaedic Specialists of O Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11801985**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : 11801986**  
 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 56 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wilber, John, Howard, , MD, FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>08</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		08		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		08		2024								
Mailing Address 14255 County Line Rd		<b>Transaction ID : 11801991</b>										
City Chagrin Falls	State OH	Zip Code 44022										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) Metro Health Systems	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lachiewicz, Paul, F, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>08</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		08		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		08		2024								
Mailing Address 417 Lyons Rd		<b>Transaction ID : 11801992</b>										
City Chapel Hill	State NC	Zip Code 27514										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Reynolds, Scott, B, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>08</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		08		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		08		2024								
Mailing Address 1408 N 187th St		<b>Transaction ID : 11801998</b>										
City Elkhorn	State NE	Zip Code 68022										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer (for Individual) OrthoNebraska	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 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 57 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Chang, Jonathan, L, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1456 Oak Crest Ave  
 City South Pasadena State CA Zip Code 91030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2024  
**Transaction ID : 11802000**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Budge, Matthew, Daniel, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6900 SW Knollwood St  
 City Tualatin State OR Zip Code 97062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : 11802090**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Benecki, Gerard, Mark, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6008 Southwind Lane  
 City McKinney State TX Zip Code 75070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United States Navy Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2024  
**Transaction ID : 11802161**  
 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 58 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Scherl, Jonathan, Daniel, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Evergreen Pl

City Tenafly	State NJ	Zip Code 07670-2806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TeamHealth	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  
 02 / 10 / 2024

**Transaction ID : 11802163**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 610 Solar Isle Drive

City Fort Lauderdale	State FL	Zip Code 33301
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Fort Lauderdale Orthopaedics, PL	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  
 02 / 10 / 2024

**Transaction ID : 11802859**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Liu, Raymond, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22925 Shelburne Road

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

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

Name of Employer (for Individual) University Hospitals, Case Medical Cen	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  
 02 / 11 / 2024

**Transaction ID : 11802873**

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 59 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MacDougall, James, B, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38608 128th St  
 City Aberdeen State SD Zip Code 57401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Avera Heart Hospital of South Dakota Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2024  
**Transaction ID : 11802875**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Watling, Jonathan, , , MD,FAAOS**  
 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) Occupation (for Individual)  
 Columbia University Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2024  
**Transaction ID : 11802892**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 El Paso Orthopaedic Surgery Group Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2024  
**Transaction ID : 11802893**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.67
<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 60 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt 02 / 12 / 2024  
**Transaction ID : 11802894**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 250.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11803613**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Nash, John, P, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 790 Latitude Cr  
 City Chattanooga State TN Zip Code 37402-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chattanooga Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11803635**  
 Amount of Each Receipt this Period 500.00  
 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 61 OF 199
<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. 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 02 / 13 / 2024  
**Transaction ID : 11803710**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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  
 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 ▼ 250.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11804042**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wolf, Megan, Rianne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Winding Trail  
 City Cheshire State CT Zip Code 06410  
 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 ▼ 250.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11804043**  
 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 62 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Brooks, Fleming, Griffin, , MD,FAAOS</b>			Date of Receipt <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>02</td> <td></td> <td>15</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		15		2024
M M M	/	D D D	/	Y Y Y Y Y Y									
02		15		2024									
Mailing Address 10 Indigo Pl			<b>Transaction ID : 11804459</b>										
City Enterprise	State AL	Zip Code 36330	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) Southern Bone and Joint Specialists		Occupation (for Individual) Orthopaedic Surgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hall, Ronald, A, , MD,FAAOS</b>			Date of Receipt <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>02</td> <td></td> <td>15</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		15		2024
M M M	/	D D D	/	Y Y Y Y Y Y									
02		15		2024									
Mailing Address 955 Foxhollow Run			<b>Transaction ID : 11805314</b>										
City Alpharetta	State GA	Zip Code 30004	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) Resurgens Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Stewart, Gary, Wayne, , MD,FAAOS</b>			Date of Receipt <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>02</td> <td></td> <td>15</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		15		2024
M M M	/	D D D	/	Y Y Y Y Y Y									
02		15		2024									
Mailing Address 612 Champions Dr			<b>Transaction ID : 11805316</b>										
City Mc Donough	State GA	Zip Code 30253	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) Resurgens Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00
3000.00		
<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 63 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dahl, Brian, Phillip, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3713 Clairmont Rd  
 City Bismarck State ND Zip Code 58503-9083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bone & Joint 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  
 02 / 16 / 2024  
**Transaction ID : 11805448**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Albert, Todd, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 541 E 71st Street  
 City New York State NY Zip Code 10021  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11805449**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Cusick, Robert, P, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4207 Brittany Trail Drive  
 City Champaign State IL Zip Code 61822-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christie Clinic 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  
 02 / 18 / 2024  
**Transaction ID : 11806168**  
 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 64 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 1250.00

Date of Receipt 02 / 19 / 2024  
**Transaction ID : 11806174**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Viroslav, Sergio, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 715 Elizabeth  
 City San Antonio State TX Zip Code 78209-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TSAOG Ortho & Spine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2024  
**Transaction ID : 11806175**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Williams, Gerald, R., Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 859 Lesley Rd  
 City Villanova State PA Zip Code 19085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2024  
**Transaction ID : 11806457**  
 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 65 OF 199
	<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. McNeil, Stephen, C, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Hunter Ln

City Canton	State MA	Zip Code 02021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McNeil Orthopedics, Inc	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
02		20		2024

**Transaction ID : 11806458**

Amount of Each Receipt this Period  
1000.00

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
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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
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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
02		20		2024

**Transaction ID : 11806459**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. 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
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2024

**Transaction ID : 11806704**

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 66 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stanwood, Walter, , MD,FAAOS**

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

Mailing Address 41 Resnik Road

City Plymouth	State MA	Zip Code 02360-5721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plymouth Bay Ortho Assoc	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  
 02 / 21 / 2024

**Transaction ID : 11806754**

Amount of Each Receipt this Period  
500.00

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 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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2024

**Transaction ID : 11806756**

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 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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2024

**Transaction ID : 11806757**

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 67 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cross, William, Wood, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1541 Seasons Lane SW  
 City Rochester State MN Zip Code 55902  
 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 ▼ 500.00

Date of Receipt 02 / 21 / 2024  
**Transaction ID : 11806758**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Karpos, Philip, A G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Northumberland  
 City Nashville State TN Zip Code 37215-4122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Thomas Hospital for Specialty Surge Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2024  
**Transaction ID : 11806924**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Rasmussen, Linda, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 649 Kanaha St  
 City Kailua State HI Zip Code 96734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Windward Orthopedic Group Inc Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2024  
**Transaction ID : 11806926**  
 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 68 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : 11806930**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Tornetta, Paul, , , III, MD,Ph**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Nelson Dr  
 City Chestnut Hill State MA Zip Code 02467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : 11806931**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Grindel, Steven, I, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 N Beach Dr  
 City Fox Point State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : 11806932**  
 Amount of Each Receipt this Period 1000.00  
 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 69 OF 199
<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. 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 ▼ 1000.00

Date of Receipt 02 / 01 / 2024  
**Transaction ID : 11806933**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Moschetti, Wayne, E, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Butternut Lane  
 City Hanover State NH Zip Code 03755  
 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 ▼ 500.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : 11806936**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Irvine, David, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13012 Sunny Dawn Ct  
 City Saint Louis State MO Zip Code 63127-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2024  
**Transaction ID : 11806937**  
 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 70 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McLaughlin, Jeffrey, , MD,FAOS</b>			Date of Receipt MM / DD / YYYY 02 / 05 / 2024 <b>Transaction ID : 11806944</b>		
Mailing Address 971 Beta DRive			Amount of Each Receipt this Period 5000.00		
City Neenah	State WI	Zip Code 54956	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Kennedy Ctr for Hip & Knee, SC		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Satterlee, C, Craig, , MD,FAOS</b>			Date of Receipt MM / DD / YYYY 02 / 05 / 2024 <b>Transaction ID : 11806947</b>		
Mailing Address 8600 Mission Road			Amount of Each Receipt this Period 2000.00		
City Prairie Village	State KS	Zip Code 66206	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Orthopedic Health of Kansas City		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kakar, Sanjeev, , MD,FAOS</b>			Date of Receipt MM / DD / YYYY 02 / 05 / 2024 <b>Transaction ID : 11806948</b>		
Mailing Address 2284 Transit Court SW			Amount of Each Receipt this Period 1000.00		
City Rochester	State MN	Zip Code 55902	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Mayo Clinic		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (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 199
<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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : 11806949**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Dodson, Mark, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Silas Trce  
 City Ridgeland State MS Zip Code 39157-9742  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : 11806950**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. 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  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : 11806951**  
 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 72 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : 11806953**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Sedory, David, Marshall, , MD,FAOS**  
 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  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : 11806957**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Holthusen, Scott, M, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7421 Dogwood Rd  
 City Excelsior State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Twin Cities Orthopedics 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  
 02 / 07 / 2024  
**Transaction ID : 11806962**  
 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 73 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : 11806964**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Lundy, Douglas, W, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Ostrum Street PPHP-2  
 City Bethlehem State PA Zip Code 18015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Luke's University Health Network 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  
 02 / 08 / 2024  
**Transaction ID : 11806965**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : 11806970**  
 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 74 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Weinstein, Stuart, L, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>09</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		09		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		09		2024								
Mailing Address 01026 JPP University Hospital Ste 01026JPP		<b>Transaction ID : 11806971</b>										
City Iowa City	State IA	Zip Code 52242										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Halperin, Lawrence, S, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>09</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		09		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		09		2024								
Mailing Address 408 Spring Valley Ln		<b>Transaction ID : 11806972</b>										
City Altamonte Springs	State FL	Zip Code 32714										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer (for Individual) Orlando Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Botker, Jesse, Cole, , MD,FAAOS</b>		Date of Receipt <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>02</td> <td></td> <td>09</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02		09		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
02		09		2024								
Mailing Address 117 Hidden Oaks Circle		<b>Transaction ID : 11806974</b>										
City Mankato	State MN	Zip Code 56001										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) Orthopaedic and Fracture Clinic	Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00											

