

# 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.

Check if different than previously reported. (ACC)

1st Floor

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

**C** C00343137

3. IS THIS REPORT

NEW (N) **OR**

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)     May 20 (M5)     Aug 20 (M8)     Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)     Jun 20 (M6)     Sep 20 (M9)     Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)     Jul 20 (M7)     Oct 20 (M10)     Jan 31 (YE)

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

Primary (12P)     General (12G)     Runoff (12R)

Convention (12C)     Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period

07 / 01 / 2015 through 12 / 31 / 2015

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 William J. Robb III, MD

Signature of Treasurer

*William J. Robb III, MD*

**[Electronically Filed]**

Date

01 / 25 / 2016

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

Office Use Only													<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="621101.45"/>	<input type="text" value="621101.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="759057.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="481335.88"/>	<input type="text" value="1340829.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1240393.63"/>	<input type="text" value="1961930.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="451944.58"/>	<input type="text" value="1173481.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="788449.05"/>	<input type="text" value="788449.05"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	417413.66	1187547.98
(ii) Unitemized .....	47550.00	116039.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	464963.66	1303587.31
(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) .....	464963.66	1303587.31
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).....	8336.43	21926.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	8000.00	15250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	35.79	65.71
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))..... ▶	481335.88	1340829.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	481335.88	1340829.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	8094.58	22081.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8094.58	22081.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	442850.00	1144050.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	2000.00
(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)).....	1000.00	2000.00
29. Other Disbursements .....	0.00	5350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	451944.58	1173481.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	451944.58	1173481.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	464963.66	1303587.31
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	463963.66	1301587.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8094.58	22081.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8336.43	21926.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-241.85	155.42

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Philip A Deffer Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 1st Ave E Ste C  
 City State Zip Code  
 Spencer IA 51301-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N.W. Iowa Bone, Joint & Sports Surg., Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7174669**  
 Amount of Each Receipt this Period  
 250.00

**B. George Walter Balfour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11538 Rubio Ave.  
 City State Zip Code  
 Granada Hills CA 91344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7174670**  
 Amount of Each Receipt this Period  
 1000.00

**C. Soma Irani Lilly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 843 NW Harmon Blvd  
 City State Zip Code  
 Bend OR 97701-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7175098**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles A Bush-Joseph MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 N Lincoln  
 City Hinsdale State IL Zip Code 60521-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176555**  
 Amount of Each Receipt this Period 250.00

**B. William A Herndon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3122 Thornbrooke Blvd  
 City Edmond State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176556**  
 Amount of Each Receipt this Period 200.00

**C. Michael R Ugino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 Blanding St  
 City Columbia State SC Zip Code 29201-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176557**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 419
	<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. Robert J Zehr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27241 Oak Knoll Dr  
 City State Zip Code  
 Bonita Spgs FL 34134-8741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176559**  
 Amount of Each Receipt this Period  
 1000.00

**B. Steven Gammon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 Bison Court  
 City State Zip Code  
 Grand Junction CO 81507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rocky Mountain Orthopaedics Assoc Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176562**  
 Amount of Each Receipt this Period  
 250.00

**C. Jeffrey Einer Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 Westerly Ct  
 City State Zip Code  
 Chesterfield MO 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington University Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176563**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176564**  
 Amount of Each Receipt this Period 500.00

**B. James R Santangelo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 Edinburgh Dr  
 City Fayetteville State NC Zip Code 28303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Army Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176567**  
 Amount of Each Receipt this Period 500.00

**C. Robert Hall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9875 Middle Rock Road  
 City Anchorage State AK Zip Code 99507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Physicians Anchorage Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176569**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Andrew T Brooks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1412 Exeter Ct  
 City State Zip Code  
 Davis CA 95618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176570**  
 Amount of Each Receipt this Period  
 225.00

**B. James Allen O'Leary MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Rivermist Court  
 City State Zip Code  
 Irmo SC 29063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midlands Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176571**  
 Amount of Each Receipt this Period  
 1000.00

**C. Donald R Polakoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 194 Dodds Ln  
 City State Zip Code  
 Princeton NJ 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176592**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1725.00
<b>TOTAL</b> This Period (last page this line 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 419  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)  
**A. Jacob Samuel Heydemann MD**

Mailing Address 858 River Oaks

City El Paso State TX Zip Code 79912

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 01 / 2015  
Transaction ID : 7176593

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. William A Junglas MD**

Mailing Address 820 Los Molinos Way

City Sacramento State CA Zip Code 95864-5252

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

Name of Employer Occupation  
Mercy Medical Hospital Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 01 / 2015  
Transaction ID : 7176600

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Glenn B Rankin MD**

Mailing Address 651 N Granados Ave

City Solana Beach State CA Zip Code 92075

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

Name of Employer Occupation  
Southern California Permanente Medical Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 01 / 2015  
Transaction ID : 7176606

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 419
	<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. Luis M Espinoza MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Savannah Ridge Lane  
 City State Zip Code  
 Metairie LA 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176607**  
 Amount of Each Receipt this Period  
 250.00

**B. Robert L Burke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2341 Blue Bonnet Blvd  
 City State Zip Code  
 Houston TX 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176608**  
 Amount of Each Receipt this Period  
 1000.00

**C. Errol R Springer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2495 Apple Creek Ct  
 City State Zip Code  
 De Pere WI 54115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valley Orthopaedic Clinic Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176609**  
 Amount of Each Receipt this Period  
 130.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Philip Alan Sobol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3230 Iredell Lane  
 City State Zip Code  
 Studio City CA 91604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sobol Orthopaedic Med-Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176637**  
 Amount of Each Receipt this Period  
 250.00

**B. Bruce Wolock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8564 Leisure Hill Dr  
 City State Zip Code  
 Baltimore MD 21208-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Towson Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176648**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven D Washburn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4830 Highway 260 Ste 103  
 City State Zip Code  
 Lakeside AZ 85929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : 7176655**  
 Amount of Each Receipt this Period  
 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 14 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James A Moore MD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1243

City Southampton State NY Zip Code 11969

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

Name of Employer Southampton Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : 7176656**

Amount of Each Receipt this Period  
**250.00**

**B. Jack Farr II, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5287 N 400 W

City Bargserville State IN Zip Code 46106

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

Name of Employer Ortholndy Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : 7176658**

Amount of Each Receipt this Period  
**500.00**

**c. Matthew Alexander Handling MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Somerset Rd

City Wilmington State DE Zip Code 19803

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

Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : 7176659**

Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 419  
(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. Douglas Murray Campbell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 Appletree Point Rd  
 City Burlington State VT Zip Code 05408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associates in Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : 7176660**  
 Amount of Each Receipt this Period 100.00

**B. Jonathan T Nassos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4031 Hayvenhurst Ave  
 City Encino State CA Zip Code 91436-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2015  
**Transaction ID : 7177438**  
 Amount of Each Receipt this Period 250.00

**C. Ronald W B Wyatt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Carleton Way  
 City Alamo State CA Zip Code 94507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 03 / 2015  
**Transaction ID : 7177439**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<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 H Sirounian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Merillon Ave.  
 City Garden City State NY Zip Code 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integrated Medical Services Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 03 / 2015**  
**Transaction ID : 7178572**  
 Amount of Each Receipt this Period **250.00**

**B. David J Mansfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Murchison  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **845.00**

Date of Receipt **07 / 05 / 2015**  
**Transaction ID : 7178967**  
 Amount of Each Receipt this Period **85.00**

**C. Neal D Lintecum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 789 N 1500 Road  
 City Lawrence State KS Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 05 / 2015**  
**Transaction ID : 7178968**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>435.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Tracy A Pesut MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 460 Noelton Dr

City State Zip Code  
Knoxville TN 37919

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

Name of Employer Occupation  
Tennessee Orthopaedic Clinics Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2015  
**Transaction ID : 7178972**

Amount of Each Receipt this Period  
250.00

**B. Benjamin I Chu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2298 Weigner Rd

City State Zip Code  
Lansdale PA 19446

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

Name of Employer Occupation  
OrthopaediCare 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  
07 / 05 / 2015  
**Transaction ID : 7178974**

Amount of Each Receipt this Period  
200.00

**C. Robert Louis Pierron MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30765 Overlook Run

City State Zip Code  
Buena Vista CO 81211-9836

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

Name of Employer Occupation  
College Park Family Care Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2015  
**Transaction ID : 7178975**

Amount of Each Receipt this Period  
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 419
	<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. Wayne Anthony Colizza MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Hillside Court East  
 City Morris Plains State NJ Zip Code 07950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tri-County Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179741**  
 Amount of Each Receipt this Period 500.00

**B. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7179743**  
 Amount of Each Receipt this Period 175.00

**C. Karl C Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7179882**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<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. Samuel Secord Wellman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Pinecrest Rd.  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7179883**  
 Amount of Each Receipt this Period  
 250.00

**B. Casey Lee Lagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 E 2nd Street  
 City Dumas State TX Zip Code 79029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore County Hospital District Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7179885**  
 Amount of Each Receipt this Period  
 250.00

**c. Miguel Antonio Schmitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8624 E Maringo Dr  
 City Spokane State WA Zip Code 99212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7179886**  
 Amount of Each Receipt this Period  
 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paul G Melaragno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3288 Scioto Run Blvd  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic One Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179888**  
 Amount of Each Receipt this Period 300.00

**B. Inez M Kelleher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 914 N Country Club Ln  
 City Biloxi State MS Zip Code 39532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Gulfport Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179889**  
 Amount of Each Receipt this Period 250.00

**C. Robert S Sterling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Stream Valley Garth  
 City Owings Mills State MD Zip Code 21201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179891**  
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas W Dugdale MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Steep Hollow Dr  
 City Glastonbury State CT Zip Code 06033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates of Hartford Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7179902**  
 Amount of Each Receipt this Period 1000.00

**B. Luc Teurlings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Waterside Drive  
 City Merritt Island State FL Zip Code 32952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Space Coast Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7179903**  
 Amount of Each Receipt this Period 500.00

**C. James G Warmbrod Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 947 Grayson Ln  
 City Jackson State TN Zip Code 38305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7179904**  
 Amount of Each Receipt this Period 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 22 OF 419
	<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. Scott D Karr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5050 N Clinton St  
 City Fort Wayne State IN Zip Code 46825-5822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedics Northeast Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7179910**  
 Amount of Each Receipt this Period  
 250.00

**B. Peter Donnan Pardubsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4911 Millbrook Ct NE  
 City Cedar Rapids State IA Zip Code 52411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians' Clinic of Iowa Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7179911**  
 Amount of Each Receipt this Period  
 1000.00

**C. Richard T Laughlin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Cleek Springs Ct  
 City Beavercreek State OH Zip Code 45440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright State University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7179914**  
 Amount of Each Receipt this Period  
 250.00

<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 23 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen W Ripple MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7999 W Villa Chula Ln  
 City Peoria State AZ Zip Code 85383  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OrthoArizona Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179971**  
 Amount of Each Receipt this Period 1000.00

**B. Robert H Harrington MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Marsh Brook Dr Ste 205  
 City Somersworth State NH Zip Code 03878  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179973**  
 Amount of Each Receipt this Period 500.00

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

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7179975**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Peter O Newton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 Children's Way Ste 410  
 City San Diego State CA Zip Code 92123-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CSSD Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7180200**  
 Amount of Each Receipt this Period  
**500.00**

**B. Roger Charles Dunteman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 850 Ironwood Dr Ste 202  
 City Coeur D Alene State ID Zip Code 83814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7180201**  
 Amount of Each Receipt this Period  
**500.00**

**C. Murray J Goodman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Highland Ave Suite 101  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salem Orthopedic Surgeons, Inc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : 7180202**  
 Amount of Each Receipt this Period  
**450.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 419
	<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. Jerry L Followwill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1065 Westpark Ave  
 City Victoria State TX Zip Code 77905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Victoria Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180224**  
 Amount of Each Receipt this Period 500.00

**B. Michael R McLean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4415 Raguet St  
 City Nacogdoches State TX Zip Code 75965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180225**  
 Amount of Each Receipt this Period 250.00

**c. Matthew Kyle Wallace MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 E Central Suite 140  
 City Spokane State WA Zip Code 99208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NWOS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180226**  
 Amount of Each Receipt this Period 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 419
	<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. Patricia A Kolowich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20570 Woodcreek Blvd  
 City Northville State MI Zip Code 48167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180232**  
 Amount of Each Receipt this Period 300.00

**B. Edward S Jeffries MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24715 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180233**  
 Amount of Each Receipt this Period 300.00

**c. Ronald A MacBeth Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 37  
 800 Austin Drive  
 City Demorest State GA Zip Code 30535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Habersham County Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180236**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 419  
(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. Richard Charles Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1350 W 6th St Ste 2  
 City San Pedro State CA Zip Code 90732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180238**  
 Amount of Each Receipt this Period  
 200.00

**B. David N Palmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 Grove Point Island Rd  
 City Savannah State GA Zip Code 31419-9563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optim Health Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180240**  
 Amount of Each Receipt this Period  
 1000.00

**C. Richard J Kearns MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8714 Stable Crest Blvd  
 City Houston State TX Zip Code 77024-7031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180241**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. John Quentin Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3235 S Westbury Pl

City Eagle State ID Zip Code 83616

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

Name of Employer West Idaho Orthopaedic & Sports Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180242**

Amount of Each Receipt this Period 150.00

**B. Richard D Schmidt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 Sunnyside Road

City Edina State MN Zip Code 55424

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180244**

Amount of Each Receipt this Period 250.00

**C. Sean C Tracy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address W211 N5455 Carters Crossing Circle

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer Wisconsin Bone and Joint Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180245**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

**SCHEDULE A (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 419
	<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. Adam C Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6411 Mulligan Rd  
 City Farmington State NM Zip Code 87402-4869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180247**  
 Amount of Each Receipt this Period  
 500.00

**B. John O Krause MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Roclare Ln  
 City St Louis State MO Zip Code 63131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ortho Ctr of St Louis Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180248**  
 Amount of Each Receipt this Period  
 1000.00

**C. Russell G Tigges MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Stanford Court  
 City Rhinebeck State NY Zip Code 12572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : 7180249**  
 Amount of Each Receipt this Period  
 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 30 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jonathan R Pettit MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Cranford Hollow Rd  
 City Columbia State TN Zip Code 38401-7639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid Tennessee Bone & Joint Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : 7180250**  
 Amount of Each Receipt this Period **500.00**

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

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : 7180251**  
 Amount of Each Receipt this Period **203.00**

**c. Gerald Q Greenfield Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Remington Run  
 City San Antonio State TX Zip Code 78258-7707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : 7180252**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>953.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 419
<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. Christopher Thomas Daley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Constitution Dr  
 City Morganton State NC Zip Code 28655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180253**  
 Amount of Each Receipt this Period 500.00

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

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180255**  
 Amount of Each Receipt this Period 1000.00

**C. Spiro N Papas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Delafield Rd Ste 1040  
 City Pittsburgh State PA Zip Code 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180256**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Mastin Farmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1450 Longview Rd  
 City Roanoke State VA Zip Code 24018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 7180258**  
 Amount of Each Receipt this Period 250.00

**B. Regina O Hillsman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1771 Post Rd E  
 City Westport State CT Zip Code 06880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180289**  
 Amount of Each Receipt this Period 100.00

**C. Joseph P Burns MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 Beloit Ave  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern California Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180290**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel Ernest Tvedten MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4253 Thunder Ln  
 City Rhinelander State WI Zip Code 54501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ministry Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180291**  
 Amount of Each Receipt this Period 300.00

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

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180292**  
 Amount of Each Receipt this Period 375.00

**C. David B Robie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6585 Plesenton Dr S  
 City Worthington State OH Zip Code 43085-2944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic One Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180293**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<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. Stephane Lavoie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Lake Harbor Drive  
 City Deland State FL Zip Code 32724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Orthopedics Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180314**  
 Amount of Each Receipt this Period 250.00

**B. John J Cambareri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Feldspar Dr  
 City Syracuse State NY Zip Code 13219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Syracuse Orthopedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180316**  
 Amount of Each Receipt this Period 750.00

**c. Craig Anthony Cummins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 741 Spruce Rd  
 City Barrington State IL Zip Code 60010-3142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake County Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180317**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard E McCarthy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Childrens Way Slot 839

City Little Rock State AR Zip Code 72202-3500

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

Name of Employer University of Arkansas Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : 7180318**

Amount of Each Receipt this Period  
 300.00

**B. Bryan Bomberg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 881029

City Steamboat Springs State CO Zip Code 80488

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

Name of Employer Steamboat Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : 7180319**

Amount of Each Receipt this Period  
 500.00

**C. Richard Fairfax Pell IV, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12801 SW 82nd Avenue

City Miami State FL Zip Code 33156

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

Name of Employer South Florida Int'l Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : 7180320**

Amount of Each Receipt this Period  
 188.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	988.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffrey C Davis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1208 Perthshire Ct  
 City Hoover State AL Zip Code 35242  
 Name of Employer Andrews Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2015  
**Transaction ID : 7180322**  
 Amount of Each Receipt this Period 250.00

**B. Steven Montgomery Kane MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1592 Windsor Pkwy  
 City Atlanta State GA Zip Code 30319  
 Name of Employer Atlanta Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7180405**  
 Amount of Each Receipt this Period 250.00

**C. David A Halsey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 192 Tilley Drive  
 City South Burlington State VT Zip Code 05403-4440  
 Name of Employer Fletcher Allen Health Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7180424**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 419
	<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. Sanaz Hariri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1169 Trinity Dr  
 City Menlo Park State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : 7180786**  
 Amount of Each Receipt this Period  
 500.00

**B. Thomas J Errico MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 East 17th Street, Rm 400  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Medical Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : 7181767**  
 Amount of Each Receipt this Period  
 1000.00

**C. F Scott Gray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Olmstead Lane  
 City Ridgefield State CT Zip Code 06877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Connecticut Family Orthopaedic  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : 7181769**  
 Amount of Each Receipt this Period  
 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: PAGE 38 OF 419  
(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. Peter M Bonutti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1303 W Evergreen Ave  
 City Effingham State IL Zip Code 62401-1387  
 Date of Receipt: 07 / 08 / 2015  
**Transaction ID : 7184158**  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Bonutti Orthopaedics Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 1000.00

**B. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 Date of Receipt: 07 / 09 / 2015  
**Transaction ID : 7211733**  
 Amount of Each Receipt this Period: 84.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Advanced Orthopaedics & Rehabilitation Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 588.00

**C. Jonathan Watling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Riverside Drive  
 City New York State NY Zip Code 10023  
 Date of Receipt: 07 / 09 / 2015  
**Transaction ID : 7213527**  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Self Employed Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1334.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 419
	<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. Albert W Gillespy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 790 John Anderson Dr  
 City Ormond Beach State FL Zip Code 32176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Clinic of Daytona Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2015  
**Transaction ID : 7213671**  
 Amount of Each Receipt this Period 1000.00

**B. Joseph B Chalal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Brooks Lane  
 City Delray Beach State FL Zip Code 33483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7213682**  
 Amount of Each Receipt this Period 250.00

**c. Christopher C Annunziata MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8005 Falstaff Rd  
 City Mc Lean State VA Zip Code 22102-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7213683**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael E Joyce MD**

Mailing Address 125 Partridge Landing

City State Zip Code  
 Glastonbury CT 06033

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

Name of Employer Occupation  
 Orthopaedic Sports Specialists Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : 7213687**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Raymond A Koch MD**

Mailing Address 227 Boyle Dr

City State Zip Code  
 Eureka CA 95503-4809

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

Name of Employer Occupation  
 Humboldt Medical Specialists Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : 7213688**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. John R Tongue MD**

Mailing Address 6485 SW Borland Rd  
 Ste A

City State Zip Code  
 Tualatin OR 97062-9762

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

Name of Employer Occupation  
 Cascade Orthopaedic Group Orthopaedic Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : 7213689**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bryan D Den Hartog MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6001 Westown Parkway  
 City West Des Moines State IA Zip Code 50323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 07 / 2015**  
**Transaction ID : 7213690**  
 Amount of Each Receipt this Period **750.00**

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

Date of Receipt **07 / 07 / 2015**  
**Transaction ID : 7213692**  
 Amount of Each Receipt this Period **500.00**

**C. Mollie Manley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3261 Gullane Dr  
 City Richfield State OH Zip Code 44286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Cruces Orthopaedic Association Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 09 / 2015**  
**Transaction ID : 7214102**  
 Amount of Each Receipt this Period **200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 419
	<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. Drew Eugene Warnick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2067 Michigan Ave NE  
 City Saint Petersburg State FL Zip Code 33703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Orthopaedic & Scoliosis Sur Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **281.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214105**  
 Amount of Each Receipt this Period  
**281.00**

**B. John R Dimar II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 East Gray Street Suite 900  
 City Louisville State KY Zip Code 40202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214107**  
 Amount of Each Receipt this Period  
**1000.00**

**C. James W Gallentine MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 Sheridan Blvd  
 City Lincoln State NE Zip Code 68502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Ortho & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214108**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1531.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Larry M Gersten MD</b>		Date of Receipt
Mailing Address 21 Bridington		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Laguna Niguel	CA	92677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7214110</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCOS	Orthopaedic Surgeon	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. J Mark Blue MD</b>		Date of Receipt
Mailing Address 844 Washington Rd Suite102		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Westminster	MD	21157-5782
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7214122</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Carroll Health Group	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael David Miller MD</b>		Date of Receipt
Mailing Address 6501 N Camino Katrina		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Tucson	AZ	85718
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7214124</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
University Orthopedic Specialists	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard W Springstead MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Ponce de Leon Blvd  
 City Brooksville State FL Zip Code 34601-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214125**  
 Amount of Each Receipt this Period  
 250.00

**B. Joseph E Mumford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 SW Briarwood Circle  
 City Topeka State KS Zip Code 66611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stormont Vail Healthcare  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214126**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214127**  
 Amount of Each Receipt this Period  
 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 45 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas E Baier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Stonegate  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenleaf Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7214129**  
 Amount of Each Receipt this Period 500.00

**B. Robert H Sandmeier MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2038 NW 127th PI  
 City Portland State OR Zip Code 97229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7214133**  
 Amount of Each Receipt this Period 250.00

**C. Brian R Hamlin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3169 Beechwood Drive  
 City Allison Park State PA Zip Code 15101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : 7214134**  
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 419
	<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. Nicholes S Sexton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 789 Cherokee Ave  
 City Roseburg State OR Zip Code 97471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Umpqua Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214136**  
 Amount of Each Receipt this Period  
 250.00

**B. Richard B Welch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2190  
 City Napa State CA Zip Code 94558-0508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214184**  
 Amount of Each Receipt this Period  
 150.00

**C. Larry Benz Marti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12110 State Rt CC  
 City Rolla State MO Zip Code 65401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214185**  
 Amount of Each Receipt this Period  
 375.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Philip William Mack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Ericka Circle  
 City East Longmeadow State MA Zip Code 01028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Connecticut Children's Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214186**  
 Amount of Each Receipt this Period  
 250.00

**B. Austin Thomas Fragomen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48-25 64th St  
 City Woodside State NY Zip Code 11377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : 7214190**  
 Amount of Each Receipt this Period  
 500.00

**C. Daniel J Murphy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Ben Bar Circle  
 City Whitesboro State NY Zip Code 13492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Syracuse Orthopedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 7214779**  
 Amount of Each Receipt this Period  
 500.00

<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 48 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David Price Roye Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 Bear Ridge Rd  
 City Pleasantville State NY Zip Code 10570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 7215575**  
 Amount of Each Receipt this Period  
 500.00

**B. Jeffrey C Wint MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hand Center of Western Mass  
 3550 Main St Ste 204  
 City Springfield State MA Zip Code 01107-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Hand Center of Western MA Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : 7215595**  
 Amount of Each Receipt this Period  
 250.00

**c. Thomas C McLaughlin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2667 Berkshire Rd  
 City Cleveland State OH Zip Code 44106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LSCVAMC Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2015  
**Transaction ID : 7216945**  
 Amount of Each Receipt this Period  
 500.00

<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 49 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph E Alhadeff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Oakwood Dr  
 City Red Lion State PA Zip Code 17356-8285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 12 / 2015**  
**Transaction ID : 7216949**  
 Amount of Each Receipt this Period **1000.00**

**B. William N Levine MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 W 168th St Ph-1130  
 City New York State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3100.00**

Date of Receipt **07 / 12 / 2015**  
**Transaction ID : 7217487**  
 Amount of Each Receipt this Period **3100.00**

**C. Bryan Scott Moon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Split Elm Drive  
 City Missouri City State TX Zip Code 77459-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **336.00**

Date of Receipt **07 / 13 / 2015**  
**Transaction ID : 7217490**  
 Amount of Each Receipt this Period **84.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4184.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Kovacevic MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Dover St  
 City State Zip Code  
 Brooklyn NY 11235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7218832**  
 Amount of Each Receipt this Period  
 504.00

**B. Steven Douglas K Ross MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8049 E Santa Cruz Ave  
 City State Zip Code  
 Orange CA 92869-5652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of California Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : 7221786**  
 Amount of Each Receipt this Period  
 100.00

**C. Scott Edward Porter MD, FACS,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Independence Pt Suite 140  
 City State Zip Code  
 Greenville SC 29615-4550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greenville Hospital System Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : 7221787**  
 Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	688.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 419
	<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. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : 7221788**  
 Amount of Each Receipt this Period  
 84.00

**B. Michael G Vitale MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 N Brook Ln  
 City Irvington State NY Zip Code 10533-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYOH Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : 7226217**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael J Morris MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4037 Redford Court  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Joint Implant Surgeons Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : 7226836**  
 Amount of Each Receipt this Period  
 1000.00

<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 52 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gregory J Lane MD</b>			Date of Receipt
Mailing Address 11 Orchard Ln			M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015
City	State	Zip Code	<b>Transaction ID : 7226838</b>
Lebanon	NJ	08833-4443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) <b>B. Barry W Solcher MD</b>			Date of Receipt
Mailing Address 4140 Sweetwater Dr			M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
City	State	Zip Code	<b>Transaction ID : 7226847</b>
College Station	TX	77845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

Full Name (Last, First, Middle Initial) <b>C. Cassie Gyuricza Root MD</b>			Date of Receipt
Mailing Address 815 N Garfield St			M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
City	State	Zip Code	<b>Transaction ID : 7226848</b>
Arlington	VA	22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Nirschl Orthopaedic Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

<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:	PAGE 53 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel D Rhoads MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 Park Royal Dr  
 City State Zip Code  
 Flowery Branch GA 30542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NGMC Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226849**  
 Amount of Each Receipt this Period  
 350.00

**B. Daniel J Quinn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Fox Hill Road  
 City State Zip Code  
 Needham MA 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Newton Wellesley Orthopaedics 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  
 07 / 13 / 2015  
**Transaction ID : 7226851**  
 Amount of Each Receipt this Period  
 200.00

**C. Jeffrey Todd Brodie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Hambleton Court  
 City State Zip Code  
 Baltimore MD 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Maryland Medical System Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226854**  
 Amount of Each Receipt this Period  
 250.00

<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 54 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert A Eppley MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 Cedar Ln

