Image# 201807159115517959			_	PAGE 1 / 348
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
1. NAME OF <b>TYF</b> COMMITTEE (in full)	PE OR PRINT V	Example: If typing, ty over the lines.	pe 12FE4M	
Political Action Committee	e of the American As		opaedic Surge	onsPAC of AAOS
ADDRESS (number and street)	17 Massachusetts Ave., N.E.			
Check if different	st Floor 			20002 
2. FEC IDENTIFICATION NUME	SER ▼ CITY▲		STATE A	ZIP CODE
C C00343137	3. IS TH REPO			/ENDED )
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>X July 15 Quarterly Report (Q2)</li> </ul>	(b) Monthly Report Due On: Apr 20 (c) 12-Day PRE-Election	(M3) Jun 2 M4) Jul 20 Primary (12P)	0 (M6) Sep 0 (M7) Oct General	
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Report for the:		D / Y I Y I Y I Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (	30R) Special (30S)
Termination Report (TER)	Election or	M M / D	D / Y Y Y Y Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2018	through	06 / D D / 30	2018
I certify that I have examined this R I Type or Print Name of Treasurer	eport and to the best of my .undy, W, , Douglas, MD, MBA	knowledge and belief	it is true, correct an	d complete.
Signature of Treasurer	, Douglas, MD, MBA	[Electronically Filed	Date 07	/ D D / Y Y Y Y 15 2018
NOTE: Submission of false, erroneous	, or incomplete information ma	ay subject the person s	igning this Report to t	he penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

07/15/2018 12 : 26

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

R	eport Covering the Period: From:		To: 06 / 06 / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		679294.67
	(b) Cash on Hand at Beginning of Reporting Period	760702.26	
	(c) Total Receipts (from Line 19)	389999.30	925132.57
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1150701.56	1604427.24
7.	Total Disbursements (from Line 31)	731312.62	1185038.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	419388.94	419388.94
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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. 05/2016)

(subtract Line 18(c) from Line 19) ......

Write or Type Committee Name

Report Covering the Period: From: 04	01 / Y Y Y Y Y 01 2018	Го: 06 30 _2018
	COLUMN A	
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	326059.66	787426.16
-		
(ii) Unitemized	34723.07	95227.97
(iii) TOTAL (add		00005440
Lines 11(a)(i) and (ii)	360782.73	882654.13
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	200702.72	882654.13
Totals to Line 33, page 5)▶	360782.73	002034.13
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
-	0.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	7241.93	17524.65
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	19625.00	21125.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	2349.64	3828.79
. 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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	389999.30	925132.57
	-77	-77 <del>-</del> -
Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	389999.30	925132.57

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 18194.55 Expenditures ..... 7587.62 (c) Total Operating Expenditures 18194.55 (add 21(a)(i), (a)(ii), and (b)) 7587.62 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 853018.75 and Other Political Committees... 466525.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 13825.00 7200.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 7200.00 13825.00 29. Other Disbursements (Including Non-Federal Donations)..... 300000.00 250000.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds ..... 0.00 0.00 Total Federal Election Activity (add (C) 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)).. 731312.62 1185038.30 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 731312.62 1185038.30

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	360782.73	882654.13
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	7200.00	13825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	353582.73	868829.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7587.62	18194.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	7241.93	17524.65
38. Net Operating Expenditures (subtract Line 37 from Line 36)	345.69	669.90

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FOR LINE NUMBER:

ITE	MIZED RECEIPTS		Use separate so for each catego Detailed Summa	y of the	(check only 11a 13	y one) 11b 14	11c 15	12 16	17
	r information copied from such Reports and Sta or commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Associatio	n of Ortho	paedic S	Surgeons	PAC	c of AA	OS
<b>A.</b>	Full Name of Individual (Last, First, Middle Initia Craig, William, Lewis, , MD	l) or Full O	rganization Name		-	Receipt			
-	Mailing Address 423 Arbor Rd				м м 04	01	/ Y	2018	
	City Winston Salem	State NC	Zip Code 27104-2019			action ID : 90		s Period	
	FEC ID number of contributing ederal political committee.	С					-g	250.00	)
	Name of Employer (for Individual) DrthoCarolina		upation (for Individu nopaedic Surgeon	al)	M	emo Item			
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00					
	Full Name of Individual (Last, First, Middle Initia Cassidy, Carter, , , MD	l) or Full O	rganization Name		Date of	Receipt			
I	Mailing Address 815 Alton Road c/o KOS				04	/ D D 01	/ Y	y y y 2018	
	City Danville	State KY	Zip Code 40422			action ID : 96 t of Each Red		s Period	
	FEC ID number of contributing ederal political committee.	С						85.00	)
	Name of Employer (for Individual) Jniversity of Kentucky Res Program		upation (for Individu	ial)	M	emo Item			
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	340.00					
	Full Name of Individual (Last, First, Middle Initia Murphy, Brian, A, , MD	l) or Full O	rganization Name		Date of	Receipt			
	Mailing Address 3803 Highknob Circle				м м 04	/ D D 01	/ Y	2018 Y	
	City Naperville	State IL	Zip Code 60564			action ID:9		s Period	
M & M Orthopaedics Or						.,		1000.00	)
			upation (for Individu opaedic Surgeon	al)	M	emo Item			
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	1000.00					
รเ	BTOTAL of Receipts This Page (optional)			····· ►			,	1335.00	)
тс	TAL This Period (last page this line number or	nly)							

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PAGE 6 OF

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle II Mailing Address 303 East 33rd Street Apt 11D City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual)	NY Zip Code NY 10016	Date of Receipt 04 01 2018 Transaction ID : 9632114 Amount of Each Receipt this Period 500.00 Memo Item
Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In B. Uppal, Renny, , , MD Mailing Address 1730 Sharpe Hill Circle City	State Zip Code	Date of Receipt 04 / 02 / 2018 Transaction ID : 9632115
Reno         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	NV     89523-3924       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼       336.00	Amount of Each Receipt this Period  84.00  Memo Item
Full Name of Individual (Last, First, Middle In <b>Davidson, Randall, L, , Jr, MD</b> Mailing Address 1050 N James Campbell Blv	Date of Receipt	
City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State TN     Zip Code 38401       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼       500.00	Transaction ID : 9632116       Amount of Each Receipt this Period       250.00       Memo Item
SUBTOTAL of Receipts This Page (optional)		834.00

FOR LINE NUMBER:

IT	EMIZED RECEIPTS		f f	Jse separate schedule(s) or each category of the Detailed Summary Page	L `	heck on <b>X</b> 11a 13	ly on	ie) 11b 14	11c	12	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay n addre	ot be sold or used by any pe ess of any political committee	ersor to s	for the	purp ontrib	oose of utions f	solicitin rom suc	g contri h comr	butions nittee
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an	Association of Ortho	pa	edic S	Sur	geon	sPA	C of J	AAOS
A.	Full Name of Individual (Last, First, Middle Initi Marangi, Kent, Steven, , MD Mailing Address 3813 Vista Blanca	al) or Full O	)rgar	nization Name	_	Date o		ceipt		Y	Y
	City	State		Zip Code		04		02	963486	2018	3
	San Clemente	CA		92672					eceipt t		od
	FEC ID number of contributing federal political committee.	С				<u> </u>		<del>,</del>		25	50.00
	Name of Employer (for Individual) Self Employed		•	ion (for Individual) redic Surgeon		N	1emo	Item			
	Receipt For:		•		-						
	Primary General Other (specify) ▼	Aggregate	7ea	r-to-Date ▼ 250.00							
	Full Name of Individual (Last, First, Middle Initi Cohen, Jonathan, L, , MD	al) or Full O	rgar	nization Name		Date o	of Po	coint			
D.	Mailing Address 407 Crawford Rd					04		02	/ Y	2018	Y Y
	City	State		Zip Code		Trans	sacti	on ID :	963486:	3	
	Modesto	CA		95356		Amour	nt of	Each R	eceipt t	his Peri	od
	FEC ID number of contributing federal political committee.	С				<u> </u>		7	-	25	50.00
	Name of Employer (for Individual) Stanislaus Ortho		•	tion (for Individual) aedic Surgeon		N	1emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 250.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Wapner, Keith, L, , MD	al) or Full O	rgar	nization Name		Date o	of Re	ceipt			
	Mailing Address 651 N Heilbron Dr					<sup>M</sup> 04	1 /	D D D 03	/ Y	2018	
	City Media	State PA		Zip Code 19063					963502 eceipt t		od
	FEC ID number of contributing federal political committee.	С						,			00.00
	Name of Employer (for Individual) Penn Ortho Foot & Ankle Surg		•	ion (for Individual) edic Surgeon		N	lemo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 500.00							
s	UBTOTAL of Receipts This Page (optional)			•••••	-	[.		9		100	00.00
Т	OTAL This Period (last page this line number of	nly)		····· •			-	,			40.1