<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 75 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hopkins, Mark, D, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2024 <b>Transaction ID : 11806975</b>
Mailing Address 12208 NE 245th Court		Amount of Each Receipt this Period 1000.00
City Brush Prairie	State WA	Zip Code 98606
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kaiser	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McAlister, Wade, P, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2024 <b>Transaction ID : 11806976</b>
Mailing Address 1314 Milford St		Amount of Each Receipt this Period 1000.00
City Houston	State TX	Zip Code 77006
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UT Health	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Houde, John, Paul, , MD,FAAOS</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2024 <b>Transaction ID : 11806981</b>
Mailing Address 135 Ladieu Road		Amount of Each Receipt this Period 500.00
City Plainfield	State NH	Zip Code 03781
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Alice Peck Day Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<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 76 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Spencer, Samantha, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Hawthorne PI #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 1000.00

Date of Receipt 02 / 12 / 2024  
**Transaction ID : 11806982**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Johnson, Wayne, Anthony, , MD,FAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8212 NW Stonebridge Court  
 City Lawton State OK Zip Code 73505  
 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 5000.00

Date of Receipt 02 / 12 / 2024  
**Transaction ID : 11806984**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Jacobs, Joshua, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2407 Pomona Lane  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Rush Univ Med Ctr Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2024  
**Transaction ID : 11806988**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Van Warmerdam, Jennifer, Marie, , MD,FAOS**

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

Mailing Address 6261 Gordon Valley Road

City Napa	State CA	Zip Code 94558-8614
--------------	-------------	------------------------

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

Name of Employer (for Individual) SF Orthopaedic Surgeons	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  
 02 / 11 / 2024

**Transaction ID : 11806989**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Gibson, Wilford, K, , MD,FAOS**

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

Mailing Address 4003 Arrowhead Point Ct

City Virginia Beach	State VA	Zip Code 23455
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Vann Virginia Center For 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  
 02 / 13 / 2024

**Transaction ID : 11806992**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Barton, Shane, , , MD,MPH,FAA**

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

Mailing Address 11 Cliffwood Place

City Shreveport	State LA	Zip Code 71106
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Louisiana State University Health Shre	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  
 02 / 13 / 2024

**Transaction ID : 11806994**

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 78 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Muzzonigro, Thomas, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5017 Karrington Dr  
 City Gibsonia State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tri Rivers Musculoskeletal Centers Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11806997**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ahbel, Dorrit, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3939 Walnut Ave Unit 255  
 City Carmichael State CA Zip Code 95608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VAMC Sacramento Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807004**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Stem, Eric, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 Barfield Dr  
 City Summerville State SC Zip Code 29485-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowcountry Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807009**  
 Amount of Each Receipt this Period 1500.00  
 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 79 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kelly, Matthew, J, , MD,FAOS**  
 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) Orthopaedic Institute of PA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807012**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Barnes, Brett, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 NW 32nd St  
 City Lawton State OK Zip Code 73505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MMG Orthopaedic Surgery Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807018**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Alhadeff, Joseph, E, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Oakwood Dr  
 City Red Lion State PA Zip Code 17356  
 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 02 / 13 / 2024  
**Transaction ID : 11807019**  
 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 80 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Powell, Elisha, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2650 Marston Drive  
 City Anchorage State AK Zip Code 99517  
 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 02 / 13 / 2024  
**Transaction ID : 11807024**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Troise, Anna, Salt, , 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Commerical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807025**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. DeMaio, Marlene, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Highview Road  
 City Tracys Landing State MD Zip Code 20779-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VHA Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807029**  
 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 81 OF 199
<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. 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 ▼ 1000.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807032**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 1100.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807034**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Hudson, Jim, K, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13904 W El Bonito Drive  
 City Ocean Springs State MS Zip Code 39564-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OrthoSouth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2024  
**Transaction ID : 11807036**  
 Amount of Each Receipt this Period 500.00  
 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 82 OF 199
	<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. Gross, Alan, S, , MD,MPH,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11520 Reader Road  
 City Anchorage State AK Zip Code 99516  
 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 02 / 13 / 2024  
**Transaction ID : 11807041**  
 Amount of Each Receipt this Period 300.00  
 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 500.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807049**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Davenport, Stephen, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6364  
 City Carmel By The Sea State CA Zip Code 93921-6364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Webster Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807055**  
 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 83 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Port, Joshua, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Fairway Dr  
 City Altoona State PA Zip Code 16602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blair Ortho Assoc & Sports Med Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807059**  
 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 2500.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807061**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Ficke, James, R, , MD,FAAOS,F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10715 Pot Spring Rd  
 City Cockeysville State MD Zip Code 21030-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807062**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<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 <b>A. Bosco, Joseph, A, , III, MD,FA</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2024 <b>Transaction ID : 11807064</b>		
Mailing Address 54 Bleecker St Apt 6A					
City New York	State NY	Zip Code 10012	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NYU Hospital for Joint Diseases		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Savoie, Felix, H, , III, MD,FA</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2024 <b>Transaction ID : 11807065</b>		
Mailing Address 80 Audubon Blvd					
City New Orleans	State LA	Zip Code 70118	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Tulane University School of Medicine		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Leddy, Michael, J, , III, MD,FA</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2024 <b>Transaction ID : 11807068</b>		
Mailing Address 3444 Masonic Dr					
City Alexandria	State LA	Zip Code 71301	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Central Louisiana Surgical Hospital		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (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 199
	<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. Farber, Daniel, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Fairhill Rd  
 City Wynnewood State PA Zip Code 19096-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn Medicine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 14 / 2024**  
**Transaction ID : 11807074**  
 Amount of Each Receipt this Period 250.00  
 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 Montclair State NJ Zip Code 07043  
 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 ▼ 300.00

Date of Receipt **02 / 14 / 2024**  
**Transaction ID : 11807077**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Satterlee, C, Craig, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8600 Mission Road  
 City Prairie Village State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Health of Kansas City Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 14 / 2024**  
**Transaction ID : 11807079**  
 Amount of Each Receipt this Period 500.00  
 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 86 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Schmidt, Christopher, C, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Murfield Ct  
 City Bridgeville State PA Zip Code 15017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807081**  
 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 02 / 14 / 2024  
**Transaction ID : 11807082**  
 Amount of Each Receipt this Period 1000.00  
 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 416.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807088**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2416.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (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 199		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. 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 ▼ 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807097**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Ho, Christine, Ann, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11608 Valleydale Dr

City Dallas State TX Zip Code 75230

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

Name of Employer (for Individual) Texas Scottish Rite Hospital For Child Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807102**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 1515 Claremont Ave

City Richmond State VA Zip Code 23227

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

Name of Employer (for Individual) VCUHS-MCV Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807107**

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 88 OF 199
<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. Orfaly, Robert, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13593 Streamside Drive  
 City Lake Oswego State OR Zip Code 97035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807108**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Urband, Christopher, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Ln  
 City San Diego State CA Zip Code 92131-4329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prestige Ortho Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2024  
**Transaction ID : 11807109**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Van Meter, Jerry, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 235671  
 City Honolulu State HI Zip Code 96823-3511  
 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 02 / 14 / 2024  
**Transaction ID : 11807114**  
 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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hakim-Zargar, Mariam, , MD,FAAOS**  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2024  
**Transaction ID : 11807117**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Harrison, Ryan, , MD,FAAOS**  
 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  
 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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2024  
**Transaction ID : 11807118**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

**C. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2024  
**Transaction ID : 11807126**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<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. Feliciano, Edward, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Old Branchville Rd  
 City Ridgefield State CT Zip Code 06877-6018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2024  
**Transaction ID : 11807150**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Finkenberg, John, G, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5555 Reservoir Dr Ste 104  
 City San Diego State CA Zip Code 92120-5198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Specialist San Diego Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2024  
**Transaction ID : 11807151**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 ▼ 400.00

Date of Receipt 02 / 15 / 2024  
**Transaction ID : 11807152**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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) OrthoIndy 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  
 02 / 15 / 2024  
**Transaction ID : 11807153**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

**B. Preston, Charles, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2568 Joseph Dr  
 City Alamo State CA Zip Code 94507-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muir Orthopedic Specialists 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  
 02 / 15 / 2024  
**Transaction ID : 11807154**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Schabel, Kathryn, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5235 SW Westwood View  
 City Portland State OR Zip Code 97239-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OHSU 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  
 02 / 15 / 2024  
**Transaction ID : 11807155**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Buckley, Steven, L, , MD,FAOS**  
 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) 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  
 02 / 15 / 2024  
**Transaction ID : 11807156**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Molina, Manuel, E, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Bentwood Rd  
 City Hurricane State WV Zip Code 25526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic Healthcare Associates, Inc 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  
 02 / 15 / 2024  
**Transaction ID : 11807157**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Fleeter, Thomas, B, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1860 Town Center Dr Ste 300  
 City Reston State VA Zip Code 20190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Town Center Orthopaedic Assoc 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  
 02 / 15 / 2024  
**Transaction ID : 11807159**  
 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 93 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2024  
**Transaction ID : 11807160**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. 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 ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2024  
**Transaction ID : 11807161**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

**C. Cage, Dori, N, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4105 Alameda Dr  
 City San Diego State CA Zip Code 92103-1609  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2024  
**Transaction ID : 11807162**  
 Amount of Each Receipt this Period  
 1000.00  
 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 94 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Blasier, R, Dale, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Hickory Creek Ln  
 City Little Rock State AR Zip Code 72212-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arkansas Children's 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  
 02 / 15 / 2024  
**Transaction ID : 11807163**  
 Amount of Each Receipt this Period  
 1000.00  
 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) Central Coast Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2024  
**Transaction ID : 11807164**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dalal, Snehal, Chinu, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1391 Harris Rd  
 City Lawrenceville State GA Zip Code 30043  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2024  
**Transaction ID : 11807165**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<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. 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 ▼ 1500.00