City Orinda State CA Zip Code 94563

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

Name of Employer Cal Sports & Ortho Institute Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
07 / 10 / 2015  
Transaction ID : 7226881

Amount of Each Receipt this Period  
130.00

**B. Robert A Stanton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 Kings Hwy Cutoff Ste 100

City Fairfield State CT Zip Code 06824-5358

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

Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 10 / 2015  
Transaction ID : 7226883

Amount of Each Receipt this Period  
500.00

**C. John H Chidester MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 254 W Lancaster Ave Ste 2

City Malvern State PA Zip Code 19355

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
07 / 10 / 2015  
Transaction ID : 7226884

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 830.00

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

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Thull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10250 N 92nd St #114  
 City State Zip Code  
 Scottsdale AZ 85258-4518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226962**  
 Amount of Each Receipt this Period  
 750.00

**B. Thomas K Fehring MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2329 Pender Pl  
 City State Zip Code  
 Charlotte NC 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortho Carolina Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226963**  
 Amount of Each Receipt this Period  
 250.00

**C. Martin Boublik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 614 Cliffgate Lane  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226964**  
 Amount of Each Receipt this Period  
 1000.00

<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 56 OF 419
	<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. Andrew Stuart Levy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 Park Ave  
 City State Zip Code  
 Morristown NJ 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Center for Advanced Sports Medicine Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226965**  
 Amount of Each Receipt this Period  
 500.00

**B. Patrick D Guin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Hampton Way  
 City State Zip Code  
 Dothan AL 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern Bone and Joint Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7226967**  
 Amount of Each Receipt this Period  
 250.00

**C. Abdi Raissi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 E Desert Inn Rd Ste 100  
 City State Zip Code  
 Las Vegas NV 89121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 07 / 13 / 2015  
**Transaction ID : 7226968**  
 Amount of Each Receipt this Period  
 250.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David A Fisher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Breakwater Dr  
 City Fishers State IN Zip Code 46037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedics Indianapolis Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : 7226981**  
 Amount of Each Receipt this Period  
 1000.00

**B. William W DeMuth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Brookline Dr  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : 7226987**  
 Amount of Each Receipt this Period  
 250.00

**C. Edwin P Su MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 East 70th Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : 7226989**  
 Amount of Each Receipt this Period  
 250.00

<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 58 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Rory D Wood MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : 7226990</b>		
Mailing Address 2315 Rosendale Rd			Amount of Each Receipt this Period 200.00		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer Schenectady Regional Orthopedics		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) <b>B. Paul A Marchetto MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : 7226991</b>		
Mailing Address 928 Field Ln			Amount of Each Receipt this Period 250.00		
City Villanova	State PA	Zip Code 19085			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Edward F Schlafly Jr, MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : 7226993</b>		
Mailing Address 8021 South Drive			Amount of Each Receipt this Period 250.00		
City Saint Louis	State MO	Zip Code 63117			
FEC ID number of contributing federal political committee. C					
Name of Employer Woods Mill Orthopedics		Occupation 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).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 419  
(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. John D Dorchak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1765 Central Church Road  
 City Midland State GA Zip Code 31820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7226995**  
 Amount of Each Receipt this Period 500.00

**B. Louis J Mariorenzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Bay View Drive  
 City Jamestown State RI Zip Code 02835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7226996**  
 Amount of Each Receipt this Period 1000.00

**c. Marc Stephen Goldman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6451 Westlake Ave  
 City Dallas State TX Zip Code 75214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7226997**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Fred G Corley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 E Edgewood  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Texas Health Science Ctr Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7226999**  
 Amount of Each Receipt this Period 500.00

**B. Gary David Botimer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24444 Lawton Ave.  
 City Loma Linda State CA Zip Code 92354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loma Linda University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7227001**  
 Amount of Each Receipt this Period 1000.00

**C. Charles H Alexander MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6758 Passons Blvd  
 City Pico Rivera State CA Zip Code 90660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : 7227002**  
 Amount of Each Receipt this Period 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 61 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Richard N Weinstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Long Pond Rd  
 City Armonk State NY Zip Code 10504-2626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone & Joint Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2015  
**Transaction ID : 7229459**  
 Amount of Each Receipt this Period 250.00

**B. Robert Allen Mileski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8555 E Voltaire  
 City Scottsdale State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phoenix Orthopedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230750**  
 Amount of Each Receipt this Period 250.00

**C. Brett William McCoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 835 Brayton Ave  
 City Cleveland State OH Zip Code 44113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230751**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 419
	<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. Ciro Cirrincione MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 S Meadow Ct  
 City South Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barrington Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7230752**  
 Amount of Each Receipt this Period  
 500.00

**B. Jess Lucas Brehmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2985 Cougar Court  
 City Red Wing State MN Zip Code 55066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7230753**  
 Amount of Each Receipt this Period  
 250.00

**C. Alfred J Coppola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Vista Verde Way  
 City Bakersfield State CA Zip Code 93309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : 7230756**  
 Amount of Each Receipt this Period  
 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: PAGE 63 OF 419  
(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. Joseph W Pulekines MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Cedar Ridge Drive  
 City London State KY Zip Code 40744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Corbin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230757**  
 Amount of Each Receipt this Period 250.00

**B. John M Aversa MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2408 Whitney Ave  
 City Hamden State CT Zip Code 06518-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Connecticut Ortho Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230760**  
 Amount of Each Receipt this Period 250.00

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

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230761**  
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 419
	<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. C Lowry Barnes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 E. Palisades  
 City Little Rock State AR Zip Code 72207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAMS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 7230763**  
 Amount of Each Receipt this Period 1000.00

**B. William A Matarese MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 248 Hidden Pond Path  
 City Franklin Lakes State NJ Zip Code 07417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 16 / 2015  
**Transaction ID : 7236505**  
 Amount of Each Receipt this Period 1000.00

**C. Robert E Atkinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Beretania St. #750  
 City Honolulu State HI Zip Code 96814-1881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 16 / 2015  
**Transaction ID : 7236511**  
 Amount of Each Receipt this Period 250.00

**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 65 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Christopher W Maender MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4509 Turtle Bay  
 City Springfield State IL Zip Code 62711-7891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : 7236522**  
 Amount of Each Receipt this Period 250.00

**B. Stephen G J Eckrich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5511 Shooting Star Trail  
 City Rapid City State SD Zip Code 57702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Hills Orthopaedic & Spine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 584.50

Date of Receipt 07 / 18 / 2015  
**Transaction ID : 7237523**  
 Amount of Each Receipt this Period 83.50

**C. J David Evanich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 Bayshore Drive  
 City Flower Mound State TX Zip Code 75022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 18 / 2015  
**Transaction ID : 7237528**  
 Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1333.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<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. Eric Martin Boyden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Dartmouth Dr  
 City Reno State NV Zip Code 89509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reno Orthopedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2015  
**Transaction ID : 7237895**  
 Amount of Each Receipt this Period 1000.00

**B. Charles G Haddad Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 W Oakridge Park  
 City Metairie State LA Zip Code 70005-4023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2015  
**Transaction ID : 7237900**  
 Amount of Each Receipt this Period 500.00

**C. Travis Jay Kemp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1398 E Versailles Ct  
 City Boise State ID Zip Code 83706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 20 / 2015  
**Transaction ID : 7240082**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 2500.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 419  
(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. Todd A Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2865 Lake Park Drive  
 City Jonesboro State GA Zip Code 30236-4133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7240083**  
 Amount of Each Receipt this Period  
 84.00

**B. David R Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Middle Plantation Ln  
 City Gulf Breeze State FL Zip Code 32561-4899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7240084**  
 Amount of Each Receipt this Period  
 85.00

**C. Jeffrey P Beckenbaugh DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Scenic View Drive SW  
 City Rochester State MN Zip Code 55902-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7240085**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Eric Louis Smith MD</b>			Date of Receipt
Mailing Address 1573 Beacon St			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7240086</b>
Newton	MA	02468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Tufts Medical Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="588.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Basil R Besh MD</b>			Date of Receipt
Mailing Address 6135 Clubhouse Dr			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7240087</b>
Pleasanton	CA	94566-9864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Edward Guerrant Lilly III, MD</b>			Date of Receipt
Mailing Address 1867 Hebron Rd			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7241637</b>
Hendersonville	NC	28739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1169.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John J McCrosson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2749 Fountainhead Way  
 City State Zip Code  
 Mt Pleasant SC 29466-8590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Roper St Francis Healthcare Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242015**  
 Amount of Each Receipt this Period  
 250.00

**B. Timothy J Flock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Warner Dr  
 City State Zip Code  
 Lewiston ID 83501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lewiston Orthopaedic Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242300**  
 Amount of Each Receipt this Period  
 1000.00

**C. Frank P Giammattei MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Woodbrook Rd  
 City State Zip Code  
 Swarthmore PA 19081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Premier Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : 7242302**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1333.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Michael Glover MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 N Worthington Place  
 City Flagstaff State AZ Zip Code 86001  
 Name of Employer Northern Arizona Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242902**  
 Amount of Each Receipt this Period 1000.00

**B. James B Grimes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1921 18th St  
 City Bakersfield State CA Zip Code 93301-4205  
 Name of Employer OASA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242903**  
 Amount of Each Receipt this Period 500.00

**C. Charles T Price MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1009 Greentree Dr  
 City Winter Park State FL Zip Code 32789  
 Name of Employer Orlando Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242904**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. George Walter Balfour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11538 Rubio Ave.  
 City Granada Hills State CA Zip Code 91344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242917**  
 Amount of Each Receipt this Period  
 1000.00

**B. James L Scales MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 Newton Sparta Rd Ste 4  
 City Newton State NJ Zip Code 07860-2775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Andover Orthopaedic Surgeons Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242918**  
 Amount of Each Receipt this Period  
 500.00

**C. William Kemp Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2517 Timber Cove Lane  
 City Plano State TX Zip Code 75093-6141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242919**  
 Amount of Each Receipt this Period  
 1000.00

<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: PAGE 72 OF 419  
(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. Jaroslaw B Dzwinyk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5215 N California Ave #804  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swedish Covenant Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242920**  
 Amount of Each Receipt this Period 375.00

**B. Richard M Linn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 754 N.W. 101 Terrace  
 City Plantation State FL Zip Code 33324-1061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopedic Center of South Florida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242921**  
 Amount of Each Receipt this Period 200.00

**c. Lana Kang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 E 76th St Apt 12B  
 City New York State NY Zip Code 10021-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : 7242922**  
 Amount of Each Receipt this Period 300.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 419
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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**

Full Name (Last, First, Middle Initial) <b>A. Peter W Ross MD</b>			Date of Receipt MM / DD / YYYY 07 / 21 / 2015 <b>Transaction ID : 7242923</b>
Mailing Address P.O. Box 155341			Amount of Each Receipt this Period 375.00
City Lufkin	State TX	Zip Code 75915-5341	
FEC ID number of contributing federal political committee. C		Occupation Orthopaedic Surgeon	
Name of Employer Self Employed		Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sergio Andres Mendoza-Lattes MD</b>			Date of Receipt MM / DD / YYYY 07 / 21 / 2015 <b>Transaction ID : 7242956</b>
Mailing Address 3758 Forest Gate Dr NE			Amount of Each Receipt this Period 250.00
City Iowa City	State IA	Zip Code 52240	
FEC ID number of contributing federal political committee. C		Occupation Orthopaedic Surgeon	
Name of Employer Duke University		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Christopher D Hamilton MD</b>			Date of Receipt MM / DD / YYYY 07 / 21 / 2015 <b>Transaction ID : 7242957</b>
Mailing Address 11501 Haydock Ct			Amount of Each Receipt this Period 500.00
City Bakersfield	State CA	Zip Code 93311	
FEC ID number of contributing federal political committee. C		Occupation Orthopaedic Surgeon	
Name of Employer Southern California Ortho Institute		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Anca Popa MD</b>		Date of Receipt
Mailing Address 115 River Rd Ste 825		M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2015
City	State	Zip Code
Edgewater	NJ	07020
FEC ID number of contributing federal political committee.	Transaction ID : <b>7242958</b>	
	Amount of Each Receipt this Period	
	400.00	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	900.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan E Fuller MD</b>		Date of Receipt
Mailing Address 9806 Fieldcrest Dr		M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2015
City	State	Zip Code
Omaha	NE	68114
FEC ID number of contributing federal political committee.	Transaction ID : <b>7242960</b>	
	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. William L Oppenheim MD</b>		Date of Receipt
Mailing Address 124 Outrigger Mall		M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2015
City	State	Zip Code
Marina Del Rey	CA	90292-6795
FEC ID number of contributing federal political committee.	Transaction ID : <b>7242961</b>	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
Geffen School of Medicine	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles A Sommer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Wagon Dr  
 City Wilbraham State MA Zip Code 01095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harrington Physician Services Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 21 / 2015**  
**Transaction ID : 7242962**  
 Amount of Each Receipt this Period **250.00**

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

Date of Receipt **07 / 21 / 2015**  
**Transaction ID : 7242963**  
 Amount of Each Receipt this Period **375.00**

**C. Alan Scott Tuckman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2933 Cotswold Rd  
 City Sinking Spring State PA Zip Code 19608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster Orthopedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 21 / 2015**  
**Transaction ID : 7242964**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1625.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey B Burnette MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8252 Seven Mile Dr  
 City State Zip Code  
 Ponte Vedra FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242966**  
 Amount of Each Receipt this Period  
 1000.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 7242967**  
 Amount of Each Receipt this Period  
 500.00

**C. George V Russell Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hawthorne Vale  
 City State Zip Code  
 Ridgeland MS 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UMMC Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : 7243036**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1585.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Craig Mitchell Mintzer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1428 Holts Grove Circle  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : 7243037**  
 Amount of Each Receipt this Period  
**500.00**

**B. Scott Thomas Ferry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 Tuscany Way  
 City Rockford State IL Zip Code 61107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : 7243038**  
 Amount of Each Receipt this Period  
**375.00**

**C. Karen Sookyung Myung MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1224 North Park Avenue  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IUHP Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : 7243039**  
 Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John E Lapkass MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1426 G St  
 City Anchorage State AK Zip Code 99501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anchorage Fracture & Orthopaedic Clini Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 16 / 2015**  
**Transaction ID : 7243040**  
 Amount of Each Receipt this Period **1000.00**

**B. K Daniel Riew MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Upper Ladue Road  
 City Saint Louis State MO Zip Code 63124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 22 / 2015**  
**Transaction ID : 7243991**  
 Amount of Each Receipt this Period **1000.00**

**C. Francis Young-In Lee MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3959 Broadway, 8 North  
 City New York State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 23 / 2015**  
**Transaction ID : 7244010**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mark A Noffsinger MD</b>			Date of Receipt
Mailing Address 9111 Pq Ave			<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7246086</b>
Mattawan	MI	49071-9427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Borgess Health Alliance	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Roberts MD</b>			Date of Receipt
Mailing Address 31012 Wilderness Trail			<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7248385</b>
Westlake	OH	44145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Orthopaedic Associates	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Roshan P. Shah MD, JD</b>			Date of Receipt
Mailing Address 610 West 110th Street Apt 3E			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7248386</b>
New York	NY	10025-2105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1335.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Howard R Epps MD</b>			Date of Receipt
Mailing Address 1936 Wroxtton Road			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7248387</b>
Houston	TX	77005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Baylor College of Medicine	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Vincent Iacono MD</b>			Date of Receipt
Mailing Address P.O. Box 30			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249016</b>
Stoughton	MA	02072-0030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Orthopedic Care Specialists	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Xavier A Duralde MD</b>			Date of Receipt
Mailing Address 2045 Peachtree Road NE Suite 700			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249019</b>
Atlanta	GA	30309-1476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Peachtree Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Paul Alan Kammerlocher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2907 NW 40th Pl  
 City Newcastle State OK Zip Code 73065  
 Name of Employer McBride Clinic Inc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249021**  
 Amount of Each Receipt this Period 750.00

**B. Robert T Burks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 Wakara Way  
 City Salt Lake City State UT Zip Code 84108-1200  
 Name of Employer University of Utah Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249022**  
 Amount of Each Receipt this Period 1000.00

**C. Lance Ronald Farnworth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Portero Dr  
 City Pueblo State CO Zip Code 81005  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249023**  
 Amount of Each Receipt this Period 1000.00

<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 82 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David P Mesna MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3704 Camino Codorniz  
 City Calabasas State CA Zip Code 91302-3043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249025**  
 Amount of Each Receipt this Period 300.00

**B. Theodore I Macey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Twin Bay Dr  
 City Fort Walton Beach State FL Zip Code 32547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249026**  
 Amount of Each Receipt this Period 500.00

**C. David S Weisman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 585 Cranbury Rd  
 City East Brunswick State NJ Zip Code 08816-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatric Orthopedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : 7249028**  
 Amount of Each Receipt this Period 1000.00

<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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peter W Gilmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3211 Moore's Mill Rd  
 City State Zip Code  
 Rougemont NC 27572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : 7249030**  
 Amount of Each Receipt this Period  
 500.00

**B. Christopher A Wills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 South Main Street  
 Suite 200  
 City State Zip Code  
 Orange CA 92868-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2015  
**Transaction ID : 7249163**  
 Amount of Each Receipt this Period  
 84.00

**C. Rafael M Fernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 800809  
 City State Zip Code  
 Coto Laurel PR 00780-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2015  
**Transaction ID : 7249164**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	684.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael A Rauh MD</b>			Date of Receipt
Mailing Address 46 Middlebury Rd			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249165</b>
Orchard Park	NY	14127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
University Orthopedic Specialists	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Bernard G Kirol MD</b>			Date of Receipt
Mailing Address 106 Buckthorn Circle			<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249197</b>
Elgin	SC	29045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
Midlands Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Paul J Braaton MD</b>			Date of Receipt
Mailing Address 1335 Coffee Rd Ste 100			<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249198</b>
Modesto	CA	95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="184.00"/>
<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 85 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Anthony Navarro MD</b>			Date of Receipt
Mailing Address 18 Wide Loop Rd			<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7249199</b>
Rolling Hills	CA	90274-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Southern California Permanente Medical	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Charles D Mitchell MD</b>			Date of Receipt
Mailing Address 1410 Acapulco Dr			<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7251975</b>
Dallas	TX	75232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Stephen F Mitros MD</b>			Date of Receipt
Mailing Address 51045 Erin Glen Dr			<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7253259</b>
Granger	IN	46530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="369.00"/>
<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 86 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John N Hall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3196 Turnberry Circle  
 City Charlottesville State VA Zip Code 22911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 28 / 2015**  
**Transaction ID : 7253260**  
 Amount of Each Receipt this Period **250.00**

**B. Jeffery D Angel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Virginia Dr Ste C  
 City Batesville State AR Zip Code 72501-7331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 28 / 2015**  
**Transaction ID : 7253261**  
 Amount of Each Receipt this Period **84.00**

**C. Edward Ratcliffe Anderson III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 829 Terrell Rd  
 City San Antonio State TX Zip Code 78209-6117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 28 / 2015**  
**Transaction ID : 7253263**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael P Rubinstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27015 Glaramara Circle  
 City Yorba Linda State CA Zip Code 92887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fullerton Orthopaedic Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 28 / 2015**  
**Transaction ID : 7253264**  
 Amount of Each Receipt this Period **250.00**

**B. Keith L Wapner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 N Heilbron Dr  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Penn Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : 7255739**  
 Amount of Each Receipt this Period **500.00**

**C. Ryan Edward Will MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 60th Ave NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Multicare Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : 7255740**  
 Amount of Each Receipt this Period **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bernard N Stulberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7470 Waterfall Trail  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Vincent Charity Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : 7255751**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Edward W Kelly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2255 Sargent Ave  
 City Saint Paul State MN Zip Code 55105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : 7255752**  
 Amount of Each Receipt this Period  
**250.00**

**C. Kenneth Dean Olsen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7800 Painted Sky Court  
 City Prior Lake State MN Zip Code 55372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Owatonna Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 7258054**  
 Amount of Each Receipt this Period  
**500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 419
	<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. Theodore W Crofford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2228 Winton Terrace E  
 City Fort Worth State TX Zip Code 76109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : 7260880**  
 Amount of Each Receipt this Period **1000.00**

**B. Robert G Viere MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3415 Cornell Ave  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : 7260882**  
 Amount of Each Receipt this Period **500.00**

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

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : 7260892**  
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 419  
(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. David M King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N21W29802 Glen Cove Rd  
 City State Zip Code  
 Pewaukee WI 53072-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical College of Wisconsin Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : 7260900**  
 Amount of Each Receipt this Period  
 250.00

**B. Bradley C Carofino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3377 Herons Gate  
 City State Zip Code  
 Virginia Bch VA 23452-6148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : 7260907**  
 Amount of Each Receipt this Period  
 500.00

**C. Jack D Lennox DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28100 Grand River Ste 209  
 City State Zip Code  
 Farmington Hills MI 48336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tri County Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : 7260910**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 419  
(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. Scott Paschal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 Greenville Ave Ste 310  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2015  
**Transaction ID : 7261058**  
 Amount of Each Receipt this Period  
 1000.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2015  
**Transaction ID : 7261423**  
 Amount of Each Receipt this Period  
 500.00

**C. Ronald W B Wyatt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Carleton Way  
 City Alamo State CA Zip Code 94507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : 7261672**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 419
<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 (Last, First, Middle Initial) <b>A. Jeffrey Albert MD</b>		Date of Receipt
Mailing Address 15075 Thompson Rd		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City State Zip Code Alpharetta GA 30004-3110		<b>Transaction ID : 7263094</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Resurgens Orthopaedics	Occupation 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="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Berson MD</b>		Date of Receipt
Mailing Address 71 Arlen Way		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City State Zip Code West Hartford CT 06117		<b>Transaction ID : 7263910</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. David J Mansfield MD</b>		Date of Receipt
Mailing Address 1720 Murchison		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City State Zip Code El Paso TX 79902		<b>Transaction ID : 7263911</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer El Paso Orthopaedic Surg Group	Occupation 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="930.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1085.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Neal D Lintecum MD</b>		Date of Receipt
Mailing Address 789 N 1500 Road		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lawrence	KS	66049
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7263912</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Ortho Kansas	Orthopaedic Surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Stephanie E Siegrist MD</b>		Date of Receipt
Mailing Address 980 Westfall Road Bldg. 100, Suite 105		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rochester	NY	14618
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7267219</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Craig H Rosen MD</b>		Date of Receipt
Mailing Address 1802 Champlain Dr		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Voorhees Township	NJ	08043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7274608</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Inspira Medical Center	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<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 94 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey H Charen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 May St Ste 202  
 City Edison State NJ Zip Code 08837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho. Assoc. of Central Jersey Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274609**  
 Amount of Each Receipt this Period 1000.00

**B. Michael T Archdeacon MD**  
 Full Name (Last, First, Middle Initial)  
 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 University of Cincinnati Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274610**  
 Amount of Each Receipt this Period 500.00

**C. Glenn J Minster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274616**  
 Amount of Each Receipt this Period 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 95 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard T Perry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274617**  
 Amount of Each Receipt this Period 500.00

**B. Christopher Lawrence Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274618**  
 Amount of Each Receipt this Period 500.00

**c. Christopher Zingas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23829 Little Mack Ste 100  
 City Saint Clair Shores State MI Zip Code 48080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 7274619**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 419
	<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. Ejovi Ughwanogho**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7440 East Cambelback Road  
 City State Zip Code  
 Scottsdale AZ 85251-4451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Core Institute Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7274620**  
 Amount of Each Receipt this Period  
 250.00

**B. David Alan Deneka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6565 Green Shadows Ln  
 City State Zip Code  
 Memphis TN 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoMemphis Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7274621**  
 Amount of Each Receipt this Period  
 500.00

**C. Gerald J Ortiz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 188 Steadmill Rd  
 City State Zip Code  
 Amsterdam NY 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mohawk Valley Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7274622**  
 Amount of Each Receipt this Period  
 500.00

<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 97 OF 419
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Steven C Dennis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Corporate Plaza Drive  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newport Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : 7274751**  
 Amount of Each Receipt this Period **1000.00**

**B. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : 7274753**  
 Amount of Each Receipt this Period **175.00**

**C. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **672.00**

Date of Receipt **08 / 09 / 2015**  
**Transaction ID : 7275881**  
 Amount of Each Receipt this Period **84.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1259.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 419
	<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. Melvin Paul Rosenwasser MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Ludlow Ln  
 City Palisades State NY Zip Code 10964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7277644**  
 Amount of Each Receipt this Period  
 250.00

**B. Brian G Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 N Farms Rd  
 City Avon State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7278454**  
 Amount of Each Receipt this Period  
 200.00

**C. Joseph W Carlson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9515 Sibley Dr  
 City Bismarck State ND Zip Code 58504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7278455**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line 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 99 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Victor A Ursua MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 River Road  
 City Shreveport State LA Zip Code 71105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Willis Knighton Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7278456**  
 Amount of Each Receipt this Period  
 500.00

**B. John R Gleason MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5671 Peachtree Dunwoody Rd NE Suite 700  
 City Atlanta State GA Zip Code 30342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : 7278457**  
 Amount of Each Receipt this Period  
 1000.00

**C. H David Homesley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Colville Rd  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barron & Homesley Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7278725**  
 Amount of Each Receipt this Period  
 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 100 OF 419
	<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. Ray Payne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Clearfield Ave Ste 124

City Virginia Beach State VA Zip Code 23462-1832

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

Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : 7278727**

Amount of Each Receipt this Period 1000.00

**B. Stephen William Samelson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 365 Timberlane Rd

City Pike Road State AL Zip Code 36064

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

Name of Employer Southern Ortho Surgeons Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : 7282195**

Amount of Each Receipt this Period 250.00

**C. Ralph T Salvagno MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Grand St

City Hancock State MD Zip Code 21750-1208

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

Name of Employer Center for Joint Surgery Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2015  
**Transaction ID : 7286630**

Amount of Each Receipt this Period 1000.00

**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 101 OF 419
	<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. Geoffrey A Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4229 Foxxglen Run  
 City Chesapeake State VA Zip Code 23321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015  
**Transaction ID : 7286635**  
 Amount of Each Receipt this Period  
 300.00

**B. Bryan Scott Moon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Split Elm Drive  
 City Missouri City State TX Zip Code 77459-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : 7286636**  
 Amount of Each Receipt this Period  
 84.00

**C. Ramesh Gidumal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 East 74th Apt. 2G  
 City New York State NY Zip Code 10021-3713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : 7286641**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	684.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Craig R Springmeyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 North Pointe Dr  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highland Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289481**  
 Amount of Each Receipt this Period  
 500.00

**B. Jeffrey S Abrams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Foulet Dr  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Princeton Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289492**  
 Amount of Each Receipt this Period  
 200.00

**C. Brandon J Rebholz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7425 Maple Terrace  
 City Wauwatosa State WI Zip Code 53213-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289493**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
<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. Philip D Konkel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4134 Stonefield Dr  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Advanced Healthcare Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289494**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert Horace Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2412 Norbeck Farm Pl  
 City Olney State MD Zip Code 20832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Howard University Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289495**  
 Amount of Each Receipt this Period  
 250.00