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PAGE 8 OF

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each cate Detailed Sun		(check only one)       Image: 11 a model       12 model       13 model       15 model       16 model       17 model
Any information copied from such Reports a or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Associa	ition of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl         Wyatt, Ronald, W B, , MD         Mailing Address 533 Carleton Way         City         Alamo         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Kaiser Permanente         Receipt For:         Primary       General         Other (specify) ▼	e Initial) or Full Organization Nam	ividual)	Date of Receipt
Full Name of Individual (Last, First, Middlest, Abdi, , , MD         B. Raissi, Abdi, , , MD         Mailing Address 2800 E Desert Inn Rd Ster         City         Las Vegas         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Desert Orthopaedic Center         Receipt For:         Primary       General         Other (specify)		ividual) on	Date of Receipt
Full Name of Individual (Last, First, Middle Ackerman, Gary, , , MD         Mailing Address       4440 Beacon Cir Ste 100         City       West Palm Beach         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	e Initial) or Full Organization Nam	70 ividual)	Date of Receipt 04 03 2018 Transaction ID : 9638362 Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num			900.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 348			
ITEMIZED RECEIPTS		for each category of the	(check only one)			
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions			
	the name and a	ddress of any political committ	ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Political Action Committee of	the America	an Association of Offr	hopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name				
A. Petty, R, William, , MD	,	• 	Date of Receipt			
Mailing Address 6717 NE 48th Lane						
City	State	Zip Code	04 03 2018 Transaction ID : 9638393			
Gainesville	FL	32653	Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	С		1000.00			
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item			
Exactech Inc.		opaedic Surgeon				
Receipt For:		Year-to-Date V	—			
Primary General	99109410					
Other (specify) <b>v</b>		1000.00				
Full Name of Individual (Last, First, Middle	Initial) or Full O	ragnization Name				
<b>B.</b> Seaberg, John, Paul, , MD	Initial) of Full O	rganization Name	Date of Receipt			
Mailing Address 2931 Georgetown Street						
	04 04 2018					
City	State TX	Zip Code	Transaction ID : 9638396			
Houston		77005	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		375.00			
Name of Employer (for Individual) Houston Methodist Orthopedics and Spor		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For:						
Primary General	Aygreyale	Year-to-Date ▼	-			
Other (specify) ▼		, 375.00				
Full Name of Individual (Last First Middle		un anti-attan Alama				
Full Name of Individual (Last, First, Middle C. Santore, Richard, F, , MD	Initial) of Full O	rganization Name	Date of Receipt			
Mailing Address PO Box 7016			M = M / D = D / Y = Y = Y			
<u></u>			04 04 2018			
City Rancho Santa Fe	State CA	Zip Code 92067	Transaction ID : 9638397			
		32001	Amount of Each Receipt this Period			
federal political committee.	FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent		Memo Item				
Receipt For:		opaedic Surgeon Year-to-Date ▼				
Primary General	, iggi oguto		-			
Other (specify)		336.00				
SUBTOTAL of Receipts This Page (optional)			1459.00			
CODICIAL OF RECEIPES THIS Fage (optional)						

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

1.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 348	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions	
\	using the name and a	ddress of any political committ	ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	of the Americ	an Association of Orth	nopaedic SurgeonsPAC of AAOS	
			lopaedic Surgeons1 AC 01 AACS	
Full Name of Individual (Last, First, M A. Mosley, Emmett, Wayne, , MD	1iddle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1309 Upland Crest C	t			
			04 04 2018	
City	State	Zip Code	Transaction ID : 9638398	
Gulf Breeze	FL	32563	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Self Employed	Orth	nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General		336.00		
Other (specify) <b>v</b>			_	
Full Name of Individual (Last, First, M B. Miller, Lawrence, S, , MD	liddle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 50 Indian Spring Rd				
City	State	Zip Code	Transaction ID : 9638405	
	17	19063	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item	
Cooper University Hospital		nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General				
Other (specify) <b>v</b>		500.00		
Full Name of Individual (Last, First, M	liddle Initial) or Full O	rganization Name		
C. Curtis, Joseph, F, , Jr, MD Mailing Address 454 Taylor Rd			Date of Receipt	
Maining Address 454 Taylor Rd			04 04 2018	
City	State	Zip Code	Transaction ID : 9638526	
Montgomery	AL	36117	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
Southern Orthopaedic Specialist	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Other (specify)		1000.00		
	,			
SUBTOTAL of Receipts This Page (opt	ional)		▶ 1584.00	