Date of Receipt 02 / 15 / 2024  
**Transaction ID : 11807166**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Rivera, Alberto, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Calle Juan C Borbon Ste 67-395  
 City Guenabo State PR Zip Code 00969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rivera Shoulder Orthopaedics and Sport Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2024  
**Transaction ID : 11807171**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kirk, Kevin, L, , DO,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20842 Great Navajo  
 City San Antonio State TX Zip Code 78257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The San Antonio Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2024  
**Transaction ID : 11807173**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 02 / 16 / 2024  
**Transaction ID : 11807174**  
 Amount of Each Receipt this Period 1750.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 02 / 16 / 2024  
**Transaction ID : 11807176**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Polly, David, W, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7405 Hyde Park Drive R200  
 City Edina State MN Zip Code 55439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2024  
**Transaction ID : 11807177**  
 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 97 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mayerson, Joel, L, , MD,FAOS**  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11807178**  
 Amount of Each Receipt this Period  
 4000.00  
 Memo Item

**B. Levine, Marc, J, , MD,FAOS**  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11807179**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Teague, David, C, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 NW 17th St  
 City Oklahoma City State OK Zip Code 73103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Oklahoma 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  
 02 / 16 / 2024  
**Transaction ID : 11807180**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Star, Andrew, M, , MD,FAOS**  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11807181**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Heaps, Robert, J, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Colonel Daniels Dr  
 City Bedford State NH Zip Code 03110-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hampshire Orthopaedic 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  
 02 / 16 / 2024  
**Transaction ID : 11807182**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Carlson, Chad, Blake, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1835 Harbor Dr  
 City Bismarck State ND Zip Code 58504-8993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bone and Joint 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  
 02 / 16 / 2024  
**Transaction ID : 11807183**  
 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 99 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 02 / 22 / 2024  
**Transaction ID : 11807586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bruggeman, Adam, J, , MD,FAAOS,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 ▼ 1250.00

Date of Receipt 02 / 23 / 2024  
**Transaction ID : 11807587**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Novotny, Joseph, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Norbloom Ave  
 City Bloomington State IL Zip Code 61701-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McLean County Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2024  
**Transaction ID : 11807717**  
 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 100 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brezenoff, Leigh, , MD, FAAOS**

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

Mailing Address 9 Ventres Way

City Burlington	State CT	Zip Code 06013
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Litchfield Hills Orthopedic Assoc	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  
 02 / 20 / 2024

**Transaction ID : 11808281**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Sferra, James, J, , MD,FAAOS**

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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2024

**Transaction ID : 11808288**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Jones, Lowry, , , Jr, MD,FAA**

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

Mailing Address 2609 W 65th St

City Mission Hills	State KS	Zip Code 66208
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Kansas City 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  
 02 / 20 / 2024

**Transaction ID : 11808299**

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 101 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kump, Cyrus, S, , MD, FAAOS</b>		Date of Receipt
Mailing Address 8013 Thom Rd		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2024"/>
City Henrico	State VA	Zip Code 23229-8412
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11808302</b>
Name of Employer (for Individual) OrthoVirginia		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Garino, Jonathan, P, , MD,MBA,FAA</b>		Date of Receipt
Mailing Address 835 Stoke Road		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2024"/>
City Villanova	State PA	Zip Code 19085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11808306</b>
Name of Employer (for Individual) Premier Orthopedics		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Defee, Jason, Miles, , MD, FAAOS</b>		Date of Receipt
Mailing Address 908 Cottonwood Drive		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2024"/>
City Alamosa	State CO	Zip Code 81101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 11808309</b>
Name of Employer (for Individual) San Luis Valley Health		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<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 102 OF 199
	<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. Portland, Gregory, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 666 Garland Ave  
 City Winnetka State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IBJ Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11808405**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Masem, Mathias, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Grand Ave #600  
 City Oakland State CA Zip Code 94612  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : 11808406**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Tosi, Laura, Lowe, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3729 Harrison St NW  
 City Washington State DC Zip Code 20015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens 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  
 02 / 22 / 2024  
**Transaction ID : 11808437**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

# SCHEDULE A (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 199
<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. Prud'homme, Bonhomme, Joseph, , MD,FAAOS**

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

Mailing Address 4117 Cove Point Drive  
PO Box 9196

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 ▼ 1000.00

Date of Receipt 02 / 22 / 2024

**Transaction ID : 11808438**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Mitchell, Robert, E, , MD, FAAOS**

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

Mailing Address 695 Hill Country Dr Ste B

City Kerrville State TX Zip Code 78028-5958

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 02 / 22 / 2024

**Transaction ID : 11808439**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Ablove, Robert, Harold, , MD, FAAOS**

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

Mailing Address 9812 Willowleaf Ct

City Clarence Ctr State NY Zip Code 14032-9186

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

Name of Employer (for Individual) UB Ortho Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 22 / 2024

**Transaction ID : 11808441**

Amount of Each Receipt this Period 200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

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

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Guevara, Benjamin, G, , MD,FAAOS</b>			Date of Receipt MM / DD / YYYY 02 / 25 / 2024 <b>Transaction ID : 11808489</b>
Mailing Address 280 Remington Dr			Amount of Each Receipt this Period 250.00
City Mandeville	State LA	Zip Code 70448	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Ochsner Health Center		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tobin, Richard, W, , MD,FAAOS</b>			Date of Receipt MM / DD / YYYY 02 / 25 / 2024 <b>Transaction ID : 11808491</b>
Mailing Address 3415 Eagle Crest Rd NW			Amount of Each Receipt this Period 500.00
City Salem	State OR	Zip Code 97304-9563	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Salem Health		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Baker, Donald, Earl, , MD,FAAOS</b>			Date of Receipt MM / DD / YYYY 02 / 27 / 2024 <b>Transaction ID : 11809299</b>
Mailing Address 959 Luckney Road			Amount of Each Receipt this Period 250.00
City Brandon	State MS	Zip Code 39047	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Merit Health Orthopedics		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	

<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 105 OF 199
<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. 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 ▼ 250.00

Date of Receipt 02 / 27 / 2024  
**Transaction ID : 11809300**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 02 / 28 / 2024  
**Transaction ID : 11809419**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt 02 / 28 / 2024  
**Transaction ID : 11809420**  
 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 106 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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) Occupation (for Individual)  
 Walter Reed National Military Medical Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2024  
**Transaction ID : 11809421**  
 Amount of Each Receipt this Period  
 250.00  
 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) 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  
 02 / 28 / 2024  
**Transaction ID : 11809422**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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) Occupation (for Individual)  
 University of Colorado School of Medic Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2024  
**Transaction ID : 11809427**  
 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 107 OF 199
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Johnson, Gregory, K, , MD, FAAOS**

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

Mailing Address 288 Groveland St

City Haverhill	State MA	Zip Code 01830-6669
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Associates In Orthopedics	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
02		27		2024

**Transaction ID : 11810119**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Sponseller, Paul, D, , MD,FAAOS**

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

Mailing Address 1 Coniston Rd

City Ruxton	State MD	Zip Code 21204-1843
----------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Hospital	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
02		27		2024

**Transaction ID : 11810122**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Mandell, Peter, J, , MD,FAAOS**

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

Mailing Address 1720 El Camino Real  
Suite 120

City Burlingame	State CA	Zip Code 94010
--------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2024

**Transaction ID : 11810123**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2024  
**Transaction ID : 11811117**  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2024  
**Transaction ID : 11811118**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Smith, Eric, Louis, MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 Tremont St  
 City Boston State MA Zip Code 02118-3416  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2024  
**Transaction ID : 11811120**  
 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 109 OF 199
	<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 <b>A. Espinoza, Luis, M, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2024 <b>Transaction ID : 1181193</b>		
Mailing Address 5 Savannah Ridge Lane			Amount of Each Receipt this Period 84.00		
City Metairie	State LA	Zip Code 70001-5492	<input type="checkbox"/> Memo Item		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Noonan, Thomas, John, , MD,FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2024 <b>Transaction ID : 1181198</b>		
Mailing Address 101 Falcon Hills Drive			Amount of Each Receipt this Period 500.00		
City Highlands Ranch	State CO	Zip Code 80126	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Steadman Hawkins Clinic		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Prohaska, Matthew, G, , MD,FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2024 <b>Transaction ID : 1181201</b>		
Mailing Address 69 Griggs Hill Road			Amount of Each Receipt this Period 84.00		
City Danville	State VT	Zip Code 05828-9756	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NVRH Orthopaedic Clinic		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 252.00			

<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 110 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Reznik, Alan, M, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Beach Ave  
 City Milford State CT Zip Code 06460-8202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2024  
**Transaction ID : 11811203**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Rose, Nicholas, E, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 San Miguel Dr Ste 701  
 City Newport Beach State CA Zip Code 92660-5927  
 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 ▼ 250.00

Date of Receipt 02 / 21 / 2024  
**Transaction ID : 11811206**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Emerson, Daniel, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8712 Whetstone Rd  
 City Evansville State IN Zip Code 47725  
 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 ▼ 1000.00

Date of Receipt 02 / 23 / 2024  
**Transaction ID : 11811209**  
 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 111 OF 199  
(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. Dahl, William, John, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Ruffed Grouse Dr  
 City Bridgeport State WV Zip Code 26330-7989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2024  
**Transaction ID : 11811210**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : 11811650**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 252.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : 11811651**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 199
	<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. Early, John, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8210 Walnut Hill Ln  
 Ste 130  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : 11811652**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 03 / 05 / 2024  
**Transaction ID : 11811795**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 ▼ 252.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : 11811879**  
 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 113 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024  
**Transaction ID : 11811881**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024  
**Transaction ID : 11811882**  
 Amount of Each Receipt this Period  
 250.00  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2024  
**Transaction ID : 11812410**  
 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 114 OF 199
	<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. 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 ▼ 252.00