**C. John Patrick Reilly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Copperflagg Ln  
 City Staten Island State NY Zip Code 10304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289501**  
 Amount of Each Receipt this Period  
 750.00

<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 104 OF 419
	<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. Christian T Royer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5159 Stillwater Trail  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Texas Provider Network Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : 7289502**  
 Amount of Each Receipt this Period **750.00**

**B. Frank L Barnes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 Avalon Pl  
 City Houston State TX Zip Code 77019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : 7289503**  
 Amount of Each Receipt this Period **150.00**

**C. Joel Anthony Wallskog MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12907 N Highgate Ct  
 City Mequon State WI Zip Code 53097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Advanced Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : 7289504**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1900.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bryan Scott Kamps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Monarch Dr NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Health Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : 7289505**  
 Amount of Each Receipt this Period 100.00

**B. John Charles Kofoed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 Seminole Ct  
 City Fairfield State CA Zip Code 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : 7289506**  
 Amount of Each Receipt this Period 84.00

**c. Charles L Sullivan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8815 Pickering  
 City Missoula State MT Zip Code 59808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : 7289507**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 684.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph C DiRaimondo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Miriam Rd  
 City Manitowoc State WI Zip Code 54220-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 08 / 10 / 2015  
**Transaction ID : 7289508**  
 Amount of Each Receipt this Period  
 1000.00

**B. Michael S Kain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Blossom St  
 City Lexington State MA Zip Code 02421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lahey Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 10 / 2015  
**Transaction ID : 7289509**  
 Amount of Each Receipt this Period  
 250.00

**C. Thomas A Joseph MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Youngstown Orthopaedic Association  
 6470 Tippicanoe Rd  
 City Canfield State OH Zip Code 44406-9008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 10 / 2015  
**Transaction ID : 7289510**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John P Buckley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Bryant Dr E  
 City Tuscaloosa State AL Zip Code 35401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289561**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Cary M Guse MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6013 Turtle Bay Pkwy  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289562**  
 Amount of Each Receipt this Period  
**500.00**

**C. Bret T Kean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6542 SE Lake Road Suite 201  
 City Milwaukie State OR Zip Code 97222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289563**  
 Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dudley S Burwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2781 C T Switzer Sr Dr  
 Ste 402  
 City Biloxi State MS Zip Code 39531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopedic Centers Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 7289564**  
 Amount of Each Receipt this Period  
 250.00

**B. Walter F Krengel III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 Sand Point Way NE  
 OA.9.120  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CUMG Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : 7289812**  
 Amount of Each Receipt this Period  
 250.00

**C. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : 7290675**  
 Amount of Each Receipt this Period  
 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 419
<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 (Last, First, Middle Initial) <b>A. Carla S Smith MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015 <b>Transaction ID : 7292633</b>
Mailing Address 2006 E 24th Ave			Amount of Each Receipt this Period 500.00
City Spokane	State WA	Zip Code 99203	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Providence Medical Group		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joseph R Locker MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 16 / 2015 <b>Transaction ID : 7293152</b>
Mailing Address 2240 SW 76th Ln			Amount of Each Receipt this Period 1000.00
City Ocala	State FL	Zip Code 34476	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer The Orthopaedic Institute		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rick F Papandrea MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 16 / 2015 <b>Transaction ID : 7293154</b>
Mailing Address N28 W30628 Red Fox Ct			Amount of Each Receipt this Period 1000.00
City Pewaukee	State WI	Zip Code 53072	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Orthopaedic Associates of WI		Occupation 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).....▶	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 110 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas M McQuail MD</b>			Date of Receipt
Mailing Address 4125 Oberon Dr			<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7293156</b>
Smyrna	GA	30080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Resurgens Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael J Pushkarewicz MD</b>			Date of Receipt
Mailing Address 1510 Braken Ave			<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7293400</b>
Wilmington	DE	19808-4399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Stephen G J Eckrich MD</b>			Date of Receipt
Mailing Address 5511 Shooting Star Trail			<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7296688</b>
Rapid City	SD	57702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.50"/>
Name of Employer	Occupation		
Black Hills Orthopaedic & Spine	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="668.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1125.50"/>
<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: PAGE 111 OF 419  
(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. Matthew John Weresh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6001 Westown Pkwy  
 City West Des Moines State IA Zip Code 50266-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 14 / 2015  
**Transaction ID : 7300196**  
 Amount of Each Receipt this Period 500.00

**B. Ricardo J Rodriguez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6666 Pikes Lane  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2015  
**Transaction ID : 7300197**  
 Amount of Each Receipt this Period 250.00

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

Date of Receipt 08 / 14 / 2015  
**Transaction ID : 7300198**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John P Ternes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3707 Mooreland Farms Rd  
 City State Zip Code  
 Charlotte NC 28226-5404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortho Carolina Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : 7300199**  
 Amount of Each Receipt this Period  
 500.00

**B. James John Verner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23075 Nottingham  
 City State Zip Code  
 Beverly Hills MI 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : 7300211**  
 Amount of Each Receipt this Period  
 250.00

**C. Don Stovall Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Creek Landing Street  
 City State Zip Code  
 Charleston SC 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lowcountry Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : 7300212**  
 Amount of Each Receipt this Period  
 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 113 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jaafar M Bazih MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015 <b>Transaction ID : 7300218</b>
Mailing Address 2715 S Birmingham Pl			Amount of Each Receipt this Period 250.00
City Tulsa	State OK	Zip Code 74104	
FEC ID number of contributing federal political committee. C			
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. A Herbert Alexander MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015 <b>Transaction ID : 7300219</b>
Mailing Address P.O. Box 1657			Amount of Each Receipt this Period 250.00
City Sun Valley	State ID	Zip Code 83353-1657	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel E Murphy MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015 <b>Transaction ID : 7300220</b>
Mailing Address 602 S Howard Ave			Amount of Each Receipt this Period 375.00
City Tampa	State FL	Zip Code 33606-2413	
FEC ID number of contributing federal political committee. C			
Name of Employer Tampa Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 419
	<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. Todd J Albert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Hospital for Special Surgery  
535 E 70th St Rm 836W

City New York State NY Zip Code 10021

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

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 20 / 2015  
**Transaction ID : 7307101**

Amount of Each Receipt this Period  
1000.00

**B. John Minoru Itamura MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 921 Monterey Rd

City South Pasadena State CA Zip Code 91030

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

Name of Employer Kerlan-Jobe Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 20 / 2015  
**Transaction ID : 7307103**

Amount of Each Receipt this Period  
250.00

**C. Bruce P Klein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5051 Butler Rd

City Canandaigua State NY Zip Code 14424

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

Name of Employer Canandaigua Ortho Associates Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 19 / 2015  
**Transaction ID : 7307104**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Louis E Murdock MD</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015
Mailing Address 5012 N Quail Summit Way		<b>Transaction ID : 7307105</b>
City Boise	State ID	Zip Code 83703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer St. Luke's Regional Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. George V Russell Jr, MD</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015
Mailing Address 102 Hawthorne Vale		<b>Transaction ID : 7307106</b>
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00	
Name of Employer UMMC	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. William V Arnold MD</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1070 Randolph Road		<b>Transaction ID : 7307107</b>
City Meadowbrook	State PA	Zip Code 19046
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Rothman Institute	Occupation 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).....▶	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 116 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joseph T Moskal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 FawnDell Rd  
 City Roanoke State VA Zip Code 24018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roanoke Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2015  
**Transaction ID : 7307108**  
 Amount of Each Receipt this Period 1000.00

**B. Anthony Andres Sanchez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 358 Twin Oaks Drive  
 City Spartanburg State SC Zip Code 29306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Specialties of Spartanburg Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2015  
**Transaction ID : 7307115**  
 Amount of Each Receipt this Period 1000.00

**C. David M Witham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 73558  
 City Fairbanks State AK Zip Code 99707-3558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2015  
**Transaction ID : 7307116**  
 Amount of Each Receipt this Period 250.00

**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 117 OF 419
	<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. Ferdinand J Liotta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Blake Ave #300  
 City State Zip Code  
 Glenwood Springs CO 81601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valley View Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307117**  
 Amount of Each Receipt this Period  
 250.00

**B. Pedro J Reyes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 719  
 City State Zip Code  
 Barceloneta PR 00617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307119**  
 Amount of Each Receipt this Period  
 250.00

**C. Matthew M Malerich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1710  
 City State Zip Code  
 Bakersfield CA 93302-1710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307121**  
 Amount of Each Receipt this Period  
 500.00

<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 118 OF 419
	<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. Andrew Philip Manista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Golden Maple Ct NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olympia Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307122**  
 Amount of Each Receipt this Period  
 1000.00

**B. Sean E McCance MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Park Ave  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307126**  
 Amount of Each Receipt this Period  
 1000.00

**C. Gregory A Vrabec MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 579 White Tail Ridge Dr  
 City Fairlawn State OH Zip Code 44333-3285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Akron General Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307127**  
 Amount of Each Receipt this Period  
 1000.00

<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 119 OF 419
	<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. Kevin Coupe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7409 Teaswood Dr.  
 City Conroe State TX Zip Code 77304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : 7307128**  
 Amount of Each Receipt this Period **250.00**

**B. Brett R Bolhofner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 4th St N  
 City Saint Petersburg State FL Zip Code 33703-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer All Florida Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : 7307136**  
 Amount of Each Receipt this Period **500.00**

**C. H Randal Woodward MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13616 California St Ste 100  
 City Omaha State NE Zip Code 68154-5336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Spine and Pain Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : 7307173**  
 Amount of Each Receipt this Period **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 419  
(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. Abraham H Rosenzweig MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Warren Cutting  
 City State Zip Code  
 Chester NJ 07930-2728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Associates of West Jersey Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307174**  
 Amount of Each Receipt this Period  
 250.00

**B. Franklin Mirrer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Elm Grove Ave  
 City State Zip Code  
 Providence RI 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307175**  
 Amount of Each Receipt this Period  
 250.00

**C. Sharon M Dreeben MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9339 Genesee Ave Ste 150  
 City State Zip Code  
 San Diego CA 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307177**  
 Amount of Each Receipt this Period  
 250.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 419  
(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. Joshua S Dines MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Kings Lane  
 City Southampton State NY Zip Code 11968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307179**  
 Amount of Each Receipt this Period  
**500.00**

**B. Peter C Janes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1303  
 City Frisco State CO Zip Code 80443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vail Summit Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307194**  
 Amount of Each Receipt this Period  
**1000.00**

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307195**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Peter D Vizzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Beverly Drive  
 City Lafayette State LA Zip Code 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307197**  
 Amount of Each Receipt this Period  
 500.00

**B. Mark R Colville MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2375 NW Overton St  
 City Portland State OR Zip Code 97210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Surgical Specialists Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307198**  
 Amount of Each Receipt this Period  
 1000.00

**C. Robert Q Lewis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6118 Parkway Dr  
 City Corpus Christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : 7307201**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jeffrey G Mokris MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17812 Wilbanks Dr.  
 City Charlotte State NC Zip Code 28278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : 7307204**  
 Amount of Each Receipt this Period **500.00**

**B. James W Lawler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1250 Peach St Ste B  
 City San Luis Obispo State CA Zip Code 93401-2837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dignity Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : 7307205**  
 Amount of Each Receipt this Period **250.00**

**C. Todd A Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2865 Lake Park Drive  
 City Jonesboro State GA Zip Code 30236-4133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **672.00**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : 7307245**  
 Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **834.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 419
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. David R Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Middle Plantation Ln  
 City State Zip Code  
 Gulf Breeze FL 32561-4899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : 7307246**  
 Amount of Each Receipt this Period  
 85.00

**B. Jeffrey P Beckenbaugh DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Scenic View Drive SW  
 City State Zip Code  
 Rochester MN 55902-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Olmsted Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : 7307247**  
 Amount of Each Receipt this Period  
 100.00

**C. Eric Louis Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 Beacon St  
 City State Zip Code  
 Newton MA 02468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tufts Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : 7307248**  
 Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<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. Basil R Besh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6135 Clubhouse Dr  
 City Pleasanton State CA Zip Code 94566-9864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : 7307249**  
 Amount of Each Receipt this Period  
 85.00

**B. Charles M Davis III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Hope Dr EC089  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milton S. Hershey Medical Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : 7307915**  
 Amount of Each Receipt this Period  
 1000.00

**C. Frank P Giammattei MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Woodbrook Rd  
 City Swarthmore State PA Zip Code 19081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Orthopaedics  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2015  
**Transaction ID : 7321674**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1168.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 419
	<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. Don K Moore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4302 Timber Lake Lane  
 City Sandusky State OH Zip Code 44870-7085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2015  
**Transaction ID : 7321768**  
 Amount of Each Receipt this Period  
 250.00

**B. Roshan P. Shah MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 West 110th Street Apt 3E  
 City New York State NY Zip Code 10025-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7321771**  
 Amount of Each Receipt this Period  
 85.00

**C. Vladimir A Sinkov MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Veronica Dr  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7323635**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	835.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 419
	<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. Christopher A Wills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 South Main Street  
 Suite 200  
 City Orange State CA Zip Code 92868-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : 7323636**  
 Amount of Each Receipt this Period  
 84.00

**B. Rafael M Fernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 800809  
 City Coto Laurel State PR Zip Code 00780-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 08 / 25 / 2015  
**Transaction ID : 7323637**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael A Rauh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Middlebury Rd  
 City Orchard Park State NY Zip Code 14127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Orthopedic Specialists  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : 7323638**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 209.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey A Greenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8501 Harcourt Rd  
 City Indianapolis State IN Zip Code 46280-0434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hand & Shoulder Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : 7327567**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Edward J Hellman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12715 Norfolk Ln  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : 7327572**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Jeffrey D Jackson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5150 Alvera Dr.  
 City Holladay State UT Zip Code 84117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : 7327574**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2300.00**  
**TOTAL** This Period (last page this line 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 129 OF 419  
(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. David J Stapor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2076 Hycroft Dr  
 City Pittsburgh State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : 7327575**  
 Amount of Each Receipt this Period  
 250.00

**B. Brian C de Beaubien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2220 Center Ave  
 City Bay City State MI Zip Code 48708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Covenant Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : 7327576**  
 Amount of Each Receipt this Period  
 1000.00

**C. Joseph G Khoury MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Watkins Glen Dr.  
 City Vestavia Hills State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama at Birmingham Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327580**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 419  
(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. Scott Goldman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 N Mountain Ave Ste 310  
 City Upland State CA Zip Code 91786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Center for Bone and Joint Diso Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2015  
**Transaction ID : 7327581**  
 Amount of Each Receipt this Period 1000.00

**B. Greg T Hardin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5359 N 400 W  
 City Bargsersville State IN Zip Code 46106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center for Orthopaedic Service Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 08 / 24 / 2015  
**Transaction ID : 7327582**  
 Amount of Each Receipt this Period 200.00

**C. Randy G Delcore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 N Beacon Dr  
 City Cedar City State UT Zip Code 84720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2015  
**Transaction ID : 7327584**  
 Amount of Each Receipt this Period 250.00

**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: PAGE 131 OF 419  
(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. Chad Richard Manke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 Hidden Pointe Cove  
 City Virginia Beach State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327585**  
 Amount of Each Receipt this Period  
 500.00

**B. Michelle S Caird MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1065 Chestnut  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327598**  
 Amount of Each Receipt this Period  
 250.00

**c. Tyler D Goldberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 W. Courtyard Dr.  
 City Austin State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327599**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Andrew David Bries MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7327673</b>
Mailing Address 3126 Westminster Rd		Amount of Each Receipt this Period 250.00
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bernard G Kirol MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7327674</b>
Mailing Address 106 Buckthorn Circle		Amount of Each Receipt this Period 75.00
City Elgin	State SC	Zip Code 29045
FEC ID number of contributing federal political committee. C	Name of Employer Midlands Orthopaedics	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul J Braaton MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7327675</b>
Mailing Address 1335 Coffee Rd Ste 100		Amount of Each Receipt this Period 84.00
City Modesto	State CA	Zip Code 95355
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date 420.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 133 OF 419
	<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. Ronald Anthony Navarro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Wide Loop Rd  
 City State Zip Code  
 Rolling Hills CA 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern California Permanente Medical Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7327676**  
 Amount of Each Receipt this Period  
 84.00

**B. Cyrus S Kump MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Tempsford Lane  
 City State Zip Code  
 Richmond VA 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327887**  
 Amount of Each Receipt this Period  
 300.00

**c. Eugene D DellaMaggiore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 Sierra Ave  
 City State Zip Code  
 San Jose CA 95126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327888**  
 Amount of Each Receipt this Period  
 250.00

<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 134 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David H Godfried MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 E 90th St. Apt 4L

City	State	Zip Code
New York	NY	10128-7916

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

Name of Employer	Occupation
NYU Hospital for Joint Diseases	Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327889**

Amount of Each Receipt this Period  
 250.00

**B. Kenneth J Kress MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 655 Blakenham Ct

City	State	Zip Code
Alpharetta	GA	30022

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

Name of Employer	Occupation
Northside Hospital	Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327891**

Amount of Each Receipt this Period  
 1000.00

**C. Timothy G Havenhill MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5920 Bur Ln

City	State	Zip Code
Crystal Lake	IL	60014

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

Name of Employer	Occupation
McHenry County Orthopaedics	Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327892**

Amount of Each Receipt this Period  
 250.00

<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 135 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Humberto A Galleno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Inter-Community Prof Plaza  
 315 N 3rd Ave Ste 302  
 City Covina State CA Zip Code 91723-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327893**  
 Amount of Each Receipt this Period  
 250.00

**B. Clinton Michael Ray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Mountain Laurel Ln  
 City Anniston State AL Zip Code 36202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CORE 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  
 08 / 24 / 2015  
**Transaction ID : 7327895**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327897**  
 Amount of Each Receipt this Period  
 500.00

<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 136 OF 419		
	<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. David M Lindgren MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8001 Chesshire Ln N  
 City State Zip Code  
 Maple Grove MN 55311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairview Health Services Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327898**  
 Amount of Each Receipt this Period  
 250.00

**B. H Chester Boston Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6700 Elaina Ln  
 City State Zip Code  
 Tuscaloosa AL 35406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Orthopaedic Clinic Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : 7327902**  
 Amount of Each Receipt this Period  
 1000.00

**c. Mark Shannon Lawler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Carrera Dr  
 City State Zip Code  
 Mill Valley CA 94941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7328035**  
 Amount of Each Receipt this Period  
 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 137 OF 419
	<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. J Chris Osgood MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1720 S Karl Johan Ave

City Tacoma State WA Zip Code 98465

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

Name of Employer Group Health Cooperative Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328036**

Amount of Each Receipt this Period 1000.00

**B. Thomas Farrell Calton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1487 Stone Mountain Circle

City Ogden State UT Zip Code 84403

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

Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328039**

Amount of Each Receipt this Period 1000.00

**C. Gilbert R Meadows MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Contour Dr

City San Antonio State TX Zip Code 78212

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328040**

Amount of Each Receipt this Period 250.00

**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 138 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gregory William Stocks MD</b>			Date of Receipt
Mailing Address 5207 Valerie			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328041</b>
Bellaire	TX	77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Fondren Orthopaedic Group	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. G Scott Dean MD</b>			Date of Receipt
Mailing Address 5011 Heddon Way			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328043</b>
Greensboro	NC	27455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Piedmont Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kevin James Kulwicki MD</b>			Date of Receipt
Mailing Address 540 Hunter Street			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328044</b>
Lantana	TX	76226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
OrthoTexas	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<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" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Christopher J Spagnola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 168 Grange Avenue  
 City Fair Haven State NJ Zip Code 07704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seaview Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328064**  
 Amount of Each Receipt this Period 500.00

**B. John H Healey MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1275 York Avenue Suite H-1017  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328066**  
 Amount of Each Receipt this Period 1000.00

**c. Christopher Joseph Spieles MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 649 Parkside Drive  
 City Wauseon State OH Zip Code 43567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Ohio Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328067**  
 Amount of Each Receipt this Period 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 140 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Michael G Ehrlich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 593 Eddy Street  
 COOP Bldg., 170.35  
 City Providence State RI Zip Code 02903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328068**  
 Amount of Each Receipt this Period 500.00

**B. David G Lehrman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2260 N.E. 123rd St.  
 City North Miami State FL Zip Code 33181-2904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328069**  
 Amount of Each Receipt this Period 250.00

**c. Douglas Scott Holden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 W Wildwood Rd  
 City Saddle River State NJ Zip Code 07458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328070**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 419  
(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. Kenneth M Morrison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Centerlawn  
 City East Lansing State MI Zip Code 48823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7328082**  
 Amount of Each Receipt this Period  
 500.00

**B. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51045 Erin Glen Dr  
 City Granger State IN Zip Code 46530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : 7328261**  
 Amount of Each Receipt this Period  
 85.00

**C. Jeffery D Angel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Virginia Dr Ste C  
 City Batesville State AR Zip Code 72501-7331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : 7328262**  
 Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 669.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Evangelos Megariotis MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7328297</b>
Mailing Address 12 Coyles Ct		Amount of Each Receipt this Period 1000.00
City Clifton	State NJ	Zip Code 07013-3306
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John Charles Kofoed MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7328298</b>
Mailing Address 2619 Seminole Ct		Amount of Each Receipt this Period 84.00
City Fairfield	State CA	Zip Code 94534-7871
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sutter Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>C. Shepard R Hurwitz MD</b>		Date of Receipt 08 / 27 / 2015 <b>Transaction ID : 7328299</b>
Mailing Address 400 Silver Cedar Ct Ste 100		Amount of Each Receipt this Period 375.00
City Chapel Hill	State NC	Zip Code 27514-1585
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ABOS	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1459.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 419
	<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. Christopher Langdon Ihle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 N 130  
 City Omaha State NE Zip Code 68154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7328300**  
 Amount of Each Receipt this Period  
 250.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7328303**  
 Amount of Each Receipt this Period  
 500.00

**C. Pasquale Petrera MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1675 Woodbrooke Dr  
 City Salisbury State MD Zip Code 21804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 7328304**  
 Amount of Each Receipt this Period  
 1000.00

<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 144 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jorge O Galante MD</b>			Date of Receipt
Mailing Address 7220 East State Hwy 67			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328308</b>
Clinton	WI	53525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. J Patrick Kessler MD</b>			Date of Receipt
Mailing Address 613 Hemlock Hills Dr.			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328309</b>
Franklin	NC	28734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation		
Mission Hospital	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Scott S Russo MD</b>			Date of Receipt
Mailing Address 1579 Winterwood Drive			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7328310</b>
Grand Rapids	MI	49525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Ortho Assoc of Michigan	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 419
	<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 R Misenhimer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Calle Cumbre  
 City El Paso State TX Zip Code 79912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospitals of Providence Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : 7328311**  
 Amount of Each Receipt this Period 250.00

**B. F Thomas Davies Kaplan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11542 Willow Springs Dr  
 City Zionsville State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hand to Shoulder Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : 7329182**  
 Amount of Each Receipt this Period 500.00

**c. Craig W Goodhart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2708 Creek View Dr  
 City Flower Mound State TX Zip Code 75022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoTexas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 08 / 30 / 2015  
**Transaction ID : 7329200**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 419
	<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. Manjit S Dhillon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12705 Hogans Dr  
 City Chester State VA Zip Code 23836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 30 / 2015**  
**Transaction ID : 7329206**  
 Amount of Each Receipt this Period **250.00**

**B. Paul Strawn Sherbondy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Beaumont Drive  
 City State College State PA Zip Code 16801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **09 / 01 / 2015**  
**Transaction ID : 7329880**  
 Amount of Each Receipt this Period **84.00**

**C. James L Rungee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2802 Pavilion Pl  
 City Murfreesboro State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 01 / 2015**  
**Transaction ID : 7329881**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **434.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Richard C Mather III, MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015		
Mailing Address 115 Watts St			<b>Transaction ID : 7329882</b>		
City Durham	State NC	Zip Code 27701	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Duke University Medical Center		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

Full Name (Last, First, Middle Initial) <b>B. Joseph A Bosco III, MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015		
Mailing Address 301 East 17th Street Suite 1402			<b>Transaction ID : 7329884</b>		
City New York	State NY	Zip Code 10003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Kevin Earl Wright MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015		
Mailing Address 303 East 33rd Street Apt. 11D			<b>Transaction ID : 7330614</b>		
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<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 148 OF 419
	<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. Henry L Eiserloh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4334 Harvard Ave  
 City Baton Rouge State LA Zip Code 70808-4624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7330616**  
 Amount of Each Receipt this Period  
 500.00

**B. Craig H Rosen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1802 Champlain Dr  
 City Voorhees Township State NJ Zip Code 08043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inspira Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7330617**  
 Amount of Each Receipt this Period  
 500.00

**C. Lawrence D Dorr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 671 Bellefontaine Street  
 City Pasadena State CA Zip Code 91105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7330619**  
 Amount of Each Receipt this Period  
 1000.00

<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 149 OF 419
	<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. Christian P Christensen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Lakewood Ln  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lexington Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7330620**  
 Amount of Each Receipt this Period 1000.00

**B. Joseph A Bosco III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 East 17th Street Suite 1402  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7330633**  
 Amount of Each Receipt this Period 1000.00

**C. Eric Duniway Hoffman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Veronica Ln  
 City Falmouth State ME Zip Code 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7330634**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. William T Turner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 97  
 City Longview State WA Zip Code 98632-7062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7330636**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael M Lynch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Sturbridge Ln  
 City Southport State CT Zip Code 06890-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoConnecticut Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7330639**  
 Amount of Each Receipt this Period  
 250.00

**C. Louis M Kwong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W Carson Street, Box 422  
 City Torrance State CA Zip Code 90509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : 7331411**  
 Amount of Each Receipt this Period  
 250.00

<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: PAGE 151 OF 419  
(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. Kris John Alden MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Fuller Rd  
 City Hinsdale State IL Zip Code 60521-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hinsdale Orthopaedic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : 7332015**  
 Amount of Each Receipt this Period  
 1000.00

**B. Raymond L Horwood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 Balmoral Way  
 City Westlake State OH Zip Code 44145-2416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332117**  
 Amount of Each Receipt this Period  
 250.00

**C. Troy D Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4012 Edgewater Pl SE  
 City Mandan State ND Zip Code 58554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone & Joint Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332118**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 419
	<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. H Randal Woodward MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13616 California St Ste 100  
 City Omaha State NE Zip Code 68154-5336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Spine and Pain Center Occupation 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  
 09 / 01 / 2015  
**Transaction ID : 7332119**  
 Amount of Each Receipt this Period  
 200.00

**B. Ravi Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1810 Ladino Rd  
 City Sacramento State CA Zip Code 95864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332121**  
 Amount of Each Receipt this Period  
 250.00

**C. Mark VanDuser Clough MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1613 Saddle Ridge Ct  
 City Forest Hill State MD Zip Code 21050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332123**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 419
<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. Christopher W Olcott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Dairy Glen Rd  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Carolina Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332126**  
 Amount of Each Receipt this Period  
 250.00

**B. Raj Bazaz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3195 elmira st  
 City Denver State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332127**  
 Amount of Each Receipt this Period  
 100.00