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

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 1'
	y information copied from such Reports and Sta for commercial purposes, other than using the n			person for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initia Obma, Padraic, R, , MD Mailing Address 628 Sunset Circle	l) or Full Or	ganization Name	Date of Receipt
				04 04 2018
	City	State WI	Zip Code	Transaction ID : 9638548
	Green Bay	VVI	54301-1346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Prevea Sports Medicine	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	]
— B.	Full Name of Individual (Last, First, Middle Initia Nelson, Daniel, Richard, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 654 W Sawgrass Trail			04 05 2018
	City	State	Zip Code	Transaction ID : 9638787
	Dakota Dunes	SD	57049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		84.00	
	Name of Employer (for Individual) CNOS		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]
— с.	Full Name of Individual (Last, First, Middle Initia Anderson, David, T, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1315 Home Place			04 05 2018
	City	State	Zip Code	Transaction ID : 9639156
	Matthews	NC	28105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Orthocarolina		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
s	UBTOTAL of Receipts This Page (optional)			834.00
т	OTAL This Period (last page this line number or	ıly)		

FOR LINE NUMBER: PAGE 13 OF 348

ITEMIZED RECEIPTS			f	Jse separate schedule(s) or each category of the Detailed Summary Page	L `_	neck on 11a 13	ily on	e) 11b 14	11c 15	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Ortho	pa	edic \$	Surę	geons	sPA	C of .	AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Beals, Timothy, C, , MD Mailing Address 742 Pioneer Fork Road	al) or Full O	rgar	nization Name		Date of Receipt					
		1-				04		04	/ Y	2018	Y Y 3
	City Salt Lake City	State UT		Zip Code 84108-3609					9639255 eceipt th		od
	FEC ID number of contributing federal political committee.	С								4	50.00
	Name of Employer (for Individual) Univ Orthopaedics Center		•	ion (for Individual) edic Surgeon		N	/lemo	Item			
	Receipt For:				-						
	Primary General Other (specify) ▼	Aggregate	Tea	r-to-Date ▼ 450.00							
R	Full Name of Individual (Last, First, Middle Initia Larkin, John, J, , Jr, MD	al) or Full O	Orgar	nization Name		Date of	of Re	ceint			
υ.	Mailing Address 2845 Chancellor Dr Ste 100					04		04	/ Y	y 2018	YY
	City	State		Zip Code		Tran	sactio	on ID : 9	9639256	;	
	Crestview Hills	KY		41017-3420	_	Amour	nt of	Each Re	eceipt th	nis Peri	od
	FEC ID number of contributing federal political committee.	С				Ē		,		100	00.00
	Name of Employer (for Individual) Self Employed		•	ion (for Individual) aedic Surgeon		N	/lemo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Heilig, Michael, R, , MD	al) or Full O	rgar	nization Name		Date of	of Re	ceipt			
	Mailing Address 200 Kelburn Ct					04	/	04	/ Y	2018	Y Y
	City Lexington	State KY		Zip Code 40515	-				9639258 eceipt th		iod
FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Kentucky Orthopedic Associates       Octoor		С									00.00
			•	tion (for Individual) Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1000.00							
s	UBTOTAL of Receipts This Page (optional)			•				,	. ,	24	50.00
Т	OTAL This Period (last page this line number or	nly)						,	-		-