Date of Receipt 03 / 07 / 2024  
**Transaction ID : 11812411**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Tyndall, William, A, , MD,FAOS**  
 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 03 / 08 / 2024  
**Transaction ID : 11813000**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. 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 ▼ 252.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : 11813001**  
 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 115 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bries, Andrew, David, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Westminster Rd  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORA 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  
 03 / 08 / 2024  
**Transaction ID : 11813002**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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 ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : 11813003**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Hartsock, Langdon, , , 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 29223-3261  
 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 ▼ 348.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : 11813005**  
 Amount of Each Receipt this Period  
 84.00  
 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 116 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gutteling, Edward, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 Kekuanaoa St  
 City Hilo State HI Zip Code 96720  
 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  
 03 / 07 / 2024  
**Transaction ID : 11814137**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Rieger, Mark, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1382  
 City Morristown State NJ Zip Code 07962-1382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advocare The Orthopedic 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  
 03 / 07 / 2024  
**Transaction ID : 11814138**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2024  
**Transaction ID : 11814154**  
 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 117 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Macias, David, Michael A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Church St. NE  
 City Vienna State VA Zip Code 22180-4613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbus Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : 11814155**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Norrie, Brock, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Whisper Drive  
 City Bismarck State ND Zip Code 58504-8504  
 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 ▼ 1000.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : 11814157**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Callahan, John, J, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Braunview Way  
 City Orchard Park State NY Zip Code 14127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excelsior Orthopaedics LLP Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : 11814391**  
 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: PAGE 118 OF 199 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Leffers, Kevin, John, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4922 Stratford Rd  
 City Fort Wayne State IN Zip Code 46807-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Wayne 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  
 03 / 09 / 2024  
**Transaction ID : 11814395**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2024  
**Transaction ID : 11814396**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2024  
**Transaction ID : 11814407**  
 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 119 OF 199
	<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. 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  
 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 ▼ 252.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815209**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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 ▼ 252.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815210**  
 Amount of Each Receipt this Period 84.00  
 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  
 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 ▼ 500.01

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815211**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

<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 120 OF 199
	<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. 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  
 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 ▼ 250.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815212**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815213**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Rue, John-Paul, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 956 Nelson Pl  
 City Arnold State MD Zip Code 21012-1535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopedic Specialty Hospital at M Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11815632**  
 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 121 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 252.00

Date of Receipt 03 / 13 / 2024  
**Transaction ID : 11815635**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 03 / 13 / 2024  
**Transaction ID : 11815636**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 300.00

Date of Receipt 03 / 13 / 2024  
**Transaction ID : 11815637**  
 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: PAGE 122 OF 199 (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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2024

**Transaction ID : 11815638**

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
----------------	-------------	-------------------

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 ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2024

**Transaction ID : 11816306**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Girling, Robert, George, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Salado Ridge

City San Antonio	State TX	Zip Code 78217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Methodist Orthopaedic	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
03		14		2024

**Transaction ID : 11816307**

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 123 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : 11816897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Russo, Russell, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1521 Choctaw Ave  
 City Metairie State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana State University Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : 11816899**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 1252.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : 11817448**  
 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 124 OF 199
	<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. 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 ▼ 252.00

Date of Receipt 03 / 17 / 2024  
**Transaction ID : 11817510**  
 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  
 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 ▼ 252.00

Date of Receipt 03 / 17 / 2024  
**Transaction ID : 11817511**  
 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  
 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 ▼ 252.00

Date of Receipt 03 / 17 / 2024  
**Transaction ID : 11817512**  
 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 125 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 81657-5058

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

Name of Employer (for Individual) The Steadman Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 17 / 2024  
**Transaction ID : 11817531**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. O'Shaughnessy, Maureen, A, , MD,FAOS**  
 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  
 03 / 18 / 2024  
**Transaction ID : 11817556**

Amount of Each Receipt this Period  
 85.00

Memo Item

**C. Hickernell, Thomas, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Lockwood Ln

City Riverside State CT Zip Code 06878

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 ▼  
 250.00

Date of Receipt  
 03 / 20 / 2024  
**Transaction ID : 11818216**

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 126 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2024  
**Transaction ID : 11818217**  
 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  
 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2024  
**Transaction ID : 11818218**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Armington, Evan, Richings, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E County Line Road Suite 200  
 City Indianapolis State IN Zip Code 46227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Greenwood Orthopaedics 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  
 03 / 19 / 2024  
**Transaction ID : 11819806**  
 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

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(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. Posch, John, Nicholas, , MD, FAAOS**

Mailing Address 1235 Oakridge Dr

City Cleveland Heights   State OH   Zip Code 44121

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  
03 / 19 / 2024  
**Transaction ID : 11819809**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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 ▼  
267.00

Date of Receipt  
03 / 19 / 2024  
**Transaction ID : 11819831**

Amount of Each Receipt this Period  
89.00

Memo Item

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

Mailing Address 5126 E 106th St

City Tulsa   State OK   Zip Code 74137

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

Name of Employer (for Individual) Tulsa Bone & Joint Associates   Occupation (for Individual) Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2024  
**Transaction ID : 11819834**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1589.00

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

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 252.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : 11819968**  
 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  
 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 ▼ 252.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : 11819969**  
 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  
 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 ▼ 249.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : 11819970**  
 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 129 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Sauer, Paul, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10515 405th Ave  
 City Genoa City State WI Zip Code 53128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rezin Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : 11820158**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kirol, Bernard, G, , MD,FAAOS**  
 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  
 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 ▼ 225.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 11820178**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Veitch, Andrew, John, , MD,FAAOS**  
 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  
 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 ▼ 252.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 11820179**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : 11820181**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Palma, Douglas, , , MD,FAOS**  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2024  
**Transaction ID : 11820734**  
 Amount of Each Receipt this Period  
 250.00  
 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  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2024  
**Transaction ID : 11820735**  
 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 131 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 03 / 24 / 2024  
**Transaction ID : 11820736**  
 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  
 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 03 / 24 / 2024  
**Transaction ID : 11820737**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. 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 03 / 24 / 2024  
**Transaction ID : 11820739**  
 Amount of Each Receipt this Period 1100.00  
 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 132 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 500.00

Date of Receipt 03 / 25 / 2024  
**Transaction ID : 11820742**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Gibbons, Timothy, Allen, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13514 Thrush Ave  
 City Mason City State IA Zip Code 50401-8710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mason City Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2024  
**Transaction ID : 11821466**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Obama, Padraic, R, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 628 Sunset Circle  
 City Green Bay State WI Zip Code 54301-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prevea Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2024  
**Transaction ID : 11821468**  
 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 133 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2024  
**Transaction ID : 11821470**  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2024  
**Transaction ID : 11821471**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2024  
**Transaction ID : 11821472**  
 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 134 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt 03 / 26 / 2024  
**Transaction ID : 11821473**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 03 / 27 / 2024  
**Transaction ID : 11823108**  
 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 ▼ 252.00

Date of Receipt 03 / 27 / 2024  
**Transaction ID : 11823109**  
 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 135 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wilk, Richard, M, , MD,FAOS

Mailing Address 69 Dartmouth St

City West Newton	State MA	Zip Code 02465
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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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2024

**Transaction ID : 11823111**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Scales, Darrell, Kevin, , MD,FAOS

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024

**Transaction ID : 11823749**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Carolan, Gregory, Francis, , MD,FAOS

Mailing Address 1806 Meadow Ridge Ct

City Bethlehem	State PA	Zip Code 18015-5003
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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 ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024

**Transaction ID : 11823750**

Amount of Each Receipt this Period  
84.00

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 136 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024  
**Transaction ID : 11823751**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Allard, Mark, Michael, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4256 Legacy Dr  
 City Springdale State AR Zip Code 72762-7469  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024  
**Transaction ID : 11823752**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. 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 Cente Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024  
**Transaction ID : 11823753**  
 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 137 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11823754**  
 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11823755**  
 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11823756**  
 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 138 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mackel, Audley M, , III, MD,FA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23200 Lyman Blvd  
 City Shaker Heights State OH Zip Code 44122-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associates In Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11823757**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Whitehurst, Jon, B, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36W439 Hunters Gate Rd  
 City St Charles State IL Zip Code 60175  
 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 ▼ 1100.00

Date of Receipt 03 / 26 / 2024  
**Transaction ID : 11823775**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**C. Burger, Evalina L, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12631 E 17th Avenue Mail Stop B202 Room 4601  
 City Aurora State CO Zip Code 80045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado SOM Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : 11823787**  
 Amount of Each Receipt this Period 1000.00  
 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 139 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : 11826046**  
 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 ▼ 255.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : 11826047**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 252.00

Date of Receipt 03 / 04 / 2024  
**Transaction ID : 11826049**  
 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 140 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Grosso, Matthew, , MD, FAAOS**  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2024  
**Transaction ID : 11826050**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Hartsock, Langdon, , 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 29223-3261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Palmetto Health Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2024  
**Transaction ID : 11826051**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Orthollinois 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  
 03 / 05 / 2024  
**Transaction ID : 11826052**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<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 141 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 550.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : 11826053**  
 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 ▼ 300.00

Date of Receipt 03 / 05 / 2024  
**Transaction ID : 11826054**  
 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 ▼ 252.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : 11826055**  
 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 142 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024

**Transaction ID : 11826056**

Amount of Each Receipt this Period  
500.00

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024

**Transaction ID : 11826057**

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2024

**Transaction ID : 11826058**

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 143 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : 11826059**  
 Amount of Each Receipt this Period 84.00  
 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  
 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 03 / 07 / 2024  
**Transaction ID : 11826060**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Rodriguez, Ricardo, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6666 Pikes Lane  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BROCC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2024  
**Transaction ID : 11826061**  
 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 144 OF 199
	<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. 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  
 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 ▼ 340.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : 11826062**  
 Amount of Each Receipt this Period 85.00  
 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 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 ▼ 252.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : 11826063**  
 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 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 ▼ 252.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 11826064**  
 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 145 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 11826065**  
 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 ▼ 252.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 11826066**  
 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 Detroit State MI Zip Code 48201  
 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 ▼ 250.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 11826067**  
 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 146 OF 199
	<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 Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 11826068**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Crawford, Kevin, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 11th St  
 City Lubbock State TX Zip Code 79416-4814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lubbock Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11826069**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Davis, Daniel, Edward, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 Thayer Road  
 City Swarthmore State PA Zip Code 19081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson Univ Hosp Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : 11826070**  
 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: PAGE 147 OF 199 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="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 <b>A. Rubinstein, Michael, P, , MD,FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2024 <b>Transaction ID : 11826071</b>		
Mailing Address 27015 Glaramara Lane			Amount of Each Receipt this Period 250.00		
City Yorba Linda	State CA	Zip Code 92887	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) FCPP		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bernstein, Jenna, Alysse, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2024 <b>Transaction ID : 11826072</b>		
Mailing Address 77 Merwin Ave Unit C			Amount of Each Receipt this Period 84.00		
City Milford	State CT	Zip Code 06460	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 252.00		
Name of Employer (for Individual) Yale Medicine		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lisella, Jordan, Mills, , MD, FAAOS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2024 <b>Transaction ID : 11826074</b>		
Mailing Address 14 Turner Lane			Amount of Each Receipt this Period 84.00		
City Loudonville	State NY	Zip Code 12211	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 252.00		
Name of Employer (for Individual) Capital Region Orthopaedic Group		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<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 148 OF 199
	<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. 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  
 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 ▼ 252.00