**C. John D Kelly IV, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3210 Saw Mill Rd  
 City Newtown Square State PA Zip Code 19073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 7332129**  
 Amount of Each Receipt this Period  
 250.00

<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: PAGE 154 OF 419  
(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. Douglas S McFarlane MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4140 Ferncreek Dr Ste 801  
 City Fayetteville State NC Zip Code 28314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cape Fear Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7332130**  
 Amount of Each Receipt this Period 250.00

**B. Jay M Lipke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10301 Kanis Rd  
 City Little Rock State AR Zip Code 72205-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoArkansas Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7332131**  
 Amount of Each Receipt this Period 400.00

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

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 7332132**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 419
	<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. Ronald W B Wyatt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Carleton Way  
 City Alamo State CA Zip Code 94507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 7332397**  
 Amount of Each Receipt this Period  
 100.00

**B. Michael W Woods MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7600 Parkwood Dr  
 City Missoula State MT Zip Code 59808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : 7335637**  
 Amount of Each Receipt this Period  
 500.00

**C. David J Mansfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Murchison  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2015  
**Transaction ID : 7335727**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 685.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 419
	<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. Neal D Lintecum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 789 N 1500 Road  
 City Lawrence State KS Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 05 / 2015**  
**Transaction ID : 7335728**  
 Amount of Each Receipt this Period **100.00**

**B. Raymond W Liu MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 06 / 2015**  
**Transaction ID : 7336113**  
 Amount of Each Receipt this Period **250.00**

**C. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1225.00**

Date of Receipt **09 / 07 / 2015**  
**Transaction ID : 7336114**  
 Amount of Each Receipt this Period **175.00**

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (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 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven Bennett Weinfeld MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 York Ave Apt 8B  
 City New York State NY Zip Code 10128-7809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt. Sinai Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 09 / 07 / 2015  
**Transaction ID : 7337415**  
 Amount of Each Receipt this Period 250.00

**B. Sophia E Deben MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 143937  
 City Coral Gables State FL Zip Code 33114-3937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7337448**  
 Amount of Each Receipt this Period 1000.00

**C. Douglas Edward Holford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 University Pkwy Ste 1000  
 City Aiken State SC Zip Code 29801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CMI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7340854**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 419
	<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. Subramanyan Jayasankar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Country Dr  
 City Weston State MA Zip Code 02493-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7340855**  
 Amount of Each Receipt this Period  
**250.00**

**B. Daniel Alfonso MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 SW 37th Ave Fl 1  
 City Coconut Grove State FL Zip Code 33133-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7340857**  
 Amount of Each Receipt this Period  
**250.00**

**C. Rick B Cunningham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Meadow Road  
 City Edwards State CO Zip Code 81632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vail Summit Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7340860**  
 Amount of Each Receipt this Period  
**300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Richard Wathne MD</b>		Date of Receipt
Mailing Address 333 N 18th Ave Ste D1		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7340861</b>
Pocatello	ID	Amount of Each Receipt this Period
	83201-3358	<input type="text" value="500.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pocatello Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edwin Haronian MD</b>		Date of Receipt
Mailing Address 2586 Casiano Rd.		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7340865</b>
Los Angeles	CA	Amount of Each Receipt this Period
	90077	<input type="text" value="250.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lawrence G Lenke MD</b>		Date of Receipt
Mailing Address 13555 Weston Park Dr.		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7340866</b>
Saint Louis	MO	Amount of Each Receipt this Period
	63131	<input type="text" value="1000.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Columbia University	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<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" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 419
<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. Jesse Cole Botker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Hidden Oaks Circle  
 City Mankato State MN Zip Code 56001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Fracture Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : 7340867**  
 Amount of Each Receipt this Period **250.00**

**B. Timothy I Mullin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N49W28220 Maryanns Way  
 City Pewaukee State WI Zip Code 53072-1783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : 7341317**  
 Amount of Each Receipt this Period **500.00**

**C. Andrew R Noble MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 432 Savoie Drive  
 City Palm Beach Gardens State FL Zip Code 33410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palm Beach Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : 7341318**  
 Amount of Each Receipt this Period **400.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 419  
(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. James P Jamison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7092 Killdeer Dr  
 City State Zip Code  
 Canfield OH 44406-9181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Youngstown Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7341319**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark C Stewart MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S Wenona St Ste 95  
 City State Zip Code  
 Bay City MI 48706-8844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7341327**  
 Amount of Each Receipt this Period  
 250.00

**C. Andrew J Stein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Camino Encanto  
 City State Zip Code  
 Danville CA 94526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7341328**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 419
	<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. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **756.00**

Date of Receipt **09 / 09 / 2015**  
**Transaction ID : 7341366**  
 Amount of Each Receipt this Period **84.00**

**B. Ryan Carter Cassidy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4890 Faulkirk Ln  
 City Lexington State KY Zip Code 40515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Kentucky Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 09 / 2015**  
**Transaction ID : 7343231**  
 Amount of Each Receipt this Period **500.00**

**C. John Paul Houde MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 175  
 City Meriden State NH Zip Code 03770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alice Peck Day Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : 7343371**  
 Amount of Each Receipt this Period **150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **734.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Andrew Peter Kant MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2240 Looscan Ln  
 City Houston State TX Zip Code 77019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KSF Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343373**  
 Amount of Each Receipt this Period 1000.00

**B. William N Haller III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Fair Oaks Circle  
 City Gadsden State AL Zip Code 35901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gadsden Ortho Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343374**  
 Amount of Each Receipt this Period 250.00

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

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343386**  
 Amount of Each Receipt this Period 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 164 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James R McClurg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8875 Costa Verde Blvd Apt 811  
 City San Diego State CA Zip Code 92122-6661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7343387**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jack R Steel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 Fern Street  
 City Huntington State WV Zip Code 25701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott Orthopedic Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7343388**  
 Amount of Each Receipt this Period  
 500.00

**C. Steven Kautz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1029 Keyser Ave Suite A  
 City Natchitoches State LA Zip Code 71457-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 7343401**  
 Amount of Each Receipt this Period  
 100.00

<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 165 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Edward L Morgan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 Regency Blvd

City Shreveport State LA Zip Code 71106

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

Name of Employer Willis Knighton Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343402**

Amount of Each Receipt this Period 250.00

**B. Thomas H Kay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3131 Peppercreek Bridge Pkwy

City Valparaiso State IN Zip Code 46385

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

Name of Employer Lakeshore Bone & Joint Institute Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343405**

Amount of Each Receipt this Period 250.00

**C. Thomas Griffin Taylor MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Suite A  
323 E Hawkins Parkway

City Longview State TX Zip Code 75605-7905

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

Name of Employer Longview Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 7343406**

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bryan Scott Moon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Split Elm Drive  
 City Missouri City State TX Zip Code 77459-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2015  
**Transaction ID : 7350818**  
 Amount of Each Receipt this Period  
 84.00

**B. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7350821**  
 Amount of Each Receipt this Period  
 84.00

**C. Carlos V Perez-Cardona MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1508  
 City Mayaguez State PR Zip Code 00681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7353628**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	918.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Edward Akelman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Pheasant Ln

City Barrington State RI Zip Code 02806

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

Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : 7353630**

Amount of Each Receipt this Period  
 500.00

**B. Garth Robert Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 Mallard Circle

City Arnold State MD Zip Code 21012

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : 7353631**

Amount of Each Receipt this Period  
 1000.00

**C. Louis Charles Rose MD**  
Full Name (Last, First, Middle Initial)

Mailing Address THROGS Neck Multicare PC  
3058 E Tremont Ave

City Bronx State NY Zip Code 10461

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : 7353632**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Pierre LeBaud MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14546 Gleaming Rose Drive  
 City Cypress State TX Zip Code 77429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2015**  
**Transaction ID : 7353633**  
 Amount of Each Receipt this Period **1000.00**

**B. Jeffrey Dean Coe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 E Hacienda Ste A  
 City Campbell State CA Zip Code 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Silicon Valley Spine Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 14 / 2015**  
**Transaction ID : 7353635**  
 Amount of Each Receipt this Period **250.00**

**C. Carey E Winder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 866 Woodgate Blvd  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2015**  
**Transaction ID : 7353646**  
 Amount of Each Receipt this Period **1000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 419
	<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. Brian C Bacot MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9151 Estates Thomas  
Foot Hills Prof Building Ste 206

City St Thomas State VI Zip Code 00802

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

Name of Employer Comprehensive Orthopaedic Global Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 14 / 2015  
Transaction ID : 7353647

Amount of Each Receipt this Period  
500.00

**B. Fredrick Huang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 14 / 2015  
Transaction ID : 7353648

Amount of Each Receipt this Period  
1000.00

**C. Bryan M Huber MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 Washington Highway

City Morrisville State VT Zip Code 05661

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 14 / 2015  
Transaction ID : 7353649

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Scott W Walker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7104 W St Andrews Ave

City Yorktown State IN Zip Code 47396

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354239**

Amount of Each Receipt this Period 250.00

**B. William Michael Roper MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1389 N Baldwin Ave

City Marion State IN Zip Code 46952-1913

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

Name of Employer Arthroscopy & Orthopaedic Surgery Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354240**

Amount of Each Receipt this Period 500.00

**C. Salil Rajmaira MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3028 North Lagro Road

City Marion State IN Zip Code 46952

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354241**

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 419  
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 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. L Jay Matchett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Central Indiana Ortho  
 3600 W Bethel Ave  
 City Muncie State IN Zip Code 47304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354242**  
 Amount of Each Receipt this Period  
 250.00

**B. Jared Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4846 W 8th St  
 City Anderson State IN Zip Code 46011-9189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354254**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven Arthur Herbst MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8620 S County Rd 560 E  
 City Selma State IN Zip Code 47383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354261**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 419  
(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. David W Graybill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6309 S Hunters Run  
 City Pendleton State IN Zip Code 46064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354276**  
 Amount of Each Receipt this Period  
 500.00

**B. Nicholas Cook MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11509 Hanbury Manor Blvd  
 City Noblesville State IN Zip Code 46060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354278**  
 Amount of Each Receipt this Period  
 500.00

**C. Bryan Scott Kamps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Monarch Dr NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Health Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354281**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 419
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ana K Palmieri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9716 Legends Dr  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354282**  
 Amount of Each Receipt this Period  
 250.00

**B. George W Brindley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4608 7th Street  
 City Lubbock State TX Zip Code 79416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Tech Health Sciences Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354283**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mathias A Masem MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354300**  
 Amount of Each Receipt this Period  
 250.00

<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 174 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert F Mahnken MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3844 E Knollwood Dr  
 City Ozark State MO Zip Code 65721-6726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : 7354303**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark Reid Merrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 W 24th Pl  
 City Kennewick State WA Zip Code 99338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TriCity Ortho Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : 7354304**  
 Amount of Each Receipt this Period  
 2000.00

**C. Douglas J Straehley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14590 W 58th Pl  
 City Arvada State CO Zip Code 80004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : 7354305**  
 Amount of Each Receipt this Period  
 500.00

<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: PAGE 175 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William J Krywicki MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Pinecone Lane  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354306**  
 Amount of Each Receipt this Period 600.00

**B. Dominic S Carreira MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2325 Barcelona Dr  
 City Fort Lauderdale State FL Zip Code 33301-1554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Broward Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354307**  
 Amount of Each Receipt this Period 300.00

**C. William A Jiranek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4066 Old River Tr  
 City Powhatan State VA Zip Code 23139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 7354308**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 419
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Michael T Stowell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120A Professional Court  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 7354311**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael J Pushkarewicz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Braken Ave  
 City Wilmington State DE Zip Code 19808-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : 7360818**  
 Amount of Each Receipt this Period  
 42.00

**c. John S Kirkpatrick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 Craftsman W Ave  
 City Celebration State FL Zip Code 34747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Florida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : 7363257**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1292.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 419
	<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. Pierre Andre Bruneau MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Cross River Road  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015  
**Transaction ID : 7364778**  
 Amount of Each Receipt this Period  
 250.00

**B. Paul Joseph Beauvais MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Cedar Grove Road  
 City Southbury State CT Zip Code 06488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015  
**Transaction ID : 7364781**  
 Amount of Each Receipt this Period  
 1000.00

**C. Kevin Michael McGee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1532 Eagle Ridge Dr. NE  
 City Albuquerque State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015  
**Transaction ID : 7364783**  
 Amount of Each Receipt this Period  
 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 178 OF 419
	<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. Todd A Schmidt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2865 Lake Park Drive

City Jonesboro State GA Zip Code 30236-4133

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

Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt **09 / 21 / 2015**

**Transaction ID : 7364784**

Amount of Each Receipt this Period **84.00**

**B. David R Chandler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Middle Plantation Ln

City Gulf Breeze State FL Zip Code 32561-4899

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 21 / 2015**

**Transaction ID : 7364785**

Amount of Each Receipt this Period **85.00**

**c. Jeffrey P Beckenbaugh DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Scenic View Drive SW

City Rochester State MN Zip Code 55902-1556

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

Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 21 / 2015**

**Transaction ID : 7364786**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **269.00**

**TOTAL** This Period (last page this line 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 179 OF 419  
(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. Eric Louis Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 Beacon St  
 City State Zip Code  
 Newton MA 02468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tufts Medical Center Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7364787**  
 Amount of Each Receipt this Period  
 84.00

**B. Basil R Besh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6135 Clubhouse Dr  
 City State Zip Code  
 Pleasanton CA 94566-9864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7364788**  
 Amount of Each Receipt this Period  
 85.00

**C. Michael Thomas Vercillo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 Lake Sherwood Dr.  
 City State Zip Code  
 Westlake Village CA 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : 7366781**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 419.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas L Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Buffalo Rd Frnt 1  
 City Lewisburg State PA Zip Code 17837-1298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 23 / 2015  
**Transaction ID : 7376366**  
 Amount of Each Receipt this Period 84.00

**B. Gabriel Gluck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 Aldie Rd  
 City Catharpin State VA Zip Code 20143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : 7377204**  
 Amount of Each Receipt this Period 250.00

**C. Paul A Caviale MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 Scenic Ct  
 City Modesto State CA Zip Code 95355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : 7377205**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 834.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 419
	<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. Frank J Eismont MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 Palm Ln  
 City Miami State FL Zip Code 33137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Miami Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377207**  
 Amount of Each Receipt this Period  
**1000.00**

**B. William C McMaster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3032 Capri Lane  
 City Costa Mesa State CA Zip Code 92626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCI Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377208**  
 Amount of Each Receipt this Period  
**100.00**

**C. Warren L Butterfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 652 South Medical Center Drive Suite 120  
 City Saint George State UT Zip Code 84790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rim Rock Orthopaedic and Sports Medici Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377209**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James D Capozzi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Meadow Lane  
 City East Williston State NY Zip Code 11596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop University Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377351**  
 Amount of Each Receipt this Period  
 500.00

**B. Neil B Callister MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1802 Quail Run Dr  
 City Ogden State UT Zip Code 84403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377352**  
 Amount of Each Receipt this Period  
 500.00

**c. Martin P Gagliardi MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Eden Drive  
 City Santa Rosa Beach State FL Zip Code 32459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franciscan Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377353**  
 Amount of Each Receipt this Period  
 1000.00

<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 183 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Jon E Minter DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400-C Old Milton Parkway  
 Suite 290  
 City Alpharetta State GA Zip Code 30005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377354**  
 Amount of Each Receipt this Period  
**500.00**

**B. Brian J McGinley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Caterham Ln  
 City East Setauket State NY Zip Code 11733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Long Island Bone & Joint Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377355**  
 Amount of Each Receipt this Period  
**500.00**

**C. Robert E Clemency Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53880 Carmichael Dr  
 City South Bend State IN Zip Code 46635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Bend Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7377366**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 419  
(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. Thomas Lee Gautsch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1686  
 City Gallatin State TN Zip Code 37066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Sports Medicine Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : 7378029**  
 Amount of Each Receipt this Period  
 500.00

**B. Roshan P. Shah MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 West 110th Street Apt 3E  
 City New York State NY Zip Code 10025-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : 7378221**  
 Amount of Each Receipt this Period  
 85.00

**C. Christopher A Wills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 South Main Street Suite 200  
 City Orange State CA Zip Code 92868-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 7426100**  
 Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 669.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 419
	<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. Rafael M Fernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 800809  
 City Coto Laurel State PR Zip Code 00780-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 7426101**  
 Amount of Each Receipt this Period **100.00**

**B. Jim K Hudson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13904 West El Bonito  
 City Ocean Springs State MS Zip Code 39564-5711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1250.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 7426103**  
 Amount of Each Receipt this Period **250.00**

**C. Michael Suk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1095 Limestoneville Road  
 City Milton State PA Zip Code 17847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 7426104**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 419  
(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. Robert H Blotter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 W Fair Ave Ste 190  
 City Marquette State MI Zip Code 49855-2693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Center for Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : 7426105**  
 Amount of Each Receipt this Period 250.00

**B. Gregory A Mencio MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 Riverbend Rd  
 City Nashville State TN Zip Code 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2015  
**Transaction ID : 7428709**  
 Amount of Each Receipt this Period 1000.00

**C. Bernard G Kirol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Buckthorn Circle  
 City Elgin State SC Zip Code 29045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 27 / 2015  
**Transaction ID : 7428722**  
 Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Carolyn Hettrich MD, MPH</b>			Date of Receipt
Mailing Address 2983 Oliver Lane NE			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7428723</b>
Iowa City	IA	52240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Univ of Iowa	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Paul J Braaton MD</b>			Date of Receipt
Mailing Address 1335 Coffee Rd Ste 100			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7428724</b>
Modesto	CA	95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="504.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ronald Anthony Navarro MD</b>			Date of Receipt
Mailing Address 18 Wide Loop Rd			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7428725</b>
Rolling Hills	CA	90274-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Southern California Permanente Medical	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="504.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="418.00"/>
<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 188 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51045 Erin Glen Dr  
 City Granger State IN Zip Code 46530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 7428726**  
 Amount of Each Receipt this Period  
 85.00

**B. Joshua Layne Gary MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Fannin St Suite 1700  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 7428728**  
 Amount of Each Receipt this Period  
 84.00

**C. Kaveh Robert Sajadi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2133 Woodmont Dr  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 7431170**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 419
	<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. Ralph P Katz MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5629 Cherlyn Dr  
City New Orleans State LA Zip Code 70124-1138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westside Orthopaedic Clinic Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2015**  
**Transaction ID : 7433168**  
Amount of Each Receipt this Period **250.00**

**B. Jonathan L Grantham MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1021 Rustic Ridge  
City Joplin State MO Zip Code 64804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Four States Orthopaedics Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 28 / 2015**  
**Transaction ID : 7436744**  
Amount of Each Receipt this Period **500.00**

**C. Alan Jay Schefer MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 S Bedford Rd  
City Mount Kisco State NY Zip Code 10549  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mount Kisco Medical Group Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 28 / 2015**  
**Transaction ID : 7436746**  
Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffrey Paul Keverline MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Highland Ave SW  
 City Lenoir State NC Zip Code 28645-5713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : 7436747**  
 Amount of Each Receipt this Period 250.00

**B. George V Russell Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hawthorne Vale  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : 7436753**  
 Amount of Each Receipt this Period 85.00

**C. Daniel J Martin Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 S New Ballas Rd Ste 5015B  
 City Saint Louis State MO Zip Code 63141-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : 7436756**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 835.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Rodolfo E Lawson MD</b>			Date of Receipt
Mailing Address 7431 Monaco St			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7436757</b>
Coral Gables	FL	33143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gregory Solis MD</b>			Date of Receipt
Mailing Address 10610 Brighton Hill Circle N.			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7436758</b>
Jacksonville	FL	32256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Jacksonville Ortho Institute	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John Howard Wilber MD</b>			Date of Receipt
Mailing Address 14255 County Line Rd			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7436759</b>
Chagrin Falls	OH	44022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Metro Health System	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<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: PAGE 192 OF 419  
(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. Steven I Grindel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7615 N Beach Dr  
 City State Zip Code  
 Fox Point WI 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical College of Wisconsin 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  
 09 / 21 / 2015  
**Transaction ID : 7436760**  
 Amount of Each Receipt this Period  
 250.00

**B. Rocci V Trumper MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4377 Woody Creek Ln.  
 City State Zip Code  
 Fort Collins CO 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Center of the Rockies 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  
 09 / 21 / 2015  
**Transaction ID : 7436762**  
 Amount of Each Receipt this Period  
 250.00

**C. William W Bohn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720 Willow Lane  
 City State Zip Code  
 Mission Hills KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Olathe Medical Services Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7436763**  
 Amount of Each Receipt this Period  
 1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 419
	<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. Juliet M De Campos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9400 University Pkwy Ste 309  
 City Pensacola State FL Zip Code 32514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7436765**  
 Amount of Each Receipt this Period  
 500.00

**B. David Victor Mungo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11218 Clapsaddle Ave NE  
 City Alliance State OH Zip Code 44601-9765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alliance Medical Foundation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 7436767**  
 Amount of Each Receipt this Period  
 500.00

**C. David L Coran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10124 N Vintage Ct  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 7436932**  
 Amount of Each Receipt this Period  
 1000.00

<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: PAGE 194 OF 419  
(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. David John Gandy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 971 Lakeland Dr Ste 1252  
 City Jackson State MS Zip Code 39216-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : 7436933**  
 Amount of Each Receipt this Period 500.00

**B. Ingrid Negron-Valentin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ashford Med Ctr  
 29 Washington St Ste 110  
 City San Juan State PR Zip Code 00907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : 7436934**  
 Amount of Each Receipt this Period 250.00

**C. Matthew David Olin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Sunset Dr  
 City Greensboro State NC Zip Code 27408-6412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greensboro Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : 7436935**  
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 195 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Paul T Rud MD</b>		Date of Receipt
Mailing Address 15684 Birchwood Ln		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015
City State Zip Code Brainerd MN 56401-6177		<b>Transaction ID : 7436943</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Shawn Jett Nakamura MD</b>		Date of Receipt
Mailing Address 5662 St Charles River Drive		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015
City State Zip Code Pueblo CO 81004		<b>Transaction ID : 7436946</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Centura Health	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Gerard Mark Benecki MD</b>		Date of Receipt
Mailing Address 4388 Legarto Court		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015
City State Zip Code Silverdale WA 98315-9525		<b>Transaction ID : 7436947</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer US Navy	Occupation 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).....▶	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 196 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Paul Strawn Sherbondy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Beaumont Drive  
 City State Zip Code  
 State College PA 16801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Penn State Hershey Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7436974**  
 Amount of Each Receipt this Period  
 84.00

**B. Philip A Deffer Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 1st Ave E Ste C  
 City State Zip Code  
 Spencer IA 51301-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N.W. Iowa Bone, Joint & Sports Surg., Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7436975**  
 Amount of Each Receipt this Period  
 250.00

**C. James L Rungee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2802 Pavilion Pl  
 City State Zip Code  
 Murfreesboro TN 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tennessee Ortho Alliance Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7436976**  
 Amount of Each Receipt this Period  
 100.00

<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 197 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard C Mather III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Watts St  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **10 / 01 / 2015**  
**Transaction ID : 7436977**  
 Amount of Each Receipt this Period **85.00**

**B. Ronald W B Wyatt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Carleton Way  
 City Alamo State CA Zip Code 94507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 03 / 2015**  
**Transaction ID : 7439673**  
 Amount of Each Receipt this Period **100.00**

**C. David J Mansfield MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Murchison  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 05 / 2015**  
**Transaction ID : 7440068**  
 Amount of Each Receipt this Period **85.00**

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Neal D Lintecum MD</b>		Date of Receipt
Mailing Address 789 N 1500 Road		M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
City	State	Zip Code
Lawrence	KS	66049
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7440069</b>
Name of Employer Ortho Kansas		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffery D Angel MD</b>		Date of Receipt
Mailing Address 501 Virginia Dr Ste C		M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
City	State	Zip Code
Batesville	AR	72501-7331
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7442347</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	756.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Michael Allard MD</b>		Date of Receipt
Mailing Address 3010 Cortney Circle		M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
City	State	Zip Code
Siloam Springs	AR	72761
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7443529</b>
Name of Employer Northwest Medical Center		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	284.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 199 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Louis Pierron MD</b>		Date of Receipt
Mailing Address 30765 Overlook Run		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City State Zip Code Buena Vista CO 81211-9836		<b>Transaction ID : 7443531</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer College Park Family Care	Occupation 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="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Robert E Coles MD</b>		Date of Receipt
Mailing Address 201 Lands End Rd		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City State Zip Code Morehead City NC 28557		<b>Transaction ID : 7443532</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="84.00"/>
Name of Employer Carteret Surgical Associates	Occupation 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="252.00"/>	

Full Name (Last, First, Middle Initial) <b>c. John Michael Stephenson MD</b>		Date of Receipt
Mailing Address 23 Hickory Creek Dr		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City State Zip Code Little Rock AR 72212-2509		<b>Transaction ID : 7446088</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 Self Employed	Occupation 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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1384.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1400.00**

Date of Receipt **10 / 07 / 2015**  
**Transaction ID : 7446470**  
 Amount of Each Receipt this Period **175.00**

**B. David A Halsey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 192 Tilley Drive  
 City South Burlington State VT Zip Code 05403-4440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fletcher Allen Health Care Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 07 / 2015**  
**Transaction ID : 7446471**  
 Amount of Each Receipt this Period **250.00**

**C. Casey Lee Lagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 E 2nd Street  
 City Dumas State TX Zip Code 79029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore County Hospital District Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 07 / 2015**  
**Transaction ID : 7446472**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 419  
(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. Richard Marshall Graves MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 Saddle Ridge Rd  
 City Sulphur Springs State TX Zip Code 75482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hopkins County Memorial Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : 7450108**  
 Amount of Each Receipt this Period  
 500.00

**B. Michael L Gordon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Kings Pl  
 City Newport Beach State CA Zip Code 92663-3307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newport Orthopaedic Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : 7450110**  
 Amount of Each Receipt this Period  
 1000.00

**C. Gary S Simon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Helmsley Dr NW  
 City Atlanta State GA Zip Code 30327-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : 7450125**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. John Charles Kofoed MD</b>			Date of Receipt
Mailing Address 2619 Seminole Ct			M M / D D / Y Y Y Y Y 10 / 07 / 2015
City	State	Zip Code	<b>Transaction ID : 7450133</b>
Fairfield	CA	94534-7871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Sutter Medical Group	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	756.00		

Full Name (Last, First, Middle Initial) <b>B. Bryan Scott Kamps MD</b>			Date of Receipt
Mailing Address 3741 Monarch Dr NE			M M / D D / Y Y Y Y Y 10 / 07 / 2015
City	State	Zip Code	<b>Transaction ID : 7450134</b>
Grand Rapids	MI	49525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
Spectrum Health Medical Group	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	800.00		

Full Name (Last, First, Middle Initial) <b>C. Letha Y Griffin MD</b>			Date of Receipt
Mailing Address 2540 Brookdale Dr NW			M M / D D / Y Y Y Y Y 10 / 07 / 2015
City	State	Zip Code	<b>Transaction ID : 7450135</b>
Atlanta	GA	30305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Peachtree Ortho Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