FOR LINE NUMBER: PAGE 14 OF 348

IT	ITEMIZED RECEIPTS			Jse separate schedule(s) or each category of the Detailed Summary Page	l `_	eck on 11a 13	ly on	e) 11b 14	11c 15	12		7
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) Political Action Committee of the	Americ	an	Association of Orthc	pae	edic S	Surç	geon	sPA	C of	AAOS	
A. Full Name of Individual (Last, First, Middle Initial) or Full Kim, Young Jo, , , MD, PhD Mailing Address 300 Longwood Avenue Hunnewell Building Room 221			II Organization Name			Date of Receipt						
	City Boston	State MA		Zip Code 02115					9639260			
	FEC ID number of contributing federal political committee.	C				Amoun	it of I	Each R	eceipt tl		iod 00.00	]
	Name of Employer (for Individual) Boston Children's Hospital - Orthopedi			tion (for Individual) aedic Surgeon		M	lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 500.00								
R	Full Name of Individual (Last, First, Middle Initia Curd, Richard, Blake, , MD	l) or Full (	Orgai	nization Name		Date o	f Re	reint				
υ.	Mailing Address 38 S Riverview Heights					04		04	/ Y	2018	Y Y }	
	City	State		Zip Code					9639261			
	Sioux Falls FEC ID number of contributing federal political committee.	SD	57105			Amount of Each Receipt this Perio			iod 00.00	]		
	Name of Employer (for Individual) Sioux Falls Specialty Hospital		•	tion (for Individual) aedic Surgeon		Μ	lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ur-to-Date ▼ 500.00								
С.	Full Name of Individual (Last, First, Middle Initia Mayo, David, B, , MD	l) or Full (	Orgai	nization Name		Date o	f Red	ceipt				
	Mailing Address 30575 Woodward Ave Ste LI					04	1	04	/ Y	2018	Y Y 3	
	City Royal Oak	State MI		Zip Code 48073-0986	-				9639262 eceipt tl		iod	
FEC ID number of contributing federal political committee.										00.00	]	
		Ort	cupation (for Individual) thopaedic Surgeon			N	lemo	ltem				
	Primary General Other (specify)	Aggregate	e Yea	ur-to-Date ▼ 500.00								
s	UBTOTAL of Receipts This Page (optional)			•				, .		150	00.00	
т	OTAL This Period (last page this line number or	ıly)		•	-			,			-	]

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Sarokhan, Alan, Joseph, , MD Mailing Address 73 Old Coach Rd City Basking Ridge FEC ID number of contributing	e Initial) or Full C State NJ	Drganization Name Zip Code 07920	Date of Receipt Date of Receipt O4
federal political committee.          Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Occ	eupation (for Individual) hopaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
Full Name of Individual (Last, First, Middle         B. Schniegenberg, Gary, M, , MD         Mailing Address 2474 Alexandria Dr         City         Lima         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Institute for Orthopaedic Surgery         Receipt For:         Primary       General Other (specify) ▼	State OH C Occ Ort	Drganization Name Zip Code 45806 cupation (for Individual) hopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         C.       Campbell, Michael, Andrew, , M         Mailing Address 3192 Stonewood Drive         City         Virginia Beach         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Atlantic Ortho Specialists         Receipt For:         Primary       General         Other (specify)	AD State VA C Occ Ort		Date of Receipt 04 04 2018 Transaction ID : 9639267 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	·		1750.00

FOR LINE NUMBER:

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir         A.       Greenfield, Gerald, Q, , Jr, MD         Mailing Address       12 Remington Run         City       San Antonio         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occu Orth	rganization Name Zip Code 78258-7707 Upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ir B. Daouk, Ayman, Ahmad, , MD Mailing Address 1240 Poinsettia Ave	hitial) or Full O	rganization Name	Date of Receipt
City Orlando FEC ID number of contributing federal political committee. Name of Employer (for Individual) Physicians Associates Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 32804 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.00	Transaction ID : 9639271         Amount of Each Receipt this Period         250.00         Memo Item
Full Name of Individual (Last, First, Middle Ir         Clarke, Burnet, Todd, , MD         Mailing Address 18 Bellchase Gardens Dr         City         Beaumont         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	State TX C Occu Orth	rganization Name Zip Code 77706-8715 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt 04 04 2018 Transaction ID : 9639292 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			750.00

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SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 17 OF 348			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
		person for the purpose of soliciting contributions			
	the name and address of any political commit	ttee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ort	hopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle A. Radomisli, Timothy, Evan, , MD	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 444 East 86th Street Apt 2		04 04 / Y Y Y Y Y 04 04 2018			
City	State Zip Code NY 10028	Transaction ID : 9639297			
New York	NY 10028	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self Employed	Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name of Individual (Last, First, Middle	I Initial) or Full Organization Name				
B. Dowling, Thomas, J, , Jr, MD	· · ·	Date of Receipt			
Mailing Address 763 Larkfield Rd 2nd Fl		04 04 YYYYY 04 04 2018			
City	State Zip Code	Transaction ID : 9639298			
Commack	NY 11725-3131	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	1000.00			
Name of