Date of Receipt 03 / 14 / 2024  
**Transaction ID : 11826075**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bankston, Larry, S, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2861 E Lakeshore Dr  
 City Baton Rouge State LA Zip Code 70808-2180  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Baton Rouge Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2024  
**Transaction ID : 11826078**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 832.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : 11826079**  
 Amount of Each Receipt this Period 416.00  
 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: PAGE 149 OF 199  
(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. 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 03 / 18 / 2024  
**Transaction ID : 11826081**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Duplantier, Neil, Leon, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 965 Germain St  
 City New Orleans State LA Zip Code 70124-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bone and Joint Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826082**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Maki, Neil, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 W 4th Street  
 City Thibodaux State LA Zip Code 70301-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thibodaux Regional Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826083**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Randell, Timothy, Ryan, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 J D Pt  
 City Boyce State LA Zip Code 71409  
 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 ▼ 1000.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826084**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Williams, Matthew, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Woodbluff Drive  
 City Lafayette State LA Zip Code 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826085**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Surdam, Jonathan, William, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2519 E Summer Creek Dr  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IU Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826086**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<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 <b>A. Hale, Steven, S, , MD, FAAOS</b>			Date of Receipt
Mailing Address 1301 Shell Beach Dr			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2024"/>
City Lake Charles	State LA	Zip Code 70601-5653	<b>Transaction ID : 11826088</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Imperial Health Center For Orthopaedic		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Talbert, Timothy, W, , MD,FAAOS</b>			Date of Receipt
Mailing Address 845 Oneonta St			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2024"/>
City Shreveport	State LA	Zip Code 71106-1129	<b>Transaction ID : 11826093</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Highland Clinic		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. O'Brien, Michael, J, , MD,FAAOS</b>			Date of Receipt
Mailing Address 44 Gull St			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2024"/>
City New Orleans	State LA	Zip Code 70124-4302	<b>Transaction ID : 11826095</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Tulane University		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="3000.00"/>
<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 152 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Foret, Jonathan, Lynn, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1747 Imperial Blvd  
 City Lake Charles State LA Zip Code 70605-5362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center For Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826096**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 2550.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826097**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Carnduff, Mary, Foley, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 Rhode Island Ave  
 City McLean State VA Zip Code 22101  
 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 ▼ 300.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 11826101**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McLaurin, Toni, M, , MD,FAAOS</b>			Date of Receipt MM / DD / YYYY 03 / 18 / 2024 <b>Transaction ID : 11826103</b>		
Mailing Address 225 Cherry Street Apt 28M			Amount of Each Receipt this Period 50.00		
City New York	State NY	Zip Code 10002	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 1050.00		
Name of Employer (for Individual) NYU Medical Center		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Woodcock, Jessica, A, , MD,FAAOS</b>			Date of Receipt MM / DD / YYYY 03 / 19 / 2024 <b>Transaction ID : 11826107</b>		
Mailing Address 122 Stillwood Court			Amount of Each Receipt this Period 84.00		
City New Bern	State NC	Zip Code 28560	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 252.00		
Name of Employer (for Individual) Carolina Orthopedics and Sports Medici		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Yakel, Demian, M, , DO, FAAOS</b>			Date of Receipt MM / DD / YYYY 03 / 19 / 2024 <b>Transaction ID : 11826108</b>		
Mailing Address 17 Buckingham Ct			Amount of Each Receipt this Period 1000.00		
City Asheville	State NC	Zip Code 28803-2401	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 1000.00		
Name of Employer (for Individual) Summit Medical Center		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1134.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rodgers, Jeffrey, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3750 Plumwood Drive  
 City West Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Des Moines Orthopaedic Surgeons Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 19 / 2024  
**Transaction ID : 11826115**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dodson, Mark, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Silas Trce  
 City Ridgeland State MS Zip Code 39157-9742  
 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 ▼ 1050.00

Date of Receipt 03 / 19 / 2024  
**Transaction ID : 11826118**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 300.00

Date of Receipt 03 / 20 / 2024  
**Transaction ID : 11826120**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 300.00

Date of Receipt 03 / 19 / 2024

**Transaction ID : 11826121**

Amount of Each Receipt this Period 50.00

Memo Item

**B. Snyder, Matthew, J, , MD,FAOS**

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 ▼ 250.00

Date of Receipt 03 / 21 / 2024

**Transaction ID : 11826126**

Amount of Each Receipt this Period 250.00

Memo Item

**C. 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 ▼ 1150.00

Date of Receipt 03 / 21 / 2024

**Transaction ID : 11826128**

Amount of Each Receipt this Period 50.00

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 156 OF 199		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Alhadeff, Joseph, E, , MD,FAOS**

Mailing Address 710 Oakwood Dr

City Red Lion	State PA	Zip Code 17356
------------------	-------------	-------------------

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 ▼  
1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024

**Transaction ID : 11826133**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Mollano, Anthony, V, , MD,FAOS**

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2024

**Transaction ID : 11826136**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hummer, Charles, D, , III, MD,FA**

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2024

**Transaction ID : 11826138**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Greenky, Max, , , MD**

Mailing Address 8424 Hobnail Rd

City Manlius	State NY	Zip Code 13104
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	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  
 03 / 26 / 2024  
**Transaction ID : 11826142**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2024  
**Transaction ID : 11826145**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Saucedo, James, Matthew, , MD,MBA,FAA**

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 ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2024  
**Transaction ID : 11826146**

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 158 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11826148**  
 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  
 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11826149**  
 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 ▼ 252.00

Date of Receipt 03 / 28 / 2024  
**Transaction ID : 11826150**  
 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 159 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Iorio, Richard, , , MD,FAAOS

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 ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2024

**Transaction ID : 11826151**

Amount of Each Receipt this Period  
84.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
York, James, J, , MD,FAAOS

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2024

**Transaction ID : 11826155**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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 ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2024

**Transaction ID : 11826156**

Amount of Each Receipt this Period  
50.00

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 160 OF 199
	<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. Girling, Robert, George, , MD, FAAOS**

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

Mailing Address 5 Salado Ridge

City San Antonio	State TX	Zip Code 78217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Methodist Orthopaedic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2024

**Transaction ID : 11826157**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Grimes, Jerry, Speight, , Jr, MD,MS,**

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

Mailing Address 3304 20th

City Lubbock	State TX	Zip Code 79410-1412
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TTUHSC-Department of 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
01	/	12	/	2024

**Transaction ID : 11828921**

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. 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
---------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2024

**Transaction ID : 11828922**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	279672.34



# 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) <b>A. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED] <b>Transaction ID : 11801053</b> Amount of Each Disbursement this Period 270.23	
City Des Plaines	State IL	Zip Code 60018	Category/ Type 001
Purpose of Disbursement Bank fees deducted from account		Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED] <b>Transaction ID : 11801054</b> Amount of Each Disbursement this Period 525.90	
City Des Plaines	State IL	Zip Code 60018	Category/ Type 001
Purpose of Disbursement Bank fees deducted from account		Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED] <b>Transaction ID : 11801055</b> Amount of Each Disbursement this Period 158.89	
City Des Plaines	State IL	Zip Code 60018	Category/ Type 001
Purpose of Disbursement Bank fees deducted from account		Memo Item <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

955.02

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED]	
City Des Plaines	State IL	Zip Code 60018	Transaction ID : <b>11801056</b>
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Amount of Each Disbursement this Period 677.64
Candidate Name		Memo Item <input type="checkbox"/> Bank fees deducted from account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED]	
City Des Plaines	State IL	Zip Code 60018	Transaction ID : <b>11801057</b>
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Amount of Each Disbursement this Period 573.83
Candidate Name		Memo Item <input type="checkbox"/> Bank fees deducted from account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2024	
Mailing Address 678 Lee St		FEC Identification Number C [REDACTED]	
City Des Plaines	State IL	Zip Code 60018	Transaction ID : <b>11813319</b>
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Amount of Each Disbursement this Period 543.14
Candidate Name		Memo Item <input type="checkbox"/> Bank fees deducted from account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

1794.61

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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/ 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
02		12		2024

FEC Identification Number

C
---

**Transaction ID : 11813320**

Amount of Each Disbursement this Period

970.78
--------

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/ 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
02		19		2024

FEC Identification Number

C
---

**Transaction ID : 11813321**

Amount of Each Disbursement this Period

304.62
--------

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/ 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
02		05		2024

FEC Identification Number

C
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**Transaction ID : 11813322**

Amount of Each Disbursement this Period

891.08
--------

Memo Item Bank fees deducted from account

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

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

2166.48
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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/ 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
03		04		2024

FEC Identification Number

C
---

**Transaction ID : 11826471**

Amount of Each Disbursement this Period

3501.04
---------

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/ 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
03		04		2024

FEC Identification Number

C
---

**Transaction ID : 11826472**

Amount of Each Disbursement this Period

740.60
--------

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/ 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
03		11		2024

FEC Identification Number

C
---

**Transaction ID : 11826473**

Amount of Each Disbursement this Period

285.81
--------

Memo Item Bank fees deducted from account

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

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

4527.45
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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

Category/  
Type

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 Y Y  
03 / 18 / 2024

FEC Identification Number

**Transaction ID : 11826474**

Amount of Each Disbursement this Period

Memo Item Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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)

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. Wendy Davis For Congress

Mailing Address PO Box 12322

City Fort Wayne State IN Zip Code 46863

Purpose of Disbursement

Category/Type: 011

Candidate Name

Davis, Wendy, , Ms.,

Office Sought: [X] House [ ] Senate [ ] President State: IN District: 03

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date: 01 / 05 / 2024

FEC Identification Number

C00835314

Transaction ID : 11671404

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. SPIKE PAC

Mailing Address PO Box 9536 c/o North Side Ventures

City Lowell State MA Zip Code 01853

Purpose of Disbursement

Void - SPIKE PAC

Category/Type: 011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date: 01 / 11 / 2024