<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 203 OF 419
	<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. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 7450452**  
 Amount of Each Receipt this Period  
 84.00

**B. Jeffrey C Wint MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hand Center of Western Mass  
 3550 Main St Ste 204  
 City Springfield State MA Zip Code 01107-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Hand Center of Western MA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : 7453768**  
 Amount of Each Receipt this Period  
 250.00

**C. Jay R Lieberman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7304 Beverly Blvd #256  
 City Los Angeles State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2015  
**Transaction ID : 7453783**  
 Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 418.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joseph E Alhadeff MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015 <b>Transaction ID : 7453786</b>		
Mailing Address 710 Oakwood Dr			Amount of Each Receipt this Period 1000.00		
City Red Lion	State PA	Zip Code 17356-8285			
FEC ID number of contributing federal political committee. C					
Name of Employer Orthopaedic & Spine Specialists		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

Full Name (Last, First, Middle Initial) <b>B. Bryan Scott Moon MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : 7459977</b>		
Mailing Address 1026 Split Elm Drive			Amount of Each Receipt this Period 84.00		
City Missouri City	State TX	Zip Code 77459-7542			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00			

Full Name (Last, First, Middle Initial) <b>C. Stephen G J Eckrich MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : 7460422</b>		
Mailing Address 5511 Shooting Star Trail			Amount of Each Receipt this Period 83.50		
City Rapid City	State SD	Zip Code 57702			
FEC ID number of contributing federal political committee. C					
Name of Employer Black Hills Orthopaedic & Spine		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 751.50			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1167.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John H Mahon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8602 N Cardinal Dr  
 City Phoenix State AZ Zip Code 85028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 13 / 2015**  
**Transaction ID : 7460423**  
 Amount of Each Receipt this Period **250.00**

**B. Steven Douglas K Ross MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8049 E Santa Cruz Ave  
 City Orange State CA Zip Code 92869-5652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of California Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 7460715**  
 Amount of Each Receipt this Period **100.00**

**C. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **588.00**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 7460716**  
 Amount of Each Receipt this Period **84.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Richard N Weinstein MD</b>			Date of Receipt
Mailing Address 21 Long Pond Rd			M M / D D / Y Y Y Y Y 10 / 16 / 2015
City	State	Zip Code	<b>Transaction ID : 7464771</b>
Armonk	NY	10504-2626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Bone & Joint Specialists	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	750.00		

Full Name (Last, First, Middle Initial) <b>B. Scott Gunnar Quisling MD</b>			Date of Receipt
Mailing Address 3275 Bransley Way			M M / D D / Y Y Y Y Y 10 / 16 / 2015
City	State	Zip Code	<b>Transaction ID : 7465233</b>
Duluth	GA	30097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Resurgens Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) <b>C. Douglas D Nowak MD</b>			Date of Receipt
Mailing Address 8602 54th PI W			M M / D D / Y Y Y Y Y 10 / 17 / 2015
City	State	Zip Code	<b>Transaction ID : 7465981</b>
Mukilteo	WA	98275-3134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Proliance Surgeons	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	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 207 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Michael J Pushkarewicz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Braken Ave  
 City State Zip Code  
 Wilmington DE 19808-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : 7465982**  
 Amount of Each Receipt this Period  
 42.00

**B. Christopher W Maender MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4509 Turtle Bay  
 City State Zip Code  
 Springfield IL 62711-7891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OCI Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : 7465983**  
 Amount of Each Receipt this Period  
 250.00

**C. Akbar Aly Hussaini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3604 Balcones Drive  
 City State Zip Code  
 Austin TX 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Seton Medical Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : 7465994**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	642.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mark A Wolgin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1709 Devon Dr  
 City Albany State GA Zip Code 31721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2015**  
**Transaction ID : 7466430**  
 Amount of Each Receipt this Period **100.00**

**B. Anne E Colton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Springton Pointe Dr  
 City Newtown Square State PA Zip Code 19073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2015**  
**Transaction ID : 7466432**  
 Amount of Each Receipt this Period **250.00**

**C. Beth E Shubin Stein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 W 17th St Apt 1217  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 20 / 2015**  
**Transaction ID : 7469084**  
 Amount of Each Receipt this Period **700.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 419
	<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. Eric Jason Strauss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 East 64th St Apt 26A

City New York State NY Zip Code 10065

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

Name of Employer NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 20 / 2015**

**Transaction ID : 7470153**

Amount of Each Receipt this Period **1000.00**

**B. Geoffrey H Westrich MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 535 East 70th St

City New York State NY Zip Code 10021

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 20 / 2015**

**Transaction ID : 7470641**

Amount of Each Receipt this Period **500.00**

**C. Todd A Schmidt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2865 Lake Park Drive

City Jonesboro State GA Zip Code 30236-4133

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

Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 21 / 2015**

**Transaction ID : 7470651**

Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1584.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David R Chandler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Middle Plantation Ln

City State Zip Code  
Gulf Breeze FL 32561-4899

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : 7470652**

Amount of Each Receipt this Period  
850.00

**B. Jeffrey P Beckenbaugh DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Scenic View Drive SW

City State Zip Code  
Rochester MN 55902-1556

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

Name of Employer Occupation  
Olmsted Medical Center Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : 7470653**

Amount of Each Receipt this Period  
1000.00

**C. Basil R Besh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6135 Clubhouse Dr

City State Zip Code  
Pleasanton CA 94566-9864

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : 7470655**

Amount of Each Receipt this Period  
850.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 419  
(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. John J McCrosson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2749 Fountainhead Way  
 City State Zip Code  
 Mt Pleasant SC 29466-8590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Roper St Francis Healthcare Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : 7470657**  
 Amount of Each Receipt this Period  
 250.00

**B. Abraham Rogozinski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 University Blvd S Ste 3  
 City State Zip Code  
 Jacksonville FL 32216-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : 7471218**  
 Amount of Each Receipt this Period  
 500.00

**C. Chaim Rogozinski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 University Blvd S Ste 3  
 City State Zip Code  
 Jacksonville FL 32216-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : 7471223**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paul A Manner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 78th Avenue SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 21 / 2015**  
**Transaction ID : 7474658**  
 Amount of Each Receipt this Period **500.00**

**B. William Enright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3524 Euro Ln  
 City De Pere State WI Zip Code 54115-7201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 21 / 2015**  
**Transaction ID : 7474660**  
 Amount of Each Receipt this Period **1000.00**

**C. Joseph A Abboud MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 726 Conestoga Rd  
 City Bryn Mawr State PA Zip Code 19010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : 7474683**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 9111 Pq Ave

City Mattawan State MI Zip Code 49071-9427

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

Name of Employer Borgess Health Alliance Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7475654**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas L Martin MD**

Mailing Address 900 Buffalo Rd Frnt 1

City Lewisburg State PA Zip Code 17837-1298

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7475655**

Amount of Each Receipt this Period  
**84.00**

Full Name (Last, First, Middle Initial)  
**C. J Criss Yelton MD**

Mailing Address 471 Klutey Park Plaza Dr

City Henderson State KY Zip Code 42420-3347

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

Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478787**

Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 419
	<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. Victor W Macko MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2545 W Hammer Ln

City Stockton State CA Zip Code 95209-2839

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

Name of Employer Gould Medical Foundation Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : 7478788**

Amount of Each Receipt this Period  
 500.00

**B. Steven M Raikin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Merion Rd

City Merion Station State PA Zip Code 19066

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : 7478789**

Amount of Each Receipt this Period  
 1000.00

**C. Maureen A Finnegan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Inwood Rd Ste WA4.332

City Dallas State TX Zip Code 75390-8883

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

Name of Employer UT Southwestern Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : 7478790**

Amount of Each Receipt this Period  
 250.00

<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 215 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael R Jordan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Norris  
 City Nashville State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Orthopaedic Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478791**  
 Amount of Each Receipt this Period  
 500.00

**B. George V Russell Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hawthorne Vale  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478792**  
 Amount of Each Receipt this Period  
 85.00

**C. David E Attarian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Jupiter Hills Ct  
 City Durham State NC Zip Code 27712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478797**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	785.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David D Bullek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 769 Kimball Avenue  
 City Westfield State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478817**  
 Amount of Each Receipt this Period  
 1000.00

**B. Brent M Adcox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4482 Mountain Park  
 City Homer State AK Zip Code 99603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478819**  
 Amount of Each Receipt this Period  
 250.00

**C. Richard W Barth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 Goldleaf Dr  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 7478826**  
 Amount of Each Receipt this Period  
 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 217 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David L Coran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10124 N Vintage Ct  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7478926**  
 Amount of Each Receipt this Period  
 500.00

**B. Nirmal C Tejwani MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Northwood Ave  
 City Demarest State NJ Zip Code 07627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYU Medical 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  
 10 / 23 / 2015  
**Transaction ID : 7478927**  
 Amount of Each Receipt this Period  
 250.00

**C. James P Crutcher Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 39th Ave E  
 City Seattle State WA Zip Code 98112-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Proliance Surgeons Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7478940**  
 Amount of Each Receipt this Period  
 1000.00

<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 218 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Karl E Rathjen MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7478941</b>
Mailing Address Dept of Orthopaedics 2222 Welborn St		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	
Zip Code 75219-3993		Aggregate Year-to-Date ▼ 3000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Scottish Rite Hospital	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Gordon I Groh MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7478942</b>
Mailing Address 129 McDowell		Amount of Each Receipt this Period 400.00
City Asheville	State NC	
Zip Code 28801-4434		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Richard Lee Parker MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7478944</b>
Mailing Address 6 Dowling Ct		Amount of Each Receipt this Period 250.00
City Old Westbury	State NY	
Zip Code 11568		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation 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).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeffrey L Lovallo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7107 Elizabeth Dr  
 City State Zip Code  
 Mc Lean VA 22101-2624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anderson Orthopaedic Clinic Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7478946**  
 Amount of Each Receipt this Period  
 1000.00

**B. Christopher Henderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Chatham Hill Circle  
 City State Zip Code  
 Clarks Summit PA 18411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scranton Orthopedic Specialists Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7478987**  
 Amount of Each Receipt this Period  
 250.00

**C. Roshan P. Shah MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 West 110th Street Apt 3E  
 City State Zip Code  
 New York NY 10025-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : 7478992**  
 Amount of Each Receipt this Period  
 85.00

<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 220 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Andrew Malinzak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10875 Onyx Dr  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : 7478995**  
 Amount of Each Receipt this Period 1000.00

**B. Michael T Espiritu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 373 Riviera Circle  
 City N Sioux City State SD Zip Code 57049-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer C N O S Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : 7478998**  
 Amount of Each Receipt this Period 1000.00

**c. Christopher A Wills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 South Main Street Suite 200  
 City Orange State CA Zip Code 92868-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 672.00

Date of Receipt 10 / 25 / 2015  
**Transaction ID : 7479032**  
 Amount of Each Receipt this Period 84.00

<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 221 OF 419  
(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. Rafael M Fernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 800809  
 City Coto Laurel State PR Zip Code 00780-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : 7479033**  
 Amount of Each Receipt this Period  
 100.00

**B. Larry S Bankston Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1854 Cedardale Ave  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baton Rouge Orthopaedics Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : 7479038**  
 Amount of Each Receipt this Period  
 750.00

**C. Daniel P Holub MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Delafield St Ste 120  
 City Waukesha State WI Zip Code 53188-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Associates of Wisconsin Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7479039**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1850.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 419
	<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. Sharon L Hame MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12324 Addison St  
 City Valley Village State CA Zip Code 91607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481405**  
 Amount of Each Receipt this Period  
**500.00**

**B. Robert Cameron More MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8100 Wescott Drive Suite 101  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MidJersey Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1084.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481412**  
 Amount of Each Receipt this Period  
**84.00**

**C. Joseph D Zuckerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Marbourne Dr  
 City Mamaroneck State NY Zip Code 10543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481468**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1584.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mark D Hopkins MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 W Avenue O 4

City Palmdale State CA Zip Code 93551

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

Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481474**

Amount of Each Receipt this Period  
 1000.00

**B. Francis A Ennis Jr, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Dialstone Lane

City Riverside State CT Zip Code 06878

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

Name of Employer ONS Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481475**

Amount of Each Receipt this Period  
 200.00

**C. Scott A Meyer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 S 42nd St

City West Des Moines State IA Zip Code 50265

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

Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481476**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00

**TOTAL** This Period (last page this line 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 224 OF 419  
(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. Kenneth A Egol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 E 17th St Ste 1402  
 City State Zip Code  
 New York NY 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYU Medical 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  
 10 / 26 / 2015  
**Transaction ID : 7481477**  
 Amount of Each Receipt this Period  
 125.00

**B. Jeffrey Evan Budoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5349 Lynbrook Dr  
 City State Zip Code  
 Houston TX 77056-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481494**  
 Amount of Each Receipt this Period  
 500.00

**C. R William Petty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6717 NE 48th Lane  
 City State Zip Code  
 Gainesville FL 32653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Exactech, Inc Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7481495**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1625.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 419
	<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. Jefferey E Michaelson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25871 Pembroke  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Core Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7481496**  
 Amount of Each Receipt this Period 500.00

**B. James D Kelly II, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 Clay St Ste 510  
 City San Francisco State CA Zip Code 94115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 375.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7481497**  
 Amount of Each Receipt this Period 375.00

**C. Bernard G Kirol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Buckthorn Circle  
 City Elgin State SC Zip Code 29045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : 7481540**  
 Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... **950.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Paul J Braaton MD</b>			Date of Receipt
Mailing Address 1335 Coffee Rd Ste 100			<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7481541</b>
Modesto	CA	95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="588.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ronald Anthony Navarro MD</b>			Date of Receipt
Mailing Address 18 Wide Loop Rd			<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7481542</b>
Rolling Hills	CA	90274-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Southern California Permanente Medical	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="588.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Paul F Lachiewicz MD</b>			Date of Receipt
Mailing Address 417 Lyons Rd			<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7482522</b>
Chapel Hill	NC	27514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Chapel Hill Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1168.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Christopher William Peer MD, MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14030 Goodman St  
 City Overland Park State KS Zip Code 66223-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Sports Medicine Clinic of  
 Occupation 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  
 10 / 23 / 2015  
**Transaction ID : 7482524**  
 Amount of Each Receipt this Period  
 125.00

**B. Samuel S Park MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 W Superior, #2503  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7482528**  
 Amount of Each Receipt this Period  
 1000.00

**C. Robert Clio Robertson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3120 E 27th St  
 City Tulsa State OK Zip Code 74114-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central States Orthopaedic Specialists  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 7482530**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David C Napoli MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7482531</b>
Mailing Address 110 Bent Creek Ranch Rd		Amount of Each Receipt this Period 1000.00
City Asheville	State NC	Zip Code 28806
FEC ID number of contributing federal political committee.	C	
Name of Employer Blue Ridge Bone & Joint	Occupation 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 (Last, First, Middle Initial) <b>B. Daniel R Orcutt MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7482532</b>
Mailing Address 2670 Emerald Dr		Amount of Each Receipt this Period 450.00
City Jonesboro	State GA	Zip Code 30236-5232
FEC ID number of contributing federal political committee.	C	
Name of Employer OrthoAtlanta	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Gerard Marsicano MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : 7482534</b>
Mailing Address 1412 Crabapple Dr		Amount of Each Receipt this Period 500.00
City Manasquan	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee.	C	
Name of Employer Brielle Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 419
<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. Joseph W Dryer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Huron Dr  
 City Chatham State NJ Zip Code 07928-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 7482535**  
 Amount of Each Receipt this Period 200.00

**B. Jeremy Russell DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 Woodbine Ln  
 City Wausau State WI Zip Code 54401-8459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Assoc of Wausau Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 7482537**  
 Amount of Each Receipt this Period 225.00

**C. Juan F Agudelo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3364 Horseshoe Bend Ct  
 City Longwood State FL Zip Code 32779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7482568**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 675.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Arthur G Geiger MD</b>			Date of Receipt
Mailing Address 103 Bradley Lane			<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7482571</b>
Westport	CT	06880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Carlos Guanche MD</b>			Date of Receipt
Mailing Address 3608 Crownridge Drive			<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7482572</b>
Sherman Oaks	CA	91403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. James J Purtill MD</b>			Date of Receipt
Mailing Address 651 Darby Paoli Rd			<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7482573</b>
Villanova	PA	19085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Rothman Institute	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<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" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 419
	<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. Andrew H Glassman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 North Drexel Avenue  
 City Columbus State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Ohio State University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7482575**  
 Amount of Each Receipt this Period 300.00

**B. Edward T Su MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11726 Valley Creek Rd  
 City Woodbury State MN Zip Code 55129  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Summit Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7482578**  
 Amount of Each Receipt this Period 1000.00

**C. Matthew E Wells MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 Hendricks Isle Unit 304  
 City Fort Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Ortho Florida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 7482582**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 419
	<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. Norman Verhoog MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3389 Harlan Dr  
 City Redding State CA Zip Code 96003-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482583**  
 Amount of Each Receipt this Period  
 100.00

**B. James Cornelius Thriffiley IV, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 Lantana Cove  
 City Biloxi State MS Zip Code 39532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482605**  
 Amount of Each Receipt this Period  
 100.00

**C. Mark E Werner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11310 Carmel Ave NE  
 City Albuquerque State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alburquerque Health Partners Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482606**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 419
	<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. Brian T Duggan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9825 E Manley Ln

City Cornville State AZ Zip Code 86325-5738

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

Name of Employer Verde Valley Medical Ctr Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482607**

Amount of Each Receipt this Period  
 250.00

**B. Gary F Larsen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7610 Caballero Dr

City Sandy State UT Zip Code 84093

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482608**

Amount of Each Receipt this Period  
 200.00

**C. Andrew J Vicar MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8934 Dandy Creek Dr

City Indianapolis State IN Zip Code 46234

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

Name of Employer OrthoIndy Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482610**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey A Baum MD</b>		Date of Receipt
Mailing Address 1094 Fox Chapel Rd		M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
City	State	Zip Code
Pittsburgh	PA	15238-2014
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7482611</b>
Name of Employer Three Rivers Ortho		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Lloyd Ireland MD</b>		Date of Receipt
Mailing Address 2117 Lakeside Drive		M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
City	State	Zip Code
Lexington	KY	40502
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7482614</b>
Name of Employer University of Kentucky		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		200.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) <b>C. Jean-Maurice Page MD</b>		Date of Receipt
Mailing Address 405 Ridings Mitchell Creek Rd		M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
City	State	Zip Code
London	KY	40741
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7482615</b>
Name of Employer St Joseph Hospital		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		188.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	376.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1388.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen B Cope MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Queensway  
 City State Zip Code  
 Mobile AL 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Orthopaedic Group Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : 7482617**  
 Amount of Each Receipt this Period  
 200.00

**B. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51045 Erin Glen Dr  
 City State Zip Code  
 Granger IN 46530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : 7482642**  
 Amount of Each Receipt this Period  
 85.00

**C. John N Hall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3196 Turnberry Circle  
 City State Zip Code  
 Charlottesville VA 22911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : 7482643**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Edward Ratcliffe Anderson III, MD</b>		Date of Receipt
Mailing Address 829 Terrell Rd		M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
City State Zip Code San Antonio TX 78209-6117		<b>Transaction ID : 7482644</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael P Rubinstein MD</b>		Date of Receipt
Mailing Address 27015 Glaramara Circle		M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
City State Zip Code Yorba Linda CA 92887		<b>Transaction ID : 7482645</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Fullerton Orthopaedic Medical	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Joshua Layne Gary MD</b>		Date of Receipt
Mailing Address 6400 Fannin St Suite 1700		M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
City State Zip Code Houston TX 77030		<b>Transaction ID : 7482646</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 84.00	
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 419
	<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. Christine Pui MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 639 City View Dr  
 City State Zip Code  
 Minnetonka MN 55305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : 7497578**  
 Amount of Each Receipt this Period  
 250.00

**B. James C Bolz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 West Lake Drive  
 City State Zip Code  
 Novi MI 48377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Center for Orthopedic Research and Edu Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 7502779**  
 Amount of Each Receipt this Period  
 250.00

**C. James A Keeney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Virginia Avenue  
 City State Zip Code  
 Columbia MO 65212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Missouri Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 7504065**  
 Amount of Each Receipt this Period  
 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 238 OF 419
	<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. Dirk H Alander MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1302 W Adams Ave  
 City Kirkwood State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Louis University Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : 7504081**  
 Amount of Each Receipt this Period 1000.00

**B. Steven M Mardjetko MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 443 E. Illinois Road  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Illinois Bone & Joint Institute Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : 7504082**  
 Amount of Each Receipt this Period 1000.00

**C. Nicholas Rajacich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 North I Street  
 City Tacoma State WA Zip Code 98403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Multicare Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : 7504083**  
 Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 419
	<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. Cassim M Igram MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 NW 130th Street  
 City Clive State IA Zip Code 50325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7504084**  
 Amount of Each Receipt this Period **250.00**

**B. John Charles Kofoed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 Seminole Ct  
 City Fairfield State CA Zip Code 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **840.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7504108**  
 Amount of Each Receipt this Period **84.00**

**C. Scott M Holthusen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7421 Dogwood Ave  
 City Excelsior State MN Zip Code 55331-8013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7504112**  
 Amount of Each Receipt this Period **250.00**

**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 240 OF 419
	<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. Kent R Adamson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Via Rancho  
 City San Clemente State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7504118**  
 Amount of Each Receipt this Period **250.00**

**B. Robert Allan Maples MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Kincade Way  
 City Hampton Cove State AL Zip Code 35763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Trauma Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7505122**  
 Amount of Each Receipt this Period **1000.00**

**C. John Joseph Greco MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4509 Colewood Circle  
 City Huntsville State AL Zip Code 35802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Orthopaedic Center  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 7505123**  
 Amount of Each Receipt this Period **1000.00**

**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 241 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven L Buckley MD**  
Full Name (Last, First, Middle Initial)

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 TOC Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 7505124**

Amount of Each Receipt this Period  
 1000.00

**B. Philip A Maddox MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 927 Franklin St SE

City Huntsville State AL Zip Code 35801-4301

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 7505125**

Amount of Each Receipt this Period  
 1000.00

**c. Paul Strawn Sherbondy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Beaumont Drive

City State College State PA Zip Code 16801

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

Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2015  
**Transaction ID : 7506068**

Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2084.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James L Rungee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2802 Pavilion Pl  
 City Murfreesboro State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2015  
**Transaction ID : 7506069**  
 Amount of Each Receipt this Period 100.00

**B. Richard C Mather III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Watts St  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 01 / 2015  
**Transaction ID : 7506070**  
 Amount of Each Receipt this Period 85.00

**c. Steven H Goldberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Abbey Rd  
 City Danville State PA Zip Code 17821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health System Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.00

Date of Receipt 11 / 01 / 2015  
**Transaction ID : 7506195**  
 Amount of Each Receipt this Period 188.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 373.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 419		
	<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 (Last, First, Middle Initial) <b>A. Daniel Wieking MD</b>		Date of Receipt
Mailing Address 2898 New Hope Rd		M M / D D / Y Y Y Y Y 11 / 01 / 2015
City State Zip Code Grants Pass OR 97527-9028		<b>Transaction ID : 7506203</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Stoeckl MD</b>		Date of Receipt
Mailing Address 90 Fairlawn Dr		M M / D D / Y Y Y Y Y 11 / 01 / 2015
City State Zip Code Amherst NY 14226		<b>Transaction ID : 7506205</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Excelsior Orthopaedics	Occupation 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 (Last, First, Middle Initial) <b>C. Joseph Gentile MD</b>		Date of Receipt
Mailing Address 8186 SW 74th Lane		M M / D D / Y Y Y Y Y 11 / 02 / 2015
City State Zip Code Gainesville FL 32608		<b>Transaction ID : 7508686</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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 244 OF 419
	<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. Andrew Hamilton Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 278 Clamshell Cove Rd  
 City State Zip Code  
 Cotuit MA 02635-3419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7509761**  
 Amount of Each Receipt this Period  
 250.00

**B. Richard N. Peterson JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9400 W. Higgins Road  
 City State Zip Code  
 Rosemont IL 60018-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Academy of Orthopaedic Surg General Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7509762**  
 Amount of Each Receipt this Period  
 250.00

**C. John C Clohisy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Godwin Ln  
 City State Zip Code  
 Saint Louis MO 63124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington University Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7509763**  
 Amount of Each Receipt this Period  
 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:	PAGE 245 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Bron Cleveland MD</b>			Date of Receipt
Mailing Address 150 E Goodwyn St			M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
City	State	Zip Code	<b>Transaction ID : 7509795</b>
Memphis	TN	38111-2514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Campbell Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald W B Wyatt MD</b>			Date of Receipt
Mailing Address 533 Carleton Way			M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
City	State	Zip Code	<b>Transaction ID : 7510227</b>
Alamo	CA	94507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1100.00		

Full Name (Last, First, Middle Initial) <b>C. J Andrew Parr MD</b>			Date of Receipt
Mailing Address 650 Forest Blvd			M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015
City	State	Zip Code	<b>Transaction ID : 7515563</b>
Indianapolis	IN	46240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Indiana University Health	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 419  
(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. Richard Edmund Topping MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1502 Harrison Ave Ste 101  
 City Elkins State WV Zip Code 26241-3497  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tygarts Valley Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : 7516175**  
 Amount of Each Receipt this Period  
 500.00

**B. Keith R Pitchford DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 852 Royal Dublin Ln  
 City Dyer State IN Zip Code 46311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Lakes Ortho & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519160**  
 Amount of Each Receipt this Period  
 500.00

**C. Frank Kenneth Noojin III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 Alexander Circle  
 City Columbia State SC Zip Code 29206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519162**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 419
	<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. Rafael Antonio Lopez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 363682  
 City San Juan State PR Zip Code 00936-3682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519163**  
 Amount of Each Receipt this Period  
 1000.00

**B. Daniel J Martin Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 S New Ballas Rd Ste 5015B  
 City Saint Louis State MO Zip Code 63141-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519164**  
 Amount of Each Receipt this Period  
 500.00

**C. Lesley J Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 San Marino Dr  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519167**  
 Amount of Each Receipt this Period  
 1000.00

<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: PAGE 248 OF 419  
(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. Gary Dean Harter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Countryside Ln  
 City Lewisburg State PA Zip Code 17837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519171**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jonathan D Lechner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Alexander Estates  
 City Triadelphia State WV Zip Code 26059-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OVMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519172**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven M Mulawka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Connecticut Ave S  
 City Sartell State MN Zip Code 56377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519173**  
 Amount of Each Receipt this Period  
 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 419
	<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. Felipe Fontanez Sullivan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1845 Bayamon Medical Mall  
 Ste 2  
 City Bayamon State PR Zip Code 00959-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519205**  
 Amount of Each Receipt this Period  
 250.00

**B. Kevin P Black MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 Para Avenue  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Penn State Hershey Medical Ctr Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519208**  
 Amount of Each Receipt this Period  
 1000.00