FEC Identification Number

C00787317

Transaction ID : 11672567

Amount of Each Disbursement this Period

- 1000.00

Void - SPIKE PAC

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address PO Box 541

City Belleville State KS Zip Code 66935-0541

Purpose of Disbursement

Void - Moran For Kansas

Category/Type: 011

Candidate Name

Moran, Jerry, , Sen.,

Office Sought: [ ] House [X] Senate [ ] President State: KS District:

Disbursement For: 2022 [ ] Primary [X] General [ ] Other (specify) v

Date of Disbursement

Date: 01 / 11 / 2024

FEC Identification Number

C00458315

Transaction ID : 11672569

Amount of Each Disbursement this Period

- 1000.00

Void - Moran For Kansas

[ ] Memo Item

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

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

500.00

# 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. Dean Phillips For Congress**

Mailing Address PO Box 741

City Excelsior State MN Zip Code 55331

Purpose of Disbursement  
Void - Dean Phillips For Congress

Candidate Name

Phillips, Dean, , Rep.,

Office Sought:  House  
 Senate  
 President

State: MN District: 03

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	4

FEC Identification Number

C C00640714

**Transaction ID : 11672571**

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Dean Phillips For Congress

Full Name (Last, First, Middle Initial)

**B. Langworthy For Congress**

Mailing Address PO Box 120

City Clarence State NY Zip Code 14031

Purpose of Disbursement  
Void - Langworthy for Congress

Candidate Name

Langworthy, Nicholas, , Rep.,

Office Sought:  House  
 Senate  
 President

State: NY District: 23

Disbursement For: 2022  
 Primary  General  
 Other (specify)

011  
Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	4

FEC Identification Number

C C00817932

**Transaction ID : 11672573**

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Langworthy for Congress

Full Name (Last, First, Middle Initial)

**C. Hudson For Congress**

Mailing Address PO Box 1875

City Southern Pines State NC Zip Code 28388

Purpose of Disbursement  
Void - Hudson For Congress

Candidate Name

Hudson, Richard, , Rep.,

Office Sought:  House  
 Senate  
 President

State: NC District: 09

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	4

FEC Identification Number

C C00504522

**Transaction ID : 11672574**

Amount of Each Disbursement this Period

- 1000.00

Memo Item Void - Hudson For Congress

**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. New Democrat Coalition PAC (NDC PAC)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 233 Pennsylvania Ave SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2024 Dues

011
Category/ Type

FEC Identification Number

C00409730
-----------

**Transaction ID : 11673546**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item 2024 Dues

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

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00541862
-----------

**Transaction ID : 11673547**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Office Sought:  House  Senate  President  
 Disbursement For: 2024  Primary  General  Other (specify) ▼  
 State: MO District: 08

Full Name (Last, First, Middle Initial)

**C. Robin Kelly For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address PO Box 101199

City Chicago State IL Zip Code 60610

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00539866
-----------

**Transaction ID : 11673548**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Office Sought:  House  Senate  President  
 Disbursement For: 2024  Primary  General  Other (specify) ▼  
 State: IL District: 02

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

8500.00
---------

**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. Jimmy Panetta For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 103

FEC Identification Number

C	C00592154
---	-----------

City Carmel Valley	State CA	Zip Code 93924
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**Transaction ID : 11673550**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Panetta, Jimmy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 476

FEC Identification Number

C	C00474189
---	-----------

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

**Transaction ID : 11673552**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Kelly, Mike, , Rep., Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carey For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 16032

FEC Identification Number

C	C00779603
---	-----------

City Columbus	State OH	Zip Code 43216
------------------	-------------	-------------------

**Transaction ID : 11673553**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Carey, Mike, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Memo Item

**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. 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
0	1		1	6		2	0	2	4

FEC Identification Number

C C00510461

**Transaction ID : 11673555**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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
0	1		1	6		2	0	2	4

FEC Identification Number

C C00510461

**Transaction ID : 11673556**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dr Kim Schrier For Congress**

Mailing Address PO Box 2728

City  
Issaquah

State  
WA

Zip Code  
98027

Purpose of Disbursement

011

Candidate Name

Schrier, Kim, , Rep., M.D.

Office Sought:  House  
 Senate  
 President

State: WA District: 08

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

FEC Identification Number

C C00652628

**Transaction ID : 11673557**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2000.00

**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. Blue Dog PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2024 Dues

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

011 Category/Type

Date of Disbursement

Date field: 01 / 16 / 2024

FEC Identification Number

C00305318

Transaction ID : 11673558

Amount of Each Disbursement this Period

5000.00

Memo Item 2024 Dues

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Candidate Name

Carter, Buddy, , Rep.,

Office Sought: House, Senate, President. State: GA District: 01

Disbursement For: 2024 Primary, General, Other (specify)

011 Category/Type

Date of Disbursement

Date field: 01 / 16 / 2024

FEC Identification Number

C00543967

Transaction ID : 11673560

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 340 Orange Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought: House, Senate, President. State: CT District: 03

Disbursement For: 2024 Primary, General, Other (specify)

011 Category/Type

Date of Disbursement

Date field: 01 / 16 / 2024

FEC Identification Number

C00238865

Transaction ID : 11673561

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).....

7500.00

Empty amount field

**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. Stand With Sanchez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 4006

City Whittier State CA Zip Code 90607

FEC Identification Number

C	C00384057
---	-----------

**Transaction ID : 11673564**

Amount of Each Disbursement this Period

2500.00
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Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Sanchez, Linda, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 38

Full Name (Last, First, Middle Initial)

**B. Kuster For Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

FEC Identification Number

C	C00462861
---	-----------

**Transaction ID : 11673565**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

**C. Eric Sorensen For Illinois**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2024

Mailing Address PO Box 1172

City Moline State IL Zip Code 61265

FEC Identification Number

C	C00793935
---	-----------

**Transaction ID : 11673578**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Sorensen, Eric, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: IL District: 17

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

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

6000.00
---------

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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. Democratic Senatorial Campaign Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 120 Maryland Avenue, NE

FEC Identification Number

C	C00042366
---	-----------

**Transaction ID : 11673579**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

City Washington State DC Zip Code 20002

Purpose of Disbursement

2024 Dues

0	1	1
---	---	---

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item 2024 Dues

Full Name (Last, First, Middle Initial)

### B. Evergreen PAC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 499 S Capitol Street, SW Suite 420

FEC Identification Number

C	C00576090
---	-----------

**Transaction ID : 11673581**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

City Washington State DC Zip Code 20003

Purpose of Disbursement

DelBene LPAC

0	1	1
---	---	---

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item DelBene LPAC

Full Name (Last, First, Middle Initial)

### C. Landsman For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address PO Box 68033

FEC Identification Number

C	C00800276
---	-----------

**Transaction ID : 11673582**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

City Cincinnati State OH Zip Code 45206

Purpose of Disbursement

Candidate Name

Landsman, Greg, , Rep.,

0	1	1
---	---	---

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: OH District: 01

Memo Item

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

2	2	5	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	2	5	0	0	0
---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Comm.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 320 First Street, SE

FEC Identification Number

C	C00002931
---	-----------

**Transaction ID : 11673583**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2024 Dues

0	1	1
---	---	---

Category/  
Type

Candidate Name

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

Memo Item 2024 Dues

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 430 S Capitol St SE  
2nd Floor

FEC Identification Number

C	C00347864
---	-----------

**Transaction ID : 11673584**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2024 Dues

0	1	1
---	---	---

Category/  
Type

Candidate Name

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

Memo Item 2024 Dues

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

Mailing Address 425 Second Street, NE

FEC Identification Number

C	C00027466
---	-----------

**Transaction ID : 11673585**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2024 Dues

0	1	1
---	---	---

Category/  
Type

Candidate Name

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

Memo Item 2024 Dues

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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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. Lance Gooden For Congress Committee

Date of Disbursement

Date selection grid showing 01 / 18 / 2024

Mailing Address PO Box 2125

City Terrell, State TX, Zip Code 75160

FEC Identification Number

FEC ID grid showing C00662601

Transaction ID : 11675296

Amount of Each Disbursement this Period

Amount grid showing 1500.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Gooden, Lance, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024, Primary, General, Other

State: TX, District: 05

Full Name (Last, First, Middle Initial)

B. Lori Chavez-Deremer For Congress

Date of Disbursement

Date selection grid showing 01 / 23 / 2024

Mailing Address 13203 SE 172nd Ave Ste 166

City Happy Valley, State OR, Zip Code 97086

FEC Identification Number

FEC ID grid showing C00784520

Transaction ID : 11677541

Amount of Each Disbursement this Period

Amount grid showing 4000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Chavez-DeRemer, Lori, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024, Primary, General, Other

State: OR, District: 05

Full Name (Last, First, Middle Initial)

C. Dan Crenshaw For Congress

Date of Disbursement

Date selection grid showing 01 / 23 / 2024

Mailing Address PO Box 430965

City Houston, State TX, Zip Code 77243

FEC Identification Number

FEC ID grid showing C00660795

Transaction ID : 11677542

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Crenshaw, Dan, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024, Primary, General, Other

State: TX, District: 02

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

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

Subtotal grid showing 6500.00

Total grid showing 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)

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. 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

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 01 / 23 / 2024

FEC Identification Number

C00528414

Transaction ID : 11677543

Amount of Each Disbursement this Period

5000.00

Memo Item Roe LPAC

Full Name (Last, First, Middle Initial)

B. Hern For Congress

Mailing Address 9521-B Riverside Pkwy #350

City Tulsa State OK Zip Code 74137

Purpose of Disbursement

Candidate Name

Hern, Kevin, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: OK District: 01

Date of Disbursement

Date field: 01 / 23 / 2024

FEC Identification Number

C00636092

Transaction ID : 11677547

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hern For Congress

Mailing Address 9521-B Riverside Pkwy #350

City Tulsa State OK Zip Code 74137

Purpose of Disbursement

Candidate Name

Hern, Kevin, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: OK District: 01

Date of Disbursement

Date field: 01 / 23 / 2024

FEC Identification Number

C00636092

Transaction ID : 11677548

Amount of Each Disbursement this Period

3500.00

Memo Item

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

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

10000.00



# 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

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	23	/	2024

FEC Identification Number

C C00510461

**Transaction ID : 11677550**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement

011

Candidate Name

Castor, Kathy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	26	/	2024

FEC Identification Number

C C00410761

**Transaction ID : 11792884**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Deborah Ross For Congress**

Mailing Address PO Box 28258

City  
Raleigh

State  
NC

Zip Code  
27611

Purpose of Disbursement

011

Candidate Name

Ross, Deborah, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2024

FEC Identification Number

C C00729277

**Transaction ID : 11800778**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Building America's Republican Representation (BARR PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address 402 S Capitol St, SE

FEC Identification Number

C	C00572271
---	-----------

**Transaction ID : 11808956**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item Barr LPAC

City Washington State DC Zip Code 20002

Purpose of Disbursement Barr LPAC  
Candidate Name  
Category/Type 011

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

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 2059

FEC Identification Number

C	C00467571
---	-----------

**Transaction ID : 11809187**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Candidate Name Barr, Andy, , Rep., IV  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: KY District: 06

Full Name (Last, First, Middle Initial)

**C. Case For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 2941

FEC Identification Number

C	C00680918
---	-----------

**Transaction ID : 11809188**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City Honolulu State HI Zip Code 96802

Purpose of Disbursement  
Candidate Name Case, Ed, , Rep.,  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: HI District: 01

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

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

10000.00

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. 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. Austin Scott For Congress Inc

Date of Disbursement

Date input: MM/DD/YYYY = 02/27/2024

Mailing Address 621 McLendon St

City Ashburn State GA Zip Code 31714

FEC Identification Number

FEC ID: C00482737

Purpose of Disbursement

Category/Type: 011

Transaction ID : 11809189

Amount of Each Disbursement this Period

Amount: 1000.00

Candidate Name

Scott, Austin, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 08

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Date of Disbursement

Date input: MM/DD/YYYY = 02/27/2024

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

FEC Identification Number

FEC ID: C00458976

Purpose of Disbursement

Category/Type: 011

Transaction ID : 11809190

Amount of Each Disbursement this Period

Amount: 2000.00

Candidate Name

Sewell, Terri, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 07

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Date of Disbursement

Date input: MM/DD/YYYY = 02/27/2024

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

FEC Identification Number

FEC ID: C00458976

Purpose of Disbursement

Category/Type: 011

Transaction ID : 11809191

Amount of Each Disbursement this Period

Amount: 500.00

Candidate Name

Sewell, Terri, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 07

Disbursement For: 2024
[ ] Primary [X] General [ ] Other (specify)

[ ] Memo Item

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

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

Subtotal: 3500.00

Total: 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. Diana For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 7208

FEC Identification Number

C	C00741090
---	-----------

**Transaction ID : 11809193**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

City Kingsport State TN Zip Code 37664

Purpose of Disbursement

011
Category/ Type

Candidate Name

Harshbarger, Diana, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TN District: 01

Full Name (Last, First, Middle Initial)

**B. Claudia Tenney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 378

FEC Identification Number

C	C00632828
---	-----------

**Transaction ID : 11809194**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

City Victor State NY Zip Code 14564

Purpose of Disbursement

011
Category/ Type

Candidate Name

Tenney, Claudia, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NY District: 24

Full Name (Last, First, Middle Initial)

**C. Angie Craig For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 22116

FEC Identification Number

C	C00575209
---	-----------

**Transaction ID : 11809195**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Eagan State MN Zip Code 55122

Purpose of Disbursement

011
Category/ Type

Candidate Name

Craig, Angie, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MN District: 02

**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)

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

Form A: Angie Craig For Congress. Includes fields for Name, Address, Date of Disbursement (02/27/2024), FEC ID (C00575209), Transaction ID (11809196), Amount (1500.00), and Office Sought (House).

Form B: Texans For Jodey Arrington. Includes fields for Name, Address, Date of Disbursement (02/27/2024), FEC ID (C00588657), Transaction ID (11809197), Amount (2500.00), and Office Sought (General).

Form C: Marc Veasey Congressional Campaign Committee. Includes fields for Name, Address, Date of Disbursement (02/27/2024), FEC ID (C00506832), Transaction ID (11809198), Amount (1000.00), and Office Sought (House).

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. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688-0606

Purpose of Disbursement

011

Candidate Name

Bilirakis, Gus, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

FEC Identification Number

C C00408534

**Transaction ID : 11809199**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Main Street Partnership**

Mailing Address 1220 L Street, NW  
Suite 100-263

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

2024 Dues

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

FEC Identification Number

C C00165159

**Transaction ID : 11809200**

Amount of Each Disbursement this Period

5000.00
---------

2024 Dues

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dan Crenshaw For Congress**

Mailing Address PO Box 430965

City  
Houston

State  
TX

Zip Code  
77243

Purpose of Disbursement

011

Candidate Name

Crenshaw, Dan, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

FEC Identification Number

C C00660795

**Transaction ID : 11809201**

Amount of Each Disbursement this Period

1000.00
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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)

<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. Julia Brownley For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 2018

City Thousand Oaks	State CA	Zip Code 91358
-----------------------	-------------	-------------------

FEC Identification Number

C	C00513077
---	-----------

Purpose of Disbursement

011
Category/ Type

**Transaction ID : 11809204**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CA District: 26

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIEW PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address 3106 Russell Road

City Alexandria	State VA	Zip Code 22305
--------------------	-------------	-------------------

FEC Identification Number

C	C00327189
---	-----------

Purpose of Disbursement  
2024 Dues

011
Category/ Type

**Transaction ID : 11809207**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

2024 Dues

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony Gonzales For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address 11613 Huebner

City San Antonio	State TX	Zip Code 78248
---------------------	-------------	-------------------

FEC Identification Number

C	C00706614
---	-----------

Purpose of Disbursement

011
Category/ Type

**Transaction ID : 11809208**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Gonzales, Tony, , Rep., II

Office Sought:  House  
 Senate  
 President

State: TX District: 23

Disbursement For: 2024

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)

<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. Balderson For Congress**

Mailing Address 417 Coventry Circle

City  
Zanesville

State  
OH

Zip Code  
43701-1955

Purpose of Disbursement

011

Candidate Name

Balderson, Troy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: OH District: 12

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C00662650

Transaction ID : 11809209

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Meuser For Congress**

Mailing Address PO Box 183

City  
Hudson

State  
PA

Zip Code  
54016

Purpose of Disbursement

011

Candidate Name

Meuser, Dan, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: PA District: 09

Disbursement For: 2024

Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C00654723

Transaction ID : 11809210

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Griffith For Congress**

Mailing Address PO Box 2916

City  
Huntsville

State  
AL

Zip Code  
35804

Purpose of Disbursement

011

Candidate Name

Griffith, R Parker, , Mr.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District: 05

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C00447615

Transaction ID : 11809211

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. David Rouzer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 3142

City  
Wilmington

State  
NC

Zip Code  
28406-0142

FEC Identification Number

**C** C00501643

**Transaction ID : 11809216**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rouzer, David, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NC

District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin Scott For Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2024

Mailing Address 621 McLendon St

City  
Ashburn

State  
GA

Zip Code  
31714

FEC Identification Number

**C** C00482737

**Transaction ID : 11810343**

Amount of Each Disbursement this Period

- 1000.00

Purpose of Disbursement

Void - Austin Scott For Congress Inc

011

Category/  
Type

Candidate Name

Scott, Austin, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: GA

District: 08

Memo Item Void - Austin Scott For Congress Inc

Full Name (Last, First, Middle Initial)

**C. Hudson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2024

Mailing Address PO Box 1875

City  
Southern Pines

State  
NC

Zip Code  
28388

FEC Identification Number

**C** C00504522

**Transaction ID : 11810545**

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Hudson, Richard, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NC

District: 09

Memo Item

**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. 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.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: NC District: 09

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C C00504522

**Transaction ID : 11810547**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOCS PAC**

Mailing Address PO Box 26141

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement

Marshall LPAC

011

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
0	3		0	1		2	0	2	4

FEC Identification Number

C C00632323

**Transaction ID : 11810548**

Amount of Each Disbursement this Period

5000.00

Marshall LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kansans For Marshall**

Mailing Address 4501 Quail Creek Dr

City  
Great Bend

State  
KS

Zip Code  
67530

Purpose of Disbursement

011

Candidate Name

Marshall, Roger, , Sen.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: KS District:

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C C00576173

**Transaction ID : 11810549**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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. Dr John Joyce For Congress

Date of Disbursement

Date selection grid showing 03 / 01 / 2024

Mailing Address 1002 Logan Blvd Ste 114 #237

City Altoona State PA Zip Code 16602

FEC Identification Number

FEC ID grid showing C00674259

Transaction ID : 11810550

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Joyce, John, , Rep., Dr.

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)

State: PA District: 13

Full Name (Last, First, Middle Initial)

B. Banks For Senate

Date of Disbursement

Date selection grid showing 03 / 01 / 2024

Mailing Address PO Box 11431

City Fort Wayne State IN Zip Code 46858-1431

FEC Identification Number

FEC ID grid showing C00577999

Transaction ID : 11810551

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Banks, Jim, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

C. Don Davis For Nc

Date of Disbursement

Date selection grid showing 03 / 01 / 2024

Mailing Address PO Box 511

City Snow Hill State NC Zip Code 28580

FEC Identification Number

FEC ID grid showing C00795211

Transaction ID : 11810796

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type grid showing 011

Candidate Name

Davis, Don, , Rep., Dr.