**C. Enzo J Sella MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2408 Whitney Ave  
 City Hamden State CT Zip Code 06518-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Connecticut Ortho Specialists Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519209**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William P Barrett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4011 Talbot Rd S Ste 300  
 City Renton State WA Zip Code 98055-5791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519214**  
 Amount of Each Receipt this Period  
 1000.00

**B. Shervondalonn R Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1516 Winterberry Dr  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Orthopaedic Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519215**  
 Amount of Each Receipt this Period  
 750.00

**C. Anthony J Adrignolo III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24965 Rivermere Dr  
 City Eden State MD Zip Code 21822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pennisula Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519219**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sean M Hassinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4487 N Settlers Ridge PL  
 City Boise State ID Zip Code 83703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519241**  
 Amount of Each Receipt this Period  
 1000.00

**B. John Stephen Appleton Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6218 Waggoner Dr  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthTexas Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519242**  
 Amount of Each Receipt this Period  
 250.00

**C. Thomas Vaill King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Borthwick Ave Ste 301  
 City Portsmouth State NH Zip Code 03801-7128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519247**  
 Amount of Each Receipt this Period  
 300.00

<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 252 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert J Bercik MD</b>		Date of Receipt
Mailing Address 1445 Raritan Rd		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City State Zip Code Clark NJ 07066-1230		<b>Transaction ID : 7519248</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Gary Drillings MD</b>		Date of Receipt
Mailing Address 10 Nelson Lane		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City State Zip Code Montville NJ 07045		<b>Transaction ID : 7519249</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Rudolf Hoellrich MD</b>		Date of Receipt
Mailing Address 84553 Pheasant Ln		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City State Zip Code Pleasant Hill OR 97455		<b>Transaction ID : 7519250</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Slocum Center	Occupation 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="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="975.00"/>
<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:	PAGE 253 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Sabrina Strickland MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 East 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519270**  
 Amount of Each Receipt this Period  
 450.00

**B. R Bryan Griffith Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8080 Bluebonnet Blvd Ste 1000  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519271**  
 Amount of Each Receipt this Period  
 250.00

**C. Patrick J O'Neill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6050 Cattleridge Blvd Ste 201  
 City Sarasota State FL Zip Code 34232-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 7519272**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Austin MD</b>		Date of Receipt
Mailing Address 840 Harriton Rd		M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
City State Zip Code Bryn Mawr PA 19010		<b>Transaction ID : 7519273</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Benjamin D Rubin MD</b>		Date of Receipt
Mailing Address 21 Chatham Ct		M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
City State Zip Code Newport Beach CA 92660		<b>Transaction ID : 7519274</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Mark Joseph Tenholder MD</b>		Date of Receipt
Mailing Address 4507 Olde Plantation Place		M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015
City State Zip Code Destin FL 32541		<b>Transaction ID : 7519275</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation 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).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David J Mansfield MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Murchison

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1185.00**

Date of Receipt **11 / 05 / 2015**

**Transaction ID : 7519328**

Amount of Each Receipt this Period **85.00**

**B. Jeffery D Angel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Virginia Dr Ste C

City Batesville State AR Zip Code 72501-7331

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **11 / 05 / 2015**

**Transaction ID : 7519329**

Amount of Each Receipt this Period **84.00**

**C. Neal D Lintecum MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 789 N 1500 Road

City Lawrence State KS Zip Code 66049

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

Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 05 / 2015**

**Transaction ID : 7519330**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **269.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mark Michael Allard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 7519331**  
 Amount of Each Receipt this Period  
 84.00

**B. David A Abrutyn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Pitney Court  
 City Basking Ridge State NJ Zip Code 07920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1084.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 7521857**  
 Amount of Each Receipt this Period  
 84.00

**C. Robert E Coles MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Lands End Rd  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carteret Surgical Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7522108**  
 Amount of Each Receipt this Period  
 84.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John Michael Stephenson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Hickory Creek Dr  
 City Little Rock State AR Zip Code 72212-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : 7522109**  
 Amount of Each Receipt this Period 1000.00

**B. Michael John Corcoran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Raccoon Cir  
 City Bourbonnais State IL Zip Code 60914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : 7522927**  
 Amount of Each Receipt this Period 250.00

**c. Steven Scott Goldberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5867 Whisperwood Ct  
 City Naples State FL Zip Code 34110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : 7523216**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1575.00**

Date of Receipt **11 / 07 / 2015**  
**Transaction ID : 7523225**  
 Amount of Each Receipt this Period **175.00**

**B. James Alan Pollard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 Stevens  
 City Pine Bluff State AR Zip Code 71603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Arkansas Ortho Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 08 / 2015**  
**Transaction ID : 7523245**  
 Amount of Each Receipt this Period **500.00**

**C. Richard Edelson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11532 SW Military Rd  
 City Portland State OR Zip Code 97219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sports Medicine Oregon Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 09 / 2015**  
**Transaction ID : 7523247**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1675.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Patrick T McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Caley Drive  
 City Canonsburg State PA Zip Code 15317-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **924.00**

Date of Receipt **11 / 09 / 2015**  
**Transaction ID : 7523248**  
 Amount of Each Receipt this Period **84.00**

**B. Edward A Stokel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 616  
 City Petoskey State MI Zip Code 49770-0616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 06 / 2015**  
**Transaction ID : 7525394**  
 Amount of Each Receipt this Period **500.00**

**c. Mahmood Jay Jazayeri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Via Coronel  
 City Palos Verdes Estates State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt **11 / 06 / 2015**  
**Transaction ID : 7525395**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 419
	<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. Jonathan L Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1456 Oak Crest Ave  
 City South Pasadena State CA Zip Code 91030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Ortho Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525397**  
 Amount of Each Receipt this Period  
 250.00

**B. Alan Stotts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 746 Freeze Creek Circle  
 City Salt Lake City State UT Zip Code 84108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Utah Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525398**  
 Amount of Each Receipt this Period  
 250.00

**C. Douglas J McDonald MD, MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Old Westbury Ln  
 City Webster Groves State MO Zip Code 63119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Univ St Louis Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525399**  
 Amount of Each Receipt this Period  
 100.00

<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: PAGE 261 OF 419  
(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. Michael Marks MBA, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Marine Ave  
 City Westport State CT Zip Code 06880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525400**  
 Amount of Each Receipt this Period  
 100.00

**B. John Cherf MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 N Greenview Ave  
 City Chicago State IL Zip Code 60614-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525412**  
 Amount of Each Receipt this Period  
 250.00

**c. John Anthony Osterkamp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1818 Verdugo Blvd Ste 402  
 City Glendale State CA Zip Code 91208-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525415**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen John Zabinski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3203 Sunset Ave  
 City Longport State NJ Zip Code 08403-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shore Orthopaedic Univ Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : 7525416**  
 Amount of Each Receipt this Period 250.00

**B. Syed Ashfaq Hasan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7730 Elmwood Road  
 City Fulton State MD Zip Code 20759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAMS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : 7525417**  
 Amount of Each Receipt this Period 250.00

**C. Michael R Clain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Indian Head Rd  
 City Riverside State CT Zip Code 06878-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ONS Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1084.00

Date of Receipt 11 / 09 / 2015  
**Transaction ID : 7525428**  
 Amount of Each Receipt this Period 84.00

**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 263 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas John Haverbush MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 E Warwick Rd Ste A  
 City Alma State MI Zip Code 48801-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525429**  
 Amount of Each Receipt this Period: 200.00

**B. Timothy S Petsche MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 Kaneville Rd  
 City Geneva State IL Zip Code 60134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fox Valley Orthopaedic Institute Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525430**  
 Amount of Each Receipt this Period: 250.00

**C. Charles N Hubbard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Georgia Ortho Society  
 150 Clinic Ave  
 City Carrollton State GA Zip Code 30117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Georgia Orthopaedic Society Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525431**  
 Amount of Each Receipt this Period: 1000.00

**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 264 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Chitranjan S Ranawat MD</b>		Date of Receipt
Mailing Address 535 East 70th St 6th Fl Suite 637		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7525432</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hospital for Special Surgery	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Daniel H Heller MD</b>		Date of Receipt
Mailing Address 9327 N 3rd St Ste 101		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85020
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7525433</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Arizona Bone & Joint Surgeons	Orthopaedic Surgeon	<input type="text" value="130.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Thomas W Wright MD</b>		Date of Receipt
Mailing Address P.O. Box 112727 3450 Hull Road		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gainesville	FL	32610
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7525434</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Florida	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David Matthew Beard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 32nd Ave South  
 City Fargo State ND Zip Code 58103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Essentia Health Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525443**  
 Amount of Each Receipt this Period: **200.00**

**B. David F Sitler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Sagecrest Dr  
 City Poway State CA Zip Code 92064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Sharp Rees-Stealy Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525444**  
 Amount of Each Receipt this Period: **375.00**

**C. Jordan Mills Lisella MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Liberty Way  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Capital Region Orthopaedics Occupation: Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt: 11 / 06 / 2015  
**Transaction ID : 7525445**  
 Amount of Each Receipt this Period: **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 266 OF 419
<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. Neil B Callister MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1802 Quail Run Dr  
 City Ogden State UT Zip Code 84403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 06 / 2015**  
**Transaction ID : 7525446**  
 Amount of Each Receipt this Period **500.00**

**B. Daniel W Guehstorf MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9083 Kensington Way  
 City Franklin State WI Zip Code 53132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 06 / 2015**  
**Transaction ID : 7525448**  
 Amount of Each Receipt this Period **500.00**

**C. John H Lyon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25393 W Scott Rd  
 City Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Surgery Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 06 / 2015**  
**Transaction ID : 7525449**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Jay David Pond MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2729 Antero Dr.  
 City Arlington State TX Zip Code 76006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arlington Orthopaedic Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525459**  
 Amount of Each Receipt this Period  
**500.00**

**B. Theodore Thomas Manson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Muirfield Close  
 City Bel Air State MD Zip Code 21015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : 7525460**  
 Amount of Each Receipt this Period  
**500.00**

**C. Marc J Milia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1386 Stanley  
 City Birmingham State MI Zip Code 48009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : 7526344**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ross J Richer MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2015 <b>Transaction ID : 7528026</b>		
Mailing Address 150 Hillspoint Rd			Amount of Each Receipt this Period 500.00		
City Westport	State CT	Zip Code 06880			
FEC ID number of contributing federal political committee. C					
Name of Employer Orthopaedic Specialty Group		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) <b>B. Gerald R Williams Jr, MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2015 <b>Transaction ID : 7528790</b>		
Mailing Address 859 Lesley Rd			Amount of Each Receipt this Period 1000.00		
City Villanova	State PA	Zip Code 19085			
FEC ID number of contributing federal political committee. C					
Name of Employer Rothman Institute		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>C. Stephen William Samelson MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2015 <b>Transaction ID : 7528808</b>		
Mailing Address 365 Timberlane Rd			Amount of Each Receipt this Period 250.00		
City Pike Road	State AL	Zip Code 36064			
FEC ID number of contributing federal political committee. C					
Name of Employer Southern Ortho Surgeons		Occupation 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).....▶	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:	PAGE 269 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bryan Scott Moon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Split Elm Drive  
 City Missouri City State TX Zip Code 77459-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7532356**  
 Amount of Each Receipt this Period  
 84.00

**B. Gary M Schniegenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1982 Road P1  
 City Bluffton State OH Zip Code 45817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopedic Institute of Ohio Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7533097**  
 Amount of Each Receipt this Period  
 1000.00

**C. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City Bettendorf State IA Zip Code 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2015  
**Transaction ID : 7534222**  
 Amount of Each Receipt this Period  
 84.00

<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 270 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Edward M Nelsen-Freund MD</b>		Date of Receipt
Mailing Address 13750 W Deer Park Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
New Berlin	WI	53151
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7534725</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael J Pushkarewicz MD</b>		Date of Receipt
Mailing Address 1510 Braken Ave		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Wilmington	DE	19808-4399
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7537496</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James D Mitchell MD</b>		Date of Receipt
Mailing Address 1728 Kingsbury Ln		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nichols Hills	OK	73116-5316
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7539719</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1542.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 419  
(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. Bryan Scott Kamps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Monarch Dr NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Health Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : 7539720**  
 Amount of Each Receipt this Period 100.00

**B. George V Russell Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hawthorne Vale  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : 7539722**  
 Amount of Each Receipt this Period 85.00

**C. Kevin F Walsh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1637 Imperial Circle  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : 7539723**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 685.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. David E Nonweiler MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : 7539724</b>	
Mailing Address 2622 E 33rd Pl City State Zip Code Tulsa OK 74105-2338		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00	
Name of Employer Occupation Central States Orthopaedic Specialists Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Alan L Whitney MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : 7539725</b>	
Mailing Address 1368 Bayview St City State Zip Code North Bend OR 97459		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer Occupation Retired Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Norman L. Cheung MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : 7539729</b>	
Mailing Address 27206 Calaroga Avenue Suite 120 City State Zip Code Hayward CA 94545-4300		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Occupation Self Employed 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).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1800.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lorence W Trick MD</b>		Date of Receipt
Mailing Address P.O. Box 509		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Elmendorf	TX	78112
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539730</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Retired	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark W Woolf MD</b>		Date of Receipt
Mailing Address 3628 Country Club Circle		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ft Worth	TX	76109
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539731</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Arlington Orthopaedic Associates	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Edward Turba MD</b>		Date of Receipt
Mailing Address 203 Oak Hill Dr NE		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brookhaven	MS	39601-3692
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539732</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
King's Daughters Medical Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1450.00"/>
<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 274 OF 419
	<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. G Brian Holloway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8956 Hemingway Grove Circle  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Knoxville Orthopaedic Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7539734**  
 Amount of Each Receipt this Period  
 375.00

**B. Christopher S Proctor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Las Palmas Dr  
 City Santa Barbara State CA Zip Code 93110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alta Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7539736**  
 Amount of Each Receipt this Period  
 525.00

**C. Scott P Steinmann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1118 Plummer Circle  
 City Rochester State MN Zip Code 55902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7539737**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gerald F Dreher MD</b>		Date of Receipt
Mailing Address 2006 Elk Trail		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Harker Heights	TX	76548
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Dept of Veterans Affairs	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	
		Transaction ID : <b>7539738</b>
		Amount of Each Receipt this Period
		<input type="text" value="375.00"/>

Full Name (Last, First, Middle Initial) <b>B. Matthew R Lindaman DO</b>		Date of Receipt
Mailing Address 2130 E Stonebrook Ln		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Eldridge	IA	52748
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ORA Orthopedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>7539739</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Andrew P Mahoney MD</b>		Date of Receipt
Mailing Address 802 S 8th Ave		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Tucson	AZ	85701-2629
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Tucson Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : <b>7539742</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1625.00"/>
<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 276 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Megan Manthe MD</b>		Date of Receipt
Mailing Address 1626 Ocean Front		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Neptune Beach	FL	32266
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7539743</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
JOI	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward R Sweetser MD</b>		Date of Receipt
Mailing Address 5020 Creosote Run Rd		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Las Cruces	NM	88011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7539744</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Community Health Systems	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gregory W Soghikian MD</b>		Date of Receipt
Mailing Address 12 Champagne Terrace		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bedford	NH	03110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7539772</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NH Orthopaedic Surgery	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<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 277 OF 419
	<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. Allen F Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Norris  
 City Nashville State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TOA Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : 7539773**  
 Amount of Each Receipt this Period **500.00**

**B. Jose Manuel Montanez-Huertas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Villa de Torrimar 410 Reina Isabel  
 City Guaynabo State PR Zip Code 00969-3342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : 7539774**  
 Amount of Each Receipt this Period **250.00**

**c. Henry G Chambers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5458 Sandburg Ave  
 City San Diego State CA Zip Code 92122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of California Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : 7539775**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 419
	<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. Henry George Krull MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36156 Tremolo Circle  
 City Soldotna State AK Zip Code 99669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7539777**  
 Amount of Each Receipt this Period  
 1000.00

**B. Richard Mills Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 Cottonwood Valley Circ North  
 City Irving State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arlington Ortho Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : 7539778**  
 Amount of Each Receipt this Period  
 1000.00

**C. John B Meade MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 Comfort Lane  
 City Monroe State NC Zip Code 28112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OrthoCarolina 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  
 11 / 13 / 2015  
**Transaction ID : 7539779**  
 Amount of Each Receipt this Period  
 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 279 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kevin James Murphy MD</b>		Date of Receipt
Mailing Address 6228 SW Sweetbriar Court		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Portland	OR	97221
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539780</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Sports Medicine Oregon	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven R Garfin MD</b>		Date of Receipt
Mailing Address 3386 Bayside Walk		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Diego	CA	92109
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539791</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	
UCSD	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. T Clark Robinson MD</b>		Date of Receipt
Mailing Address P.O. Box 1942		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nampa	ID	83653
FEC ID number of contributing federal political committee.		Transaction ID : <b>7539792</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
<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 280 OF 419
	<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. Evander F Fogle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1630 Pucketts Dr SW  
 City Lilburn State GA Zip Code 30047-5615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : 7539795**  
 Amount of Each Receipt this Period 250.00

**B. Thomas F Dwyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 S 4th St  
 City Montrose State CO Zip Code 81401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2015  
**Transaction ID : 7541645**  
 Amount of Each Receipt this Period 1000.00

**C. Robert J Heaps MD**  
 Full Name (Last, First, Middle Initial)  
 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 New Hampshire Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : 7542357**  
 Amount of Each Receipt this Period 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Amar S Ranawat MD</b>		Date of Receipt
Mailing Address 535 E 70th St 6th Fl		M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7543627</b>
Name of Employer Hospital for Special Surgery		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>B. John Minoru Itamura MD</b>		Date of Receipt
Mailing Address 921 Monterey Rd		M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
City	State	Zip Code
South Pasadena	CA	91030
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7543628</b>
Name of Employer Kerlan-Jobe Orthopaedic Clinic		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>C. Niels J Linschoten MD</b>		Date of Receipt
Mailing Address 11428 Center Court Blvd		M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2015
City	State	Zip Code
Baton Rouge	LA	70810
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 7546173</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		400.00
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).....▶	1650.00
<b>TOTAL</b> This Period (last page this line 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 282 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William A Matarese MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 248 Hidden Pond Path  
 City State Zip Code  
 Franklin Lakes NJ 07417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 7546179**  
 Amount of Each Receipt this Period  
 1000.00

**B. Gabriel Edward Lewullis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 443 Spring Hollow Drive  
 City State Zip Code  
 Middletown DE 19709-7803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bay Health Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 7546181**  
 Amount of Each Receipt this Period  
 150.00

**C. Lowry Jones Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 W 65th St  
 City State Zip Code  
 Mission Hills KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dickson Diveley Midwest Ortho Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 7546182**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Curtis R Noel MD</b>			Date of Receipt
Mailing Address 493 Misty Ln			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7546188</b>
Copley	OH	44321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Crystal Clinic Orthopaedic Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jorge E Rodriguez-Wilson MD</b>			Date of Receipt
Mailing Address PMB 91 P.O. Box 70344			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7546199</b>
San Juan	PR	00936-8344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Matthew P Darnelio MD</b>			Date of Receipt
Mailing Address 2288 Lakeside Estates			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7546200</b>
Morgantown	WV	26508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2300.00"/>
<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 284 OF 419
	<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. Lyle J Micheli MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 Longwood Ave Ste 24

City Boston State MA Zip Code 02115-5712

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

Name of Employer Boston Children's Hospital Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : 7546202**

Amount of Each Receipt this Period  
500.00

**B. Michael Evan Margolis MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2862 Shoshone Trail

City Lafayette State CO Zip Code 80026

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

Name of Employer Colorado Permanente Medical Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : 7546203**

Amount of Each Receipt this Period  
500.00

**C. Jerome J Perra MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1171 Southview Drive

City Hastings State MN Zip Code 55033

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

Name of Employer Summit Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : 7546204**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 419		
	<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 (Last, First, Middle Initial) <b>A. Norman B Livermore III, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2015 <b>Transaction ID : 7546205</b>	
Mailing Address 120 La Casa Via Ste 206		Amount of Each Receipt this Period 200.00	
City Walnut Creek State CA Zip Code 94598-3007	FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Brian Jeffrey Bear MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2015 <b>Transaction ID : 7546209</b>	
Mailing Address 324 Roxbury Rd		Amount of Each Receipt this Period 250.00	
City Rockford State IL Zip Code 61107	FEC ID number of contributing federal political committee. C		
Name of Employer Rockford Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Juliet M De Campos MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2015 <b>Transaction ID : 7546210</b>	
Mailing Address 9400 University Pkwy Ste 309		Amount of Each Receipt this Period 500.00	
City Pensacola State FL Zip Code 32514	FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital	Occupation Orthopaedic Surgeon		
Receipt For: <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).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 419  
(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. Jefferson C Brand Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111th Ave, Suite 101  
 City Alexandria State MN Zip Code 56308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Orthopedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : 7546211**  
 Amount of Each Receipt this Period 250.00

**B. Brad S Chayet MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Las Olas Way Apt 4107  
 City Ft Lauderdale State FL Zip Code 33301-2394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Center of South Florida Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : 7546212**  
 Amount of Each Receipt this Period 500.00

**C. Thad A Riddle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Waterford Dr  
 City Cartersville State GA Zip Code 30120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Bone & Joint Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : 7546213**  
 Amount of Each Receipt this Period 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Sameer B Shammas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10905 Ft Washington Rd Ste 305  
 City Fort Washington State MD Zip Code 20744-5812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 11 / 19 / 2015  
**Transaction ID : 7546214**  
 Amount of Each Receipt this Period  
 1000.00

**B. Todd A Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2865 Lake Park Drive  
 City Jonesboro State GA Zip Code 30236-4133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Orthopaedic Specialists  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 11 / 21 / 2015  
**Transaction ID : 7546736**  
 Amount of Each Receipt this Period  
 84.00

**C. David R Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Middle Plantation Ln  
 City Gulf Breeze State FL Zip Code 32561-4899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 11 / 21 / 2015  
**Transaction ID : 7546737**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 419  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey P Beckenbaugh DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Scenic View Drive SW  
 City Rochester State MN Zip Code 55902-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2015  
**Transaction ID : 7546738**  
 Amount of Each Receipt this Period 100.00

**B. Basil R Besh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6135 Clubhouse Dr  
 City Pleasanton State CA Zip Code 94566-9864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 21 / 2015  
**Transaction ID : 7546739**  
 Amount of Each Receipt this Period 85.00

**C. Thomas L Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Buffalo Rd Frnt 1  
 City Lewisburg State PA Zip Code 17837-1298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2015  
**Transaction ID : 7546838**  
 Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.00  
**TOTAL** This Period (last page this line 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 289 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Christopher A Wills MD</b>		Date of Receipt
Mailing Address 280 South Main Street Suite 200		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orange	CA	92868-3852
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7552626</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="756.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Rafael M Fernandez MD</b>		Date of Receipt
Mailing Address P.O. Box 800809		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Coto Laurel	PR	00780-0809
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7552627</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Edward C Littlejohn MD</b>		Date of Receipt
Mailing Address 14911 National Ave Ste 6		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Los Gatos	CA	95032-2632
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7554830</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Ortho NorCal	Orthopaedic Surgeon	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="334.00"/>
<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 290 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert Cameron More MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8100 Wescott Drive  
 Suite 101  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MidJersey Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1168.00**

Date of Receipt **11 / 26 / 2015**  
**Transaction ID : 7554831**  
 Amount of Each Receipt this Period **84.00**

**B. Andrew David Bries MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3126 Westminster Rd  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : 7554832**  
 Amount of Each Receipt this Period **250.00**

**C. Bernard G Kirol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Buckthorn Circle  
 City Elgin State SC Zip Code 29045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **825.00**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : 7554833**  
 Amount of Each Receipt this Period **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 419  
(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. Ronald Anthony Navarro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Wide Loop Rd  
 City State Zip Code  
 Rolling Hills CA 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern California Permanente Medical Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : 7554835**  
 Amount of Each Receipt this Period  
 84.00

**B. Roshan P. Shah MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 West 110th Street  
 Apt 3E  
 City State Zip Code  
 New York NY 10025-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 934.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : 7554854**  
 Amount of Each Receipt this Period  
 84.00

**C. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51045 Erin Glen Dr  
 City State Zip Code  
 Granger IN 46530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2015  
**Transaction ID : 7554855**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 253.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joshua Layne Gary MD</b>		Date of Receipt
Mailing Address 6400 Fannin St Suite 1700		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7554856</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Texas	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Manjit S Dhillon MD</b>		Date of Receipt
Mailing Address 12705 Hogans Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chester	VA	23836
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7554857</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Colonial Orthopaedics	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Peter G Noordsij MD</b>		Date of Receipt
Mailing Address P.O. Box 1909		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
New London	NH	03257-1909
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7554864</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Concord Orthopaedics	Orthopaedic Surgeon	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="734.00"/>
<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 293 OF 419
	<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. Eric Louis Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1573 Beacon St

City State Zip Code  
Newton MA 02468

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

Name of Employer Occupation  
Tufts Medical Center Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015  
**Transaction ID : 7554867**

Amount of Each Receipt this Period  
840.00

**B. Douglas M Goumas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Three Corners Rd

City State Zip Code  
Bedford NH 03110

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

Name of Employer Occupation  
New Hampshire Orthopaedic Center Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2015  
**Transaction ID : 7560847**

Amount of Each Receipt this Period  
1000.00

**C. David Gesensway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 W 65th St

City State Zip Code  
Edina MN 55435

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

Name of Employer Occupation  
Twin Cities Orthopaedics Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2015  
**Transaction ID : 7560848**

Amount of Each Receipt this Period  
250.00

<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 294 OF 419
	<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. Jean D Basta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7010 Space Drive  
 City Cheyenne State WY Zip Code 82009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7560849**  
 Amount of Each Receipt this Period  
 250.00

**B. John W Gainor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1200  
 City Santa Barbara State CA Zip Code 93102-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sansum Clinic  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7560850**  
 Amount of Each Receipt this Period  
 500.00

**C. Ronald M Kristensen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 N Claremont Dr  
 City Boise State ID Zip Code 83702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Lukes Regional Medical Ctr  
 Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7560856**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert K Henrichsen MD</b>		Date of Receipt
Mailing Address 13000 Big Sky Pl Gate Code #7548		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7560857</b>
Auburn	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
95602		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alan Pechacek MD</b>		Date of Receipt
Mailing Address 8 Stonehenge		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7560859</b>
Jackson	TN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250.00"/>
38305		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul Strawn Sherbondy MD</b>		Date of Receipt
Mailing Address 507 Beaumont Drive		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 7560879</b>
State College	PA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="84.00"/>
16801		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Penn State Hershey	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="504.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="634.00"/>
<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 296 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James L Rungee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2802 Pavilion Pl  
 City Murfreesboro State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 7560880**  
 Amount of Each Receipt this Period 100.00

**B. Richard C Mather III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Watts St  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 7560881**  
 Amount of Each Receipt this Period 85.00

**c. Phillip H K Omohundro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8401 Colesville Road Suite 50  
 City Silver Spring State MD Zip Code 20910-0082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2015  
**Transaction ID : 7561337**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 685.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 419
	<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. Gregory Daniel Lewish MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 Lyell Ave Ste 107  
 City Rochester State NY Zip Code 14606-5743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westside Orthopedics PC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7561338**  
 Amount of Each Receipt this Period  
 200.00

**B. John Vernon Houghtaling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 Hollyhock Ln  
 City Maumee State OH Zip Code 43537-9241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Toledo Orthopaedic Surgeons Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7561341**  
 Amount of Each Receipt this Period  
 250.00

**C. John R Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2900 12th Ave N St 100E  
 City Billings State MT Zip Code 59101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoMontana Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 7561345**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line 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 298 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard J Mason MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Idlewild Ave

City Easton State MD Zip Code 21601

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

Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : 7561348**

Amount of Each Receipt this Period  
 500.00

**B. Bruce R Buhr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10512 E Summerfield Cir

City Wichita State KS Zip Code 67206-6808

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

Name of Employer Via Christi Health Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : 7561349**

Amount of Each Receipt this Period  
 250.00

**C. James M Colville MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 183 Buchanan Dr

City Sausalito State CA Zip Code 94965-1644

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

Name of Employer TPMG Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : 7561350**

Amount of Each Receipt this Period  
 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 299 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael T Stowell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120A Professional Court  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 25 / 2015  
**Transaction ID : 7561353**  
 Amount of Each Receipt this Period 375.00

**B. Louis M Kwong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W Carson Street, Box 422  
 City Torrance State CA Zip Code 90509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : 7566615**  
 Amount of Each Receipt this Period 250.00

**C. Anthony V Mollano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Galloping Hill Rd  
 City Contoocook State NH Zip Code 03229-3401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Concord Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : 7566714**  
 Amount of Each Receipt this Period 1000.00

<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 300 OF 419
	<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. Renny Uppal MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1730 Sharpe Hill Circle

City Reno	State NV	Zip Code 89523-3924
--------------	-------------	------------------------

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

Name of Employer Reno Orthopedic Clinic	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1084.00

Date of Receipt  
12 / 02 / 2015  
**Transaction ID : 7567137**

Amount of Each Receipt this Period  
84.00

**B. Ronald W B Wyatt MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 533 Carleton Way

City Alamo	State CA	Zip Code 94507
---------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : 7581259**

Amount of Each Receipt this Period  
100.00

**C. Stephen G J Eckrich MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5511 Shooting Star Trail

City Rapid City	State SD	Zip Code 57702
--------------------	-------------	-------------------

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

Name of Employer Black Hills Orthopaedic & Spine	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
835.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : 7581340**

Amount of Each Receipt this Period  
83.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	267.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David J Mansfield MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Murchison

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1270.00**

Date of Receipt **12 / 05 / 2015**

**Transaction ID : 7584995**

Amount of Each Receipt this Period **85.00**

**B. Jeffery D Angel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Virginia Dr Ste C

City Batesville State AR Zip Code 72501-7331

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt **12 / 05 / 2015**

**Transaction ID : 7584996**

Amount of Each Receipt this Period **84.00**

**C. Neal D Lintecum MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 789 N 1500 Road

City Lawrence State KS Zip Code 66049

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

Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **12 / 05 / 2015**

**Transaction ID : 7584997**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **269.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mark Michael Allard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 Cortney Circle  
 City Siloam Springs State AR Zip Code 72761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 452.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : 7584998**  
 Amount of Each Receipt this Period  
 84.00

**B. David A Abrutyn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Pitney Court  
 City Basking Ridge State NJ Zip Code 07920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1168.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : 7584999**  
 Amount of Each Receipt this Period  
 84.00

**C. Robert E Coles MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Lands End Rd  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carteret Surgical Associates Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : 7585447**  
 Amount of Each Receipt this Period  
 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 303 OF 419
<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. Daniel William Green MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 E 70th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : 7585448**  
 Amount of Each Receipt this Period  
 175.00

**B. Robert Mueller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4632 Stonehaven Drive  
 City Columbus State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 7589137**  
 Amount of Each Receipt this Period  
 300.00

**C. Kevin W Lanighan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5527 Pine Loch Ln  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northtowns Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 7589138**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 419
	<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. Christian Carson Hall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 870 Westover Lane  
 City York State PA Zip Code 17403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellsSpan Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 7589139**  
 Amount of Each Receipt this Period 500.00

**B. Jeffrey M Colbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4644 Lincoln Blvd #530  
 City Marina Del Rey State CA Zip Code 90292-6391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 7589141**  
 Amount of Each Receipt this Period 250.00

**C. J Kevin Horn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9062 N Point Dr  
 City Beach City State TX Zip Code 77523-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fondren Orthopedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 7589145**  
 Amount of Each Receipt this Period 250.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jason Craig Clark MD</b>		Date of Receipt
Mailing Address 3425 8th St		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
City	State	Zip Code
Moline	IL	61265
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
ORA Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	
		Transaction ID : 7589148
		Amount of Each Receipt this Period
		250.00

Full Name (Last, First, Middle Initial) <b>B. Jerald L Cooper MD</b>		Date of Receipt
Mailing Address 7601 W Jefferson Blvd		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
City	State	Zip Code
Fort Wayne	IN	46804-4133
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Ft. Wayne Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Transaction ID : 7589149
		Amount of Each Receipt this Period
		500.00

Full Name (Last, First, Middle Initial) <b>C. Brian D Mulliken MD</b>		Date of Receipt
Mailing Address 35 Brett Manor Ct		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015
City	State	Zip Code
Hunt Valley	MD	21030
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
University of Maryland	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Transaction ID : 7589175
		Amount of Each Receipt this Period
		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 306 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mark R Wilson MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2015 <b>Transaction ID : 7589177</b>
Mailing Address 9825 Finnegan Dr		Amount of Each Receipt this Period 500.00
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer IHA	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen B Sundberg MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2015 <b>Transaction ID : 7589192</b>
Mailing Address 20 Woodland Rd		Amount of Each Receipt this Period 200.00
City Edina	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gillette Children's Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick T McCulloch MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2015 <b>Transaction ID : 7594274</b>
Mailing Address 12 Caley Drive		Amount of Each Receipt this Period 84.00
City Canonsburg	State PA	Zip Code 15317-5990
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Advanced Orthopaedics & Rehabilitation	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	784.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 419
	<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**

Full Name (Last, First, Middle Initial) <b>A. Michael R Clain MD</b>			Date of Receipt
Mailing Address 9 Indian Head Rd			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7594275</b>
Riverside	CT	06878-2403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="84.00"/>
Name of Employer	Occupation		
ONS	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1168.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. E Scott Paxton MD</b>			Date of Receipt
Mailing Address 78 Alfred Drown Rd			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7600081</b>
Barrington	RI	02806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bryan Scott Moon MD</b>			Date of Receipt
Mailing Address 1026 Split Elm Drive			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 7603544</b>
Missouri City	TX	77459-7542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="84.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="756.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="418.00"/>
<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 308 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel J Emerson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8712 Whetstone Rd  
 City State Zip Code  
 Evansville IN 47725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2015  
**Transaction ID : 7603547**  
 Amount of Each Receipt this Period  
 1000.00

**B. Suleman M Hussain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 53rd Street, Suite #100  
 City State Zip Code  
 Bettendorf IA 52722-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : 7603549**  
 Amount of Each Receipt this Period  
 84.00

**C. Brett Thomas Weinzapfel MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2813 Harmony Way  
 City State Zip Code  
 Evansville IN 47720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tri-State Orthopaedic 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  
 12 / 10 / 2015  
**Transaction ID : 7605419**  
 Amount of Each Receipt this Period  
 250.00

<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 309 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert A Wainer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1130 N Church St Ste 100

City Greensboro State NC Zip Code 27401

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

Name of Employer Southeastern Ortho Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605420**

Amount of Each Receipt this Period  
 500.00

**B. James Albert Nunley II, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4709 Creekstone Drive, Suite 200

City Durham State NC Zip Code 27703-0016

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

Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605421**

Amount of Each Receipt this Period  
 500.00

**C. Kathleen Marie Grier MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 S 109th St

City Omaha State NE Zip Code 68144

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

Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605422**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 419  
(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. John Charles Kofoed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 Seminole Ct  
 City State Zip Code  
 Fairfield CA 94534-7871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sutter Medical Group Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605424**  
 Amount of Each Receipt this Period  
 84.00

**B. Bryan Scott Kamps MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Monarch Dr NE  
 City State Zip Code  
 Grand Rapids MI 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Spectrum Health Medical Group Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605425**  
 Amount of Each Receipt this Period  
 100.00

**C. Danny W Nicholls DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7201 Diamond Oaks Drive  
 City State Zip Code  
 Mansfield TX 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arlington Orthopaedic Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605436**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 484.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael F Schafer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 W Ridgewood Lane  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Univ Medical School Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605438**  
 Amount of Each Receipt this Period  
 1000.00

**B. Gregory D Gramstad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6702 SW Canyon Crest Dr  
 City State Zip Code  
 Portland OR 97225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Surgical Specialists Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605444**  
 Amount of Each Receipt this Period  
 250.00

**C. Frederick Suh Song MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Beechtree Ln  
 City State Zip Code  
 Princeton NJ 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Princeton Orthopaedic Associates Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 7605445**  
 Amount of Each Receipt this Period  
 1000.00

**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 312 OF 419
	<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. Brandon Dubose Bushnell MBA, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Fallen Branch Circle SE  
 City Rome State GA Zip Code 30161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 7605891**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael J Pushkarewicz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Braken Ave  
 City Wilmington State DE Zip Code 19808-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 7610872**  
 Amount of Each Receipt this Period  
 42.00

**C. Loretta Chou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Orthopaedic Surgery  
 450 Broadway, Mail Code 6342  
 City Redwood City State CA Zip Code 94063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : 7617430**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	792.00
<b>TOTAL</b> This Period (last page this line 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 313 OF 419  
(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. David Gay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 Ocean Grove Circle  
 City Saint Augustine State FL Zip Code 32080-8723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : 7617482**  
 Amount of Each Receipt this Period  
 1000.00

**B. Pierre Andre Bruneau MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Cross River Road  
 City Mount Kisco State NY Zip Code 10549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Navy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015  
**Transaction ID : 7617887**  
 Amount of Each Receipt this Period  
 250.00

**C. Wen Shen MD**  
 Full Name (Last, First, Middle Initial)  
 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 Ortho Assoc of Dutchess County Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015  
**Transaction ID : 7617890**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Wen Shen MD</b>			Date of Receipt
Mailing Address 33 Pond Hills Ct			M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2015
City	State	Zip Code	<b>Transaction ID : 7617892</b>
Pleasant Valley	NY	12569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer	Occupation		
Ortho Assoc of Dutchess County	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Todd A Schmidt MD</b>			Date of Receipt
Mailing Address 2865 Lake Park Drive			M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
City	State	Zip Code	<b>Transaction ID : 7617904</b>
Jonesboro	GA	30236-4133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Southern Orthopaedic Specialists	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1008.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. David R Chandler MD</b>			Date of Receipt
Mailing Address 165 Middle Plantation Ln			M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
City	State	Zip Code	<b>Transaction ID : 7617905</b>
Gulf Breeze	FL	32561-4899	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1020.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	919.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Jeffrey P Beckenbaugh DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Scenic View Drive SW  
 City Rochester State MN Zip Code 55902-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : 7617906**  
 Amount of Each Receipt this Period  
 100.00

**B. Basil R Besh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6135 Clubhouse Dr  
 City Pleasanton State CA Zip Code 94566-9864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : 7617907**  
 Amount of Each Receipt this Period  
 85.00

**C. Frank R Kolisek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1260 Innovation Pkwy Ste 100  
 City Greenwood State IN Zip Code 46143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoIndy Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 7620423**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Anthony James Scillia MD</b>		Date of Receipt
Mailing Address 110 Clark Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City Bernardsville	State NJ	Zip Code 07924
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 7620794</b>
Name of Employer New Jersey Orthopaedic Institute		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
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 (Last, First, Middle Initial) <b>B. Christopher A Wills MD</b>		Date of Receipt
Mailing Address 280 South Main Street Suite 200		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Orange	State CA	Zip Code 92868-3852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 7620797</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="840.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Rafael M Fernandez MD</b>		Date of Receipt
Mailing Address P.O. Box 800809		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Coto Laurel	State PR	Zip Code 00780-0809
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 7620798</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="100.00"/>
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="1184.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 419
	<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. Jim K Hudson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13904 West El Bonito

City State Zip Code  
Ocean Springs MS 39564-5711

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2015  
**Transaction ID : 7620799**

Amount of Each Receipt this Period  
250.00

**B. Michael Suk MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1095 Limestoneville Road

City State Zip Code  
Milton PA 17847

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

Name of Employer Occupation  
Geisinger Medical System Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2015  
**Transaction ID : 7620800**

Amount of Each Receipt this Period  
250.00

**C. Robert H Blotter MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 W Fair Ave Ste 190

City State Zip Code  
Marquette MI 49855-2693

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

Name of Employer Occupation  
Advanced Center for Orthopaedics Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2015  
**Transaction ID : 7620801**

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 318 OF 419
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Cameron More MD</b>		Date of Receipt
Mailing Address 8100 Wescott Drive Suite 101		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Flemington	NJ	08822
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7620819</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MidJersey Orthopaedics	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1252.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Roshan P. Shah MD, JD</b>		Date of Receipt
Mailing Address 610 West 110th Street Apt 3E		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10025-2105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7620820</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1018.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Bernard G Kirol MD</b>		Date of Receipt
Mailing Address 106 Buckthorn Circle		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Elgin	SC	29045
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7620821</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Midlands Orthopaedics	Orthopaedic Surgeon	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="243.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 419
	<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. Carolyn Hettrich MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2983 Oliver Lane NE  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Iowa Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015  
**Transaction ID : 7620822**  
 Amount of Each Receipt this Period  
 250.00

**B. Ronald Anthony Navarro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Wide Loop Rd  
 City Rolling Hills State CA Zip Code 90274-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern California Permanente Medical Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015  
**Transaction ID : 7620823**  
 Amount of Each Receipt this Period  
 84.00

**C. Stephen F Mitros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51045 Erin Glen Dr  
 City Granger State IN Zip Code 46530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : 7620824**  
 Amount of Each Receipt this Period  
 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Eric Louis Smith MD</b>			Date of Receipt
Mailing Address 1573 Beacon St			M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015
City	State	Zip Code	<b>Transaction ID : 7620825</b>
Newton	MA	02468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Tufts Medical Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	924.00		

Full Name (Last, First, Middle Initial) <b>B. Joshua Layne Gary MD</b>			Date of Receipt
Mailing Address 6400 Fannin St Suite 1700			M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015
City	State	Zip Code	<b>Transaction ID : 7620826</b>
Houston	TX	77030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
University of Texas	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	504.00		

Full Name (Last, First, Middle Initial) <b>C. Mark E Easley MD</b>			Date of Receipt
Mailing Address Duke Medicine 4709 Creekstone Drive			M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015
City	State	Zip Code	<b>Transaction ID : 7620827</b>
Durham	NC	27703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	252.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. A Philip Fontanetta MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 <b>Transaction ID : 7622199</b>
Mailing Address 700 Hunt Ln			Amount of Each Receipt this Period 250.00
City Manhasset	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. George V Russell Jr, MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2015 <b>Transaction ID : 7623838</b>
Mailing Address 102 Hawthorne Vale			Amount of Each Receipt this Period 85.00
City Ridgeland	State MS	Zip Code 39157	
FEC ID number of contributing federal political committee. C			
Name of Employer UMMC	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

Full Name (Last, First, Middle Initial) <b>C. Alex B Bodenstab MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2015 <b>Transaction ID : 7623842</b>
Mailing Address 105 Fawn Lane			Amount of Each Receipt this Period 1000.00
City Chadds Ford	State PA	Zip Code 19317	
FEC ID number of contributing federal political committee. C			
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<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 322 OF 419
	<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. Arvind D Nana MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 470428  
 City Fort Worth State TX Zip Code 76147-0428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNTHSC Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **202.00**

Date of Receipt **12 / 18 / 2015**  
**Transaction ID : 7623843**  
 Amount of Each Receipt this Period **101.00**

**B. John C Steinmann DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 W. Cypress Ave.  
 City Redlands State CA Zip Code 92373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Bernardino Orthopaedic Group Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**  
**Transaction ID : 7623845**  
 Amount of Each Receipt this Period **250.00**

**C. Edward J Bieber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7407 Beverly Road  
 City Bethesda State MD Zip Code 20814-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCCOA Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**  
**Transaction ID : 7623856**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>851.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ajoy K Jana MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17259 Valley Drive  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Physicians Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : 7623863**  
 Amount of Each Receipt this Period  
**225.00**

**B. Peter C Rink DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Woodview Way  
 City Davenport State IA Zip Code 52807-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORA Orthopedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623869**  
 Amount of Each Receipt this Period  
**500.00**

**C. Robert R Burger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5150 Michael AnthonY Ln  
 City Cincinnati State OH Zip Code 45247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beacon Orthopaedics & Sports Med Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623871**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 419
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kathleen Anne Hogan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 659  
 City Windham State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NH Orthopaedic Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623873**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert Y Garroway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Heather Ln  
 City Hewlett Harbor State NY Zip Code 11557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlin & Cohen Orthopedic Assoc Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623874**  
 Amount of Each Receipt this Period  
 300.00

**C. Rodney J Herrin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 S Koke Mill Rd  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Center of IL Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623875**  
 Amount of Each Receipt this Period  
 250.00

<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 325 OF 419
	<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. Raymond J Meeks MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 University Ave  
City Hamilton State NY Zip Code 13346  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015  
**Transaction ID : 7623876**  
Amount of Each Receipt this Period  
250.00

**B. Derek Brooks Purcell MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13620 Lauriston Pl  
City Colorado Spgs State CO Zip Code 80908-7243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015  
**Transaction ID : 7623877**  
Amount of Each Receipt this Period  
250.00

**C. Luis H Urrea II, MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5009 Vista Del Monte  
City El Paso State TX Zip Code 79922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer El Paso Orthopaedic Surg Group  
Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015  
**Transaction ID : 7623905**  
Amount of Each Receipt this Period  
190.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 419
	<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. Derek F Papp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Pierside Dr Unit 325  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medstar Health Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 7623958**  
 Amount of Each Receipt this Period  
 1000.00

**B. Lawrence S Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Indian Spring Rd  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cooper University Physicians Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2015  
**Transaction ID : 7624123**  
 Amount of Each Receipt this Period  
 1000.00

**C. Terry Younger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Otis Rd.  
 City Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barrington Ortho Specialists Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : 7624211**  
 Amount of Each Receipt this Period  
 1000.00

<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 327 OF 419
	<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. Jerald P Waldman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26401 Crown Valley Prkwy Ste 101

City Mission Viejo	State CA	Zip Code 92691-6350
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 30 / 2015  
**Transaction ID : 7624256**

Amount of Each Receipt this Period  
250.00

**B. Frank M Phillips MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Unit 66D  
401 N Wabash Ave

City Chicago	State IL	Zip Code 60611
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FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 30 / 2015  
**Transaction ID : 7624257**

Amount of Each Receipt this Period  
1000.00

**C. David F Dalury MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8322 Bellona Ave Ste 200

City Baltimore	State MD	Zip Code 21204-2076
-------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 30 / 2015  
**Transaction ID : 7624258**

Amount of Each Receipt this Period  
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 328 OF 419
	<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. Pedro Javier Tort-Saade MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Milaville-Garcia  
Corazon #16

City San Juan State PR Zip Code 00926

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

Name of Employer Tort Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**12 / 30 / 2015**

**Transaction ID : 7624269**

Amount of Each Receipt this Period  
**75.00**

**B. Preston A Waldrop MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Virginia Orthopedics  
101 Knotbreak Rd

City Salem State VA Zip Code 24153-5404

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**12 / 30 / 2015**

**Transaction ID : 7624270**

Amount of Each Receipt this Period  
**250.00**

**c. John Michael Stephenson MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 23 Hickory Creek Dr

City Little Rock State AR Zip Code 72212-2509

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**11 / 23 / 2015**

**Transaction ID : 7824438**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>417413.66</b>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 329 OF 419
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7235850</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1765.46"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15355.39"/>	

Full Name (Last, First, Middle Initial) <b>B. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7328264</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1631.91"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="16987.30"/>	

Full Name (Last, First, Middle Initial) <b>C. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7363424</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1462.69"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="18449.99"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4860.06"/>
<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 330 OF 419
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7502808</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1010.85"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="19460.84"/>	

Full Name (Last, First, Middle Initial) <b>B. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7554171</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1534.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="20994.99"/>	

Full Name (Last, First, Middle Initial) <b>C. American Association of Orthopaedic Surgeons</b>		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7619436</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="931.37"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="21926.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3476.37"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="8336.43"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 331 OF 419  
(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. Benishek for Congress, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 108  
 City Gladstone State MI Zip Code 49802  
 FEC ID number of contributing federal political committee. **C** C00476325  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : 7504139**  
 Amount of Each Receipt this Period  
 3000.00  
 Refund from candidate - retiring

**B. Friends of John Boehner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7908 Cincinatti Dayton Road  
 City West Chester State OH Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00237198  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 7594564**  
 Amount of Each Receipt this Period  
 5000.00  
 Refund of 2016 General Contribution

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7178589**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7178590**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7179136**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Transaction ID : 7223073

Amount of Each Disbursement this Period

4	6	2	.	2	4
---	---	---	---	---	---

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

### B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Transaction ID : 7263543

Amount of Each Disbursement this Period

1	5	3	.	7	4
---	---	---	---	---	---

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

### C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Transaction ID : 7263608

Amount of Each Disbursement this Period

2	6	5	.	5	0
---	---	---	---	---	---

Bank fees deducted from account

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

8	8	1	.	4	8
---	---	---	---	---	---

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

8	8	1	.	4	8
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 7263609**

Amount of Each Disbursement this Period

116.05

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 7263610**

Amount of Each Disbursement this Period

520.73

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 7263612**

Amount of Each Disbursement this Period

428.35

Bank fees deducted from account

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

1065.13

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7289280**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7330667**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7330683**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7330684**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7330685**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7341539**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7341848**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7356193**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7435553**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7435554**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7446828**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7446831**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7446832**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7462817**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7502809**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7502810**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7502811**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7502812**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7502813**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7515560**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7515561**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7546847**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7546848**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7546849**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2015

**Transaction ID : 7554172**

Amount of Each Disbursement this Period

119.27

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : 7581260**

Amount of Each Disbursement this Period

314.15

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : 7581261**

Amount of Each Disbursement this Period

64.41

Bank fees deducted from account

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

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

497.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

**Transaction ID : 7594562**

Amount of Each Disbursement this Period

95.13
-------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

**Transaction ID : 7608482**

Amount of Each Disbursement this Period

57.11
-------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**Transaction ID : 7608483**

Amount of Each Disbursement this Period

281.30
--------

Bank fees deducted from account

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

433.54
--------

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7619438**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7639572**

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7639578**

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Delbene for Congress**

Mailing Address P.O. Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Suzan DelBene**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178979**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Delbene for Congress**

Mailing Address P.O. Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Suzan DelBene**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178992**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Brad Ashford for Congress**

Mailing Address P.O. Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Brad Ashford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178993**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Brad Ashford for Congress**

Mailing Address P.O. Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement

011

Candidate Name

**Brad Ashford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178995**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Graham for Congress**

Mailing Address P.O. Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement

011

Candidate Name

**Rep. Gwen Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178997**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Steve Cohen for Congress**

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement

011

Candidate Name

**Rep. Stephen Cohen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7178998**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cicilline Committee**

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Cicilline**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : 7179116**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Julia Brownley for Congress**

Mailing Address P.O. Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : 7179118**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Beto O'Rourke for Congress Committee**

Mailing Address 500 West Overland, Box BB

City El Paso State TX Zip Code 79901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Beto O'Rourke**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : 7179119**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Bennie Thompson**

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement

011

Candidate Name

**Bennie Thompson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7179120**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Capuano for Congress Committee**

Mailing Address P.O. Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Capuano**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

**Transaction ID : 7179135**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Upton Lunch 5/19

011

Candidate Name

**Frederick Upton**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2015

**Transaction ID : 7181913**

Amount of Each Disbursement this Period

750.00
--------

Upton Lunch 5/19

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

10750.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Brady Breakfast 5/29

Category/  
Type

Candidate Name  
**Kevin Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7181914**

Amount of Each Disbursement this Period

Brady Breakfast 5/29

Full Name (Last, First, Middle Initial)

**B. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Benishek Dinner 6/11

Category/  
Type

Candidate Name  
**Daniel Benishek**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7181916**

Amount of Each Disbursement this Period

Benishek Dinner 6/11

Full Name (Last, First, Middle Initial)

**C. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Bucshon Dinner 6/10

Category/  
Type

Candidate Name  
**Larry Bucshon**

Office Sought:  House  
 Senate  
 President  
State: IN District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7181918**

Amount of Each Disbursement this Period

Bucshon Dinner 6/10

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Hunter Lunch 7/14

011

Category/  
Type

Candidate Name

**Duncan Hunter**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : 7181919**

Amount of Each Disbursement this Period

750.00

Hunter Lunch 7/14

Full Name (Last, First, Middle Initial)

**B. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Austin Scott Dinner 7/14

011

Category/  
Type

Candidate Name

**James Scott**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : 7181920**

Amount of Each Disbursement this Period

750.00

Austin Scott Dinner 7/14

Full Name (Last, First, Middle Initial)

**C. Beto O'Rourke for Congress Committee**

Mailing Address 500 West Overland, Box BB

City El Paso State TX Zip Code 79901

Purpose of Disbursement  
Void - Beto O'Rourke For Congress Committee

011

Category/  
Type

Candidate Name

**Rep. Beto O'Rourke**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

**Transaction ID : 7223022**

Amount of Each Disbursement this Period

-5000.00

Void - Beto O'Rourke For Congress Committee

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

-3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246090**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246094**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Austin Scott for Congress Inc**

Mailing Address P.O. Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246095**

Amount of Each Disbursement this Period

1750.00
---------

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

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

5750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Austin Scott for Congress Inc**

Mailing Address P.O. Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

**Transaction ID : 7246096**

Amount of Each Disbursement this Period

3250.00
---------

Full Name (Last, First, Middle Initial)

**B. Duncan D. Hunter for Congress**

Mailing Address P.O. Box 1545

City El Cajon State CA Zip Code 91941

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Duncan Hunter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

**Transaction ID : 7246098**

Amount of Each Disbursement this Period

1750.00
---------

Full Name (Last, First, Middle Initial)

**C. Duncan D. Hunter for Congress**

Mailing Address P.O. Box 1545

City El Cajon State CA Zip Code 91941

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Duncan Hunter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

**Transaction ID : 7246099**

Amount of Each Disbursement this Period

3250.00
---------

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

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

8250.00
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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)

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<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. Pallone for Congress**

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

**Frank Pallone**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246100**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