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify)

State: NC District: 01

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

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

Subtotal grid showing 12500.00

Total grid showing 12500.00

# 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. McConkey For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2024

Mailing Address PO Box 147

FEC Identification Number

**C** C00833889

**Transaction ID : 11810798**

Amount of Each Disbursement this Period

5000.00

Memo Item

City New Hill State NC Zip Code 27562

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
McConkey, Joshua, , Mr.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: NC District: 13

Full Name (Last, First, Middle Initial)

**B. John Huffman For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2024

Mailing Address PO Box 2091

FEC Identification Number

**C** C00858654

**Transaction ID : 11810800**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Roanoke State TX Zip Code 76262

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Huffman, John, , Mr.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: TX District: 26

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2024

Mailing Address PO Box 100847

FEC Identification Number

**C** C00384529

**Transaction ID : 11810801**

Amount of Each Disbursement this Period

3000.00

Memo Item

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Murkowski, Lisa, , Sen.,

Office Sought:  House  Senate  President  
Disbursement For: 2028  Primary  General  Other (specify) ▼  
State: AK District:

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

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

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. Jay Obernolte For Congress**

Mailing Address 824 S Milledge Ave Ste 101

City Athens State CA Zip Code 30605

Purpose of Disbursement

011
Category/ Type

Candidate Name

Obernolte, Jay, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2024

FEC Identification Number

C00720078
-----------

**Transaction ID : 11810842**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay Obernolte For Congress**

Mailing Address 824 S Milledge Ave Ste 101

City Athens State CA Zip Code 30605

Purpose of Disbursement

011
Category/ Type

Candidate Name

Obernolte, Jay, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2024

FEC Identification Number

C00720078
-----------

**Transaction ID : 11810843**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Takano For Congress**

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

011
Category/ Type

Candidate Name

Takano, Mark, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2024

FEC Identification Number

C00498667
-----------

**Transaction ID : 11810844**

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).....▶

3500.00
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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, 24, 25, 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

Form A: Ron Estes For Congress. Includes fields for Name, Address, Date of Disbursement (03/01/2024), FEC ID (C00632067), Transaction ID (11810845), Amount (1000.00), and Office Sought (House).

Form B: Lisa Blunt Rochester For Congress. Includes fields for Name, Address, Date of Disbursement (03/11/2024), FEC ID (C00590778), Transaction ID (11814399), Amount (1000.00), and Office Sought (House).

Form C: Delbene For Congress. Includes fields for Name, Address, Date of Disbursement (03/11/2024), FEC ID (C00459099), Transaction ID (11814400), Amount (1000.00), and Office Sought (House).

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)

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. Guthrie For Congress

Mailing Address PO Box 22401

City Louisville

State KY

Zip Code 40252

Purpose of Disbursement

011

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

State: KY District: 02

Date of Disbursement

Date field: MM/DD/YYYY = 03/11/2024

FEC Identification Number

C C00445023

Transaction ID : 11814401

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot

State ID

Zip Code 83221-1667

Purpose of Disbursement

011

Candidate Name

Simpson, Mike, , Rep., Dr.

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: ID District: 02

Date of Disbursement

Date field: MM/DD/YYYY = 03/11/2024

FEC Identification Number

C C00331397

Transaction ID : 11814402

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address PO Box 48928

City Sarasota

State FL

Zip Code 34230

Purpose of Disbursement

011

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

State: FL District: 16

Date of Disbursement

Date field: MM/DD/YYYY = 03/11/2024

FEC Identification Number

C C00412759

Transaction ID : 11814403

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. Deborah Ross For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address PO Box 28258

FEC Identification Number

C	C00729277
---	-----------

**Transaction ID : 11814404**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City  
Raleigh

State  
NC

Zip Code  
27611

Purpose of Disbursement

011
Category/ Type

Candidate Name

Ross, Deborah, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

**B. Rosen For Nevada**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address PO Box 46110

FEC Identification Number

C	C00606939
---	-----------

**Transaction ID : 11814405**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City  
Las Vegas

State  
NV

Zip Code  
89114

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rosen, Jacky, , Sen.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NV District:

Full Name (Last, First, Middle Initial)

**C. Clarke For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address PO Box 250200

FEC Identification Number

C	C00415331
---	-----------

**Transaction ID : 11814406**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City  
Brooklyn

State  
OH

Zip Code  
11225

Purpose of Disbursement

011
Category/ Type

Candidate Name

Clarke For Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

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

4500.00
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**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. Raul Ruiz For Congress**

Mailing Address PO Box 1566

City: Indio State: CA Zip Code: 92202

Purpose of Disbursement

Category/Type

Candidate Name: Ruiz, Raul, , Rep., M.D.

Office Sought:  House  Senate  President  
State: CA District: 25

Disbursement For: 2024  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11814408**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City: Ridgewood State: NJ Zip Code: 07451

Purpose of Disbursement

Category/Type

Candidate Name: Gottheimer, Josh, , Rep.,

Office Sought:  House  Senate  President  
State: NJ District: 05

Disbursement For: 2024  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11814409**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia Letlow For Congress**

Mailing Address PO Box 539

City: Rayville State: LA Zip Code: 71269-0539

Purpose of Disbursement

Category/Type

Candidate Name: Letlow, Julia, , Rep.,

Office Sought:  House  Senate  President  
State: LA District: 05

Disbursement For: 2024  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11814410**

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. Julia Letlow For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address PO Box 539

City  
Rayville

State  
LA

Zip Code  
71269-0539

FEC Identification Number

**C** C00766428

**Transaction ID : 11814411**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Letlow, Julia, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: LA District: 05

Memo Item

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address PO Box 2059

City  
Lexington

State  
KY

Zip Code  
40588-2059

FEC Identification Number

**C** C00467571

**Transaction ID : 11814412**

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Barr, Andy, , Rep., IV

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2024

Mailing Address 600 Pennsylvania Ave, SE  
#15180

City  
Washington

State  
OH

Zip Code  
20003

FEC Identification Number

**C** C00264697

**Transaction ID : 11814413**

Amount of Each Disbursement this Period

2500.00

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:

Memo Item

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Friends To Elect Dr. Greg Murphy To Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2024

Mailing Address PO Box 1131

FEC Identification Number

C	C00697649
---	-----------

**Transaction ID : 11814414**

Amount of Each Disbursement this Period

2500.00
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Memo Item

City Greenville	State NC	Zip Code 27835
--------------------	-------------	-------------------

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)

### B. Lisa Blunt Rochester For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2024

Mailing Address PO Box 9767

FEC Identification Number

C	C00590778
---	-----------

**Transaction ID : 11816318**

Amount of Each Disbursement this Period

- 1000.00
-----------

Memo Item Void - Lisa Blunt Rochester For Congress

City Wilmington	State DE	Zip Code 19809
--------------------	-------------	-------------------

Purpose of Disbursement

Void - Lisa Blunt Rochester For Congress

011
Category/ Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: DE District: 01

Full Name (Last, First, Middle Initial)

### C. Doggett For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2024

Mailing Address PO Box 5843

FEC Identification Number

C	C00286500
---	-----------

**Transaction ID : 11816319**

Amount of Each Disbursement this Period

- 1000.00
-----------

Memo Item Void - Doggett For Congress

City Austin	State TX	Zip Code 78763
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Purpose of Disbursement

Void - Doggett For Congress

011
Category/ Type

Candidate Name

Doggett, Lloyd, , Rep., II

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 37

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

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

500.00
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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. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City  
Anniston

State  
AL

Zip Code  
36201

Purpose of Disbursement  
Void - Mike Rogers For Congress

011

Candidate Name

Rogers, Mike, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2024

FEC Identification Number

C C00367862

**Transaction ID : 11816320**

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Mike Rogers For Congress

Full Name (Last, First, Middle Initial)

**B. Bera For Congress**

Mailing Address PO Box 582496

City  
Elk Grove

State  
CA

Zip Code  
95758

Purpose of Disbursement  
Void - Bera For Congress

011

Candidate Name

Bera, Ami, , Rep., M.D.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2024

FEC Identification Number

C C00461061

**Transaction ID : 11816321**

Amount of Each Disbursement this Period

- 1000.00

Memo Item Void - Bera 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  
Void - Fallon For Congress

011

Candidate Name

Fallon, Pat, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2024

FEC Identification Number

C C00750307

**Transaction ID : 11816323**

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Fallon For Congress

**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. 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)

011 Category/Type

Date of Disbursement 03 / 14 / 2024

FEC Identification Number

C00528414

Transaction ID : 11816324

Amount of Each Disbursement this Period - 5000.00

Memo Item Void - Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

B. Darrell Issa For Congress

Mailing Address 9070 Irvine Center Drive Suite 150

City Irvine State CA Zip Code 92618

Purpose of Disbursement Void - Darrell Issa For Congress

Candidate Name

Issa, Darrell, , Rep.,

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

Disbursement For: 2024 Primary, General, Other (specify)

011 Category/Type

Date of Disbursement 03 / 14 / 2024

FEC Identification Number

C00721332

Transaction ID : 11816325

Amount of Each Disbursement this Period - 2500.00

Memo Item Void - Darrell Issa For Congress

Full Name (Last, First, Middle Initial)

C. Lisa Blunt Rochester For Senate

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought: House, Senate, President; State: DE District:

Disbursement For: 2024 Primary, General, Other (specify)

011 Category/Type

Date of Disbursement 03 / 19 / 2024

FEC Identification Number

C00843391

Transaction ID : 11818079

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).....

Summary boxes for subtotal (- 6500.00) and total.

**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. Emmer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2024

Mailing Address PO Box 279

FEC Identification Number

C	C00545749
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City Elk River	State MN	Zip Code 55330
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**Transaction ID : 11818128**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00
--------

Candidate Name  
Emmer, Tom, , Rep., Jr.

Office Sought:  House  
 Senate  
 President

State: MN District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2024

Mailing Address PO Box 1324

FEC Identification Number

C	C00541862
---	-----------

City Cape Girardeau	State MO	Zip Code 63702-1324
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**Transaction ID : 11818129**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00
--------

Candidate Name  
Smith, Jason, , Rep.,

Office Sought:  House  
 Senate  
 President

State: MO District: 08

Disbursement For: 2024

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

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

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

1000.00
---------

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

209000.00
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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 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. Grimes, Jerry, Speight, , Jr, MD,MS,**

Mailing Address 3304 20th

City  
Lubbock

State  
TX

Zip Code  
79410-1412

Purpose of Disbursement

Refund of contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11672697**

Amount of Each Disbursement this Period

Refund of contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Osborn, Patrick, M, , MD,FAAOS**

Mailing Address 456 18th St NW

City  
Sauk Rapids

State  
MN

Zip Code  
56379

Purpose of Disbursement

Refund of contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11825320**

Amount of Each Disbursement this Period

Refund of contribution  
 Memo Item

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

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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)..... ▶