**Frank Pallone**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246102**

Amount of Each Disbursement this Period

2150.00
---------

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address P.O. Box 37

City State Zip Code  
Roseville MI 48066

Purpose of Disbursement

011

Candidate Name

**Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246103**

Amount of Each Disbursement this Period

2500.00
---------

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

7150.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Levin for Congress**

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

**Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246105**

Amount of Each Disbursement this Period

2150.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

**C Michael Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246106**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Welch for Congress**

Mailing Address P.O. Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

**Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246107**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5650.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address P.O. Box 3314  
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246108**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Rosa Delauro**

Mailing Address 12 Trumbull Street  
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

**Rosa Delauro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246109**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pete Sessions for Congress**

Mailing Address P.O. Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Candidate Name

**Pete Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : 7246110**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kaine for Virginia**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tim Kaine**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246111**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Senate**

Mailing Address 10 G Street  
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246112**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Grassroots Organizing Acting & Leading PAC - GOALPAC**

Mailing Address P.O. Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Levin's LPAC

011

Category/  
Type

Candidate Name

**Grassroots Organizing Acting & Leading PAC - GOALPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246113**

Amount of Each Disbursement this Period

5000.00
---------

Levin's LPAC

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

10000.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Van Hollen for Senate**

Mailing Address 10605 Concord St Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Candidate Name

**Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246114**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. Denny Heck for Congress**

Mailing Address P.O. Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Candidate Name

**Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246115**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Candidate Name

**Rep. Ben Lujan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246116**

Amount of Each Disbursement this Period

1,000.00
----------

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

7,000.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Boehner for Speaker**

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Boehner's JFC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246117**

Amount of Each Disbursement this Period

5000.00

Boehner's JFC

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

**Lynn Jenkins**

Office Sought:  House  Senate  President  
State: KS District: 02

Disbursement For: 2016  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246118**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Continuing America's Strength and Security**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Cassidy's LPAC

Candidate Name

**Continuing America's Strength and Security**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246119**

Amount of Each Disbursement this Period

2500.00

Cassidy's LPAC

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

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David Rouzer for Congress**

Mailing Address P.O. Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement

011

Candidate Name

**David Rouzer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : 7246120**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Hawkeye PAC, The**

Mailing Address 621 E. 9th Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Grassley's LPAC

011

Candidate Name

**Hawkeye PAC, The**

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
0	7		2	3		2	0	1	5

**Transaction ID : 7246121**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Grassley's LPAC

Full Name (Last, First, Middle Initial)

**C. Young for Iowa, Inc.**

Mailing Address P.O. Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

011

Candidate Name

**David Young**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : 7246122**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

1	1	0	0	0	0	0	0	0	0

1	1	0	0	0	0	0	0	0	0



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Valadao for Congress**

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Valadao**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246123**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Lee Inc**

Mailing Address 10 West Broadway

City Salt Lake City State UT Zip Code 84601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Lee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246124**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Chesapeake PAC**

Mailing Address 170 Old Enterprise Rd  
P.O. Box 5323

City Upper Marlboro State MD Zip Code 20774

Purpose of Disbursement  
Harris' LPAC

011

Category/  
Type

Candidate Name

**Chesapeake PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2015

**Transaction ID : 7246126**

Amount of Each Disbursement this Period

5000.00
---------

Harris' LPAC

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

11000.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Crapo for US Senate**

Mailing Address P.O. Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

011

Candidate Name

**Michael Crapo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : 7246127**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Virginia Foxx for Congress**

Mailing Address P.O. Box 1100

City State Zip Code  
Clemmons NC 27012

Purpose of Disbursement

011

Candidate Name

**Rep. Virginia Foxx**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : 7246132**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address P.O. Box 250116

City State Zip Code  
Atlanta GA 30325

Purpose of Disbursement

011

Candidate Name

**John Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : 7246133**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

9	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 21st Century Majority Fund**

Mailing Address 6065 Roswell Rd.  
#2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Isakson's LPAC

011

Candidate Name

**21st Century Majority Fund**

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246134**

Amount of Each Disbursement this Period

5000.00

Isakson's LPAC

Full Name (Last, First, Middle Initial)

**B. Pompeo for Congress Inc**

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement

011

Candidate Name

**Michael Pompeo**

Category/Type

Office Sought:  House  Senate  President  
State: KS District: 04

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246136**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Richard Neal**

Category/Type

Office Sought:  House  Senate  President  
State: MA District: 02

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : 7246137**

Amount of Each Disbursement this Period

2500.00

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

9000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Free State PAC

Mailing Address P.O. Box 2712  
Suite 115

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Moran's LPAC

011

Category/  
Type

Candidate Name

**Free State PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253127**

Amount of Each Disbursement this Period

2500.00
---------

Moran's LPAC

Full Name (Last, First, Middle Initial)

### B. Moran for Congress

Mailing Address 311 North Washington Street  
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253128**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

### C. Lou Correa for Congress

Mailing Address 420 N Twin Oaks Valley Rd #2229

City San Marcos State CA Zip Code 92079

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Lou Correa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253129**

Amount of Each Disbursement this Period

1000.00
---------

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

7000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sheila Jackson Lee**

Mailing Address 4412 Alameda Road

City Houston State TX Zip Code 77004

Purpose of Disbursement

011

Category/Type

Candidate Name

**Sheila Jackson Lee**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253130**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/Type

Candidate Name

**Gene Green**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253133**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/Type

Candidate Name

**Kevin Brady**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : 7253134**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
stop payment, lost check, reissued

Candidate Name

**Gene Green**

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : 7286638**

Amount of Each Disbursement this Period

-1000.00

stop payment, lost check, reissued

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

**Gene Green**

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : 7286639**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Diane Black for Congress**

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

Candidate Name

**Diane Black**

Office Sought:  House  Senate  President  
State: TN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : 7304985**

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Michelle**

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2015

**Transaction ID : 7304986**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hudson for Congress**

Mailing Address P.O. Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Richard Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2015

**Transaction ID : 7304987**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Rogers for Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2015

**Transaction ID : 7304988**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S West Temple  
Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
Hatch's Leadership PAC

011

Category/  
Type

Candidate Name  
**ORRINPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : 7304989**

Amount of Each Disbursement this Period

1000.00

Hatch's Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Walberg Victory Fund**

Mailing Address P.O. Box 1362

City State Zip Code  
Jackson MI 49204

Purpose of Disbursement  
Walberg's JFC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : 7304990**

Amount of Each Disbursement this Period

1000.00

Walberg's JFC

Full Name (Last, First, Middle Initial)

**C. Luke Messer for Congress**

Mailing Address P.O. Box 917

City State Zip Code  
Shelbyville IN 46176

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Luke Messer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : 7304991**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Friends of Jim Bridenstine Inc.

Mailing Address PMB 230  
8086 South Yale

City State Zip Code  
Tulsa OK 74136

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jim Bridenstine**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : 7343004**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Bill Cassidy's LPAC

011

Category/  
Type

Candidate Name

**Continuing America's Strength and Security**

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
09		09		2015

**Transaction ID : 7343160**

Amount of Each Disbursement this Period

2500.00
---------

Bill Cassidy's LPAC

Full Name (Last, First, Middle Initial)

### C. People for Patty Murray

Mailing Address P.O. Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patty Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : 7343161**

Amount of Each Disbursement this Period

1000.00
---------

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. George Holding for Congress Inc.**

Mailing Address P.O. Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343162**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Whitfield for Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Edward Whitfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343163**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ryan Costello for Congress**

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ryan Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343165**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dold for Congress**

Mailing Address P.O. Box 6312

City State Zip Code  
Libertyville IL 60093

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Robert Dold**

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : 7343166**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of John Thune**

Mailing Address P.O. Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**John Thune**

Office Sought:  House  
 Senate  
 President  
State: SD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : 7343167**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Ron Johnson for Senate, Inc**

Mailing Address 219 E Washington Ave  
Suite 101

City State Zip Code  
Oshkosh WI 54901

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Sen. Ron Johnson**

Office Sought:  House  
 Senate  
 President  
State: WI District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : 7343168**

Amount of Each Disbursement this Period

1500.00
---------

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

4000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Blumenauer for Congress**

Mailing Address 830 N.E. Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

**Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2015

**Transaction ID : 7343174**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Mailing Address P.O. Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

**Renee Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2015

**Transaction ID : 7343175**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Boehner for Speaker**

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Boehner's JFC

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
09	/	09	/	2015

**Transaction ID : 7343176**

Amount of Each Disbursement this Period

1000.00
---------

Boehner's JFC

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

7000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Lynn Jenkins**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 7343177**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Paul Tonko for Congress**

Mailing Address 911 Central Avenue #221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paul Tonko**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 7343178**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5  
Building 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Louise Slaughter**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 7343179**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Larson for Congress**

Mailing Address P.O.Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Candidate Name

**John Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343180**

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address P.O.Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Candidate Name

**John Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343181**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa Delauro**

Mailing Address 12 Trumbull Street  
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

**Rosa Delauro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : 7343192**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

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

6	0	0	.	0	0
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6	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Rosa Delauro**

Mailing Address 12 Trumbull Street  
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rosa Delauro**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 7343193**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gary Palmer for Congress**

Mailing Address 1919 Oxmoor Road #235

City Homewood State AL Zip Code 35209

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gary Palmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 7427149**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Trott for Congress, Inc.**

Mailing Address 2085 E. West Maple Road  
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**David Trott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 7427151**

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Bishop for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Mailing Address P.O. Box 1148

**Transaction ID : 7427153**

City Brighton State MI Zip Code 48116

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Mr. Michael Bishop**

Office Sought:  House  Senate  President  
 State: MI District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Mailing Address P.O. Box 261060

**Transaction ID : 7427165**

City Los Angeles State CA Zip Code 90074

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Xavier Becerra**

Office Sought:  House  Senate  President  
 State: CA District: 30

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Mailing Address P.O. Box 9639

**Transaction ID : 7427166**

City Bowling Green State KY Zip Code 42102

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  Senate  President  
 State: KY District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

4500.00
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### SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

#### A. Diana Degette for Congress

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Diana DeGette**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

**Transaction ID : 7427167**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

#### B. Bilirakis for Congress

Mailing Address P.O. Box 606

City State Zip Code  
Tarpon Springs FL 34688

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Gus Bilirakis**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

**Transaction ID : 7427168**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

#### C. Lisa Murkowski for U.S. Senate

Mailing Address P.O. Box 100847

City State Zip Code  
Anchorage AK 99510

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Sen. Lisa Murkowski**

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

**Transaction ID : 7427169**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gregg Harper for Congress**

Mailing Address P.O. Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement

011

Candidate Name

**Gregg Harper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

**Transaction ID : 7427170**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**

Mailing Address P.O. Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Candidate Name

**Dave Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

**Transaction ID : 7427171**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

**Joe Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

**Transaction ID : 7427182**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60189

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 7427183**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address P.O. Box 661

City State Zip Code  
Collinsville IL 62234

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 7427184**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address P.O. Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jim Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 7427185**

Amount of Each Disbursement this Period

2500.00
---------

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

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

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement  
Void - Price for Congress

011

Category/  
Type

Candidate Name

**Thomas Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434454**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Price for Congress

Full Name (Last, First, Middle Initial)

**B. McSally for Congress**

Mailing Address P.O.Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement  
Void - McSally for Congress

011

Category/  
Type

Candidate Name

**Rep. Martha McSally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434455**

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - McSally for Congress

Full Name (Last, First, Middle Initial)

**C. McSally for Congress**

Mailing Address P.O.Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Martha McSally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434459**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434461**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Sean Patrick Maloney for Congress**

Mailing Address P.O. Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sean Patrick Maloney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434465**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tulsi for Hawaii**

Mailing Address P.O. Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tulsi Gabbard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 7434468**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr. Brian Babin for Congress**

Mailing Address P.O. Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Brian Babin**

Office Sought:  House  Senate  President  
State: TX District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 7434469**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Brian Babin for Congress**

Mailing Address P.O. Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Brian Babin**

Office Sought:  House  Senate  President  
State: TX District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 7434470**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Rush**

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Bobby Rush**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 7434472**

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Victory in November Election PAC (VINE PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Mailing Address 607 14th Street NW  
Suite 800

**Transaction ID : 7434473**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Rep Mike Thompson's LPAC

011
Category/ Type

Candidate Name

**Victory in November Election PAC (VINE PAC)**

Rep Mike Thompson's LPAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Castor for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Mailing Address 301 W Platt Street, #385

**Transaction ID : 7434474**

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Kathy Castor**

Office Sought:  House  Senate  President  
State: FL District: 11

Disbursement For: 2016  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Courtney for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Mailing Address P.O. Box 1372

**Transaction ID : 7434475**

City Vernon State CT Zip Code 06066

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Joseph Courtney**

Office Sought:  House  Senate  President  
State: CT District: 02

Disbursement For: 2016  Primary  General  Other (specify) ▼

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

4500.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## A. Schatz for Senate

Mailing Address P.O. Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement

Candidate Name

**Brian Schatz**

Office Sought:  House  
 Senate  
 President

State: HI District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	5

Transaction ID : 7434476

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. Royce Campaign Committee

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

Candidate Name

**Edward Royce**

Office Sought:  House  
 Senate  
 President

State: CA District: 39

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	5

Transaction ID : 7435291

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
Void - Whitfield for Congress Committee

Candidate Name

**Edward Whitfield**

Office Sought:  House  
 Senate  
 President

State: KY District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	5

Transaction ID : 7467733

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Whitfield for Congress Committee

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

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. People for Ben**

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Candidate Name  
**Rep. Ben Lujan Jr.**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514534**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Mailing Address P.O. Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name  
**Gus Bilirakis**

Category/  
Type

Office Sought:  House  Senate  President  
State: FL District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514535**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Tim Murphy for Congress**

Mailing Address P.O. Box 24551  
Suite 420

City Pittsburgh State PA Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**Tim Murphy**

Category/  
Type

Office Sought:  House  Senate  President  
State: PA District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514536**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pompeo for Congress Inc**

Mailing Address P.O. Box 780146

City State Zip Code  
Wichita KS 67278

Purpose of Disbursement

011

Candidate Name

**Michael Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514538**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address P.O. Box 3750  
Suite 4916

City State Zip Code  
Brentwood TN 37027

Purpose of Disbursement

011

Candidate Name

**Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514539**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, Nw  
2nd Floor

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514540**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Tonko for Congress**

Mailing Address 911 Central Avenue #221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name

**Paul Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514541**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Lance for Congress**

Mailing Address P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514542**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

**Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514544**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 388 OF 419		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Swalwell for Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address P.O. Box 2847		<b>Transaction ID : 7514545</b>
City Dublin	State CA	
Purpose of Disbursement	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Eric Swalwell</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 15	

Full Name (Last, First, Middle Initial) <b>B. David Scott for Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address P.O. Box 960821		<b>Transaction ID : 7514546</b>
City Riverdale	State GA	
Purpose of Disbursement	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>David Scott</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: GA	District: 13	

Full Name (Last, First, Middle Initial) <b>C. People for Derek Kilmer</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address P.O. Box 1574		<b>Transaction ID : 7514547</b>
City Gig Harbor	State WA	
Purpose of Disbursement	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Derek Kilmer</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 06	

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514548**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514549**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Billy Long**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514551**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**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

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Thornberry for Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Category/Type

Candidate Name

**Mac Thornberry**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : 7514555**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andy Barr for Congress, Inc.**

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/Type

Candidate Name

**Garland Barr**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : 7514556**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Jenkins for Congress**

Mailing Address P.O. Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement

011

Category/Type

Candidate Name

**Evan Jenkins**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : 7514557**

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Coffman for Congress Inc.**

Mailing Address 9249 South Broadway Blvd.  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Candidate Name

**Mike Coffman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514558**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kristi for Congress**

Mailing Address P.O. Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

**Kristi Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514572**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Eye of the Tiger PAC**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Scalise's LPAC

011

Candidate Name

**The Eye of the Tiger PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : 7514695**

Amount of Each Disbursement this Period

2500.00
---------

Scalise's LPAC

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

5000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. McHenry for Congress**

Mailing Address P.O. Box 1406

City State Zip Code  
Hickory NC 28603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick McHenry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	5		

**Transaction ID : 7514696**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Collins for Congress**

Mailing Address P.O. Box 386

City State Zip Code  
Clarence NY 14031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Christopher Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	5		

**Transaction ID : 7514697**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 700 13th Street, NW  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steny Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	5		

**Transaction ID : 7514698**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514831**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Yoder for Congress, Inc**

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kevin Yoder**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

**Transaction ID : 7514832**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tom Reed for Congress**

Mailing Address P.O. Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	5

**Transaction ID : 7515594**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robin Kelly for Congress**

Mailing Address P.O. Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Candidate Name

**Rep. Robin Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526452**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Dold for Congress**

Mailing Address P.O. Box 6312

City Libertyville State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

**Robert Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526453**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo Congress**

Mailing Address 8724 SW 72nd St

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Candidate Name

**Rep. Carlos Curbelo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526454**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address P.O. Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526455**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Supporting House Problem Solvers-SHP PAC**

Mailing Address 412 First St, SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Rep. Scott Peters LPAC

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526456**

Amount of Each Disbursement this Period

2500.00
---------

Rep. Scott Peters LPAC

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526457**

Amount of Each Disbursement this Period

1500.00
---------

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

5000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lead Your Nation Now PAC (LYNN PAC)**

Mailing Address P.O. Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
L. Jenkins' LPAC

011

Candidate Name

**Lead Your Nation Now PAC (LYNN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526458**

Amount of Each Disbursement this Period

2500.00
---------

L. Jenkins' LPAC

Full Name (Last, First, Middle Initial)

**B. Wells PAC**

Mailing Address 2470 Daniels Bridge Rd  
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Austin Scott's LPAC

011

Candidate Name

**Wells PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526459**

Amount of Each Disbursement this Period

2500.00
---------

Austin Scott's LPAC

Full Name (Last, First, Middle Initial)

**C. Shelby for U.S. Senate**

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement

011

Candidate Name

**Richard Shelby**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

**Transaction ID : 7526460**

Amount of Each Disbursement this Period

1000.00
---------

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address P.O. Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526461**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Luke Messer for Congress**

Mailing Address P.O. Box 917

City State Zip Code  
Shelbyville IN 46176

Purpose of Disbursement

011

Candidate Name

**Rep. Luke Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526462**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Dirigo PAC**

Mailing Address PO Box 1355

City State Zip Code  
Alexandria VA 22313

Purpose of Disbursement  
Susan Collins Leadership PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

**Transaction ID : 7526463**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Susan Collins Leadership PAC

**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

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Plaster for Congress**

Mailing Address P.O. Box 348

City Annapolis State MD Zip Code 21404

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mark Plaster MD**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551438**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Mailing Address P.O. Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Renee Ellmers**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551439**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dena**

Mailing Address 3956 Town Center Blvd.  
Suite 457

City Orlando State FL Zip Code 32837

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Dena Minning**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551440**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Petri for Congress**

Mailing Address P.O. Box 544

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Scott Petri**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551441**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mooney for Congress**

Mailing Address P.O. Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Alexander Mooney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551442**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Roberson for Congress**

Mailing Address P.O. Box 371722

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Roberson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : 7551444**

Amount of Each Disbursement this Period

2500.00
---------

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address P.O. Box 2365

City State Zip Code  
Ottawa IL 61350

Purpose of Disbursement

011

Candidate Name

**Adam Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564801**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tammy for Illinois**

Mailing Address P.O. Box 10793

City State Zip Code  
Chicago IL 60610

Purpose of Disbursement

011

Candidate Name

**Rep. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564802**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bonnie Watson Coleman for Congress**

Mailing Address 180 Upland Avenue

City State Zip Code  
Ewing NJ 08638

Purpose of Disbursement

011

Candidate Name

**Bonnie Coleman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564803**

Amount of Each Disbursement this Period

1000.00
---------

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. McSally for Congress**

Mailing Address P.O.Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Martha McSally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564804**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Doing Right - Results, Action, Unity, Leadership PAC**

Mailing Address P.O. Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
Ruiz' LPAC

011

Category/  
Type

Candidate Name

**Doing Right - Results, Action, Unity, Leadership PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564822**

Amount of Each Disbursement this Period

2500.00
---------

Ruiz' LPAC

Full Name (Last, First, Middle Initial)

**C. Boozman for Arkansas**

Mailing Address P.O. Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. John Boozman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564826**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Matsui for Congress**

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

Mailing Address P.O. Box 1738

**Transaction ID : 7564834**

City State Zip Code  
Sacramento CA 95812

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Doris Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Full Name (Last, First, Middle Initial)

**B. Ryan Costello for Congress**

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

Mailing Address P.O. Box 3154

**Transaction ID : 7564835**

City State Zip Code  
West Chester PA 19381

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ryan Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

Mailing Address P.O.Box 582496

**Transaction ID : 7564852**

City State Zip Code  
Elk Grove CA 95758

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Amerish Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walorski for Congress Inc**

Mailing Address P.O. Box 954

City State Zip Code  
Mishawaka IN 46546

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jackie Walorski**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

**Transaction ID : 7564859**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address P.O. Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

**Transaction ID : 7564882**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Mailing Address P.O. Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patty Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

**Transaction ID : 7564884**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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. Mark Takano for Congress**

Mailing Address P.O. Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mark Takano**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				01				2015					

**Transaction ID : 7564885**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Steve Israel for Congress Committee**

Mailing Address P.O.Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				01				2015					

**Transaction ID : 7564887**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Bishop for Congress**

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Michael Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				01				2015					

**Transaction ID : 7564888**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564889**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. House Conservatives Fund**

Mailing Address 228 S. Washington St.  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Flores LPAC

011

Candidate Name

**House Conservatives Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564890**

Amount of Each Disbursement this Period

2500.00
---------

Flores LPAC

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Candidate Name

**Ronald Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564893**

Amount of Each Disbursement this Period

1000.00
---------

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

5000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAC to the Future**

Mailing Address 430 South Capitol Street, SE  
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Pelosi's LPAC

011  
Category/  
Type

Candidate Name

**PAC to the Future**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : 7564904**

Amount of Each Disbursement this Period

2500.00

Pelosi's LPAC

Full Name (Last, First, Middle Initial)

**B. LaHood for Congress**

Mailing Address P.O. Box0735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Darin LaHood**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : 7564905**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. McKinley for Congress**

Mailing Address P.O. Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**David McKinley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : 7564906**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address P.O. Box 860096

City State Zip Code  
Plano TX 75086

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564907**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kenny Marchant for Congress**

Mailing Address P.O. Box 110187

City State Zip Code  
Carrollton TX 75011

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kenny Marchant**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564908**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Davis for Congress/Friends of Davis**

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Danny Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

**Transaction ID : 7564909**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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. Delbene for Congress**

Mailing Address P.O. Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Candidate Name

**Rep. Suzan DelBene**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595092**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Synergy PAC**

Mailing Address 718 7th Street, NW Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement Larson's LPAC

011

Candidate Name

**Synergy PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595094**

Amount of Each Disbursement this Period

5000.00

Larson's LPAC

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement Brady's LPAC

011

Candidate Name

**Making America Prosperous**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595096**

Amount of Each Disbursement this Period

2500.00

Brady's LPAC

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

8500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

**Frank Pallone**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595097**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Mailing Address P.O. Box 6116

City State Zip Code  
La Quinta CA 92248

Purpose of Disbursement

011

Candidate Name

**Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595098**

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

**C. Kansans for Marshall**

Mailing Address P.O. Box 1588

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

011

Candidate Name

**Roger Marshall MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595103**

Amount of Each Disbursement this Period

1000.00

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

7150.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jason Smith for Congress**

Mailing Address P.O. Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jason Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595106**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address P.O. Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gregory Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595108**

Amount of Each Disbursement this Period

3250.00
---------

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Mailing Address P.O. Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gregory Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595110**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Mailing Address P.O. Box 16128

**Transaction ID : 7595112**

City Houston State TX Zip Code 77222

Amount of Each Disbursement this Period

3650.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Gene Green**

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Mailing Address P.O. Box 16128

**Transaction ID : 7595114**

City Houston State TX Zip Code 77222

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Gene Green**

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Mailing Address P.O. Box 137

**Transaction ID : 7595115**

City Spokane State WA Zip Code 99210

Amount of Each Disbursement this Period

3250.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Cathy Rodgers**

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7900.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Cathy Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595118**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595119**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa Delauro**

Mailing Address 12 Trumbull Street  
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rosa Delauro**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 7595120**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ralph Abraham for Congress**

Mailing Address P.O. Box 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ralph Abraham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595121**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Walters for Congress**

Mailing Address 300 Spectrum Center Dr. #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mimi Walters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595122**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Boozman for Arkansas**

Mailing Address P.O. Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. John Boozman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 7595123**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Comm.**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Building Fund

011

Candidate Name

**National Republican Congressional Comm.**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

**Transaction ID : 7597163**

Amount of Each Disbursement this Period

15000.00

2015 Building Fund

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Building Fund

011

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

**Transaction ID : 7597164**

Amount of Each Disbursement this Period

15000.00

2015 Building Fund

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pitts**

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Void - Friends of Joe Pitts

011

Candidate Name

**Joseph Pitts**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : 7610570**

Amount of Each Disbursement this Period

-1000.00

Void - Friends of Joe Pitts

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

29000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ryan Costello for Congress**

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
Void 5/12/15 ck #94834-did not receive

Candidate Name  
**Ryan Costello**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 06

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 7610884**

Amount of Each Disbursement this Period

-2500.00

Void 5/12/15 ck #94834-did not receive

Full Name (Last, First, Middle Initial)

**B. Ryan Costello for Congress**

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

Candidate Name  
**Ryan Costello**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 06

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 7610886**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address P.O. Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Candidate Name  
**John Shimkus**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 20

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 7616919**

Amount of Each Disbursement this Period

3500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## A. Moolenaar for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Moolenaar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : 7616923

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## B. New Pioneers PAC

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Walden's LPAC

011

Category/  
Type

Candidate Name

**New Pioneers PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : 7616925

Amount of Each Disbursement this Period

2500.00

Walden's LPAC

Full Name (Last, First, Middle Initial)

## C. Ted Lieu for Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ted Lieu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : 7616926

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Alexandria State GA Zip Code 30339

Purpose of Disbursement  
Price's LPAC

011

Category/  
Type

Candidate Name

**Voice for Freedom**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 7616927**

Amount of Each Disbursement this Period

5000.00

Price's LPAC

Full Name (Last, First, Middle Initial)

**B. BRETPAC**

Mailing Address 504 Derek Ave

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement  
Guthrie's LPAC

011

Category/  
Type

Candidate Name

**BRETPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 7616930**

Amount of Each Disbursement this Period

5000.00

Guthrie's LPAC

Full Name (Last, First, Middle Initial)

**C. STEVE PAC**

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Rep Stivers LPAC

011

Category/  
Type

Candidate Name

**STEVE PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

**Transaction ID : 7623833**

Amount of Each Disbursement this Period

1500.00

Rep Stivers LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Oorbeek Morehouse Strategies, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  Category/Type

Candidate Name **Gregory Walden**

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : 7789282

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="442850.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John Michael Stephenson MD**

Mailing Address 23 Hickory Creek Dr

City Little Rock State AR Zip Code 72212-2509

Purpose of Disbursement  
Refund erroneous contribution

010

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : 7551489

Amount of Each Disbursement this Period

1000.00

Refund erroneous contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

1000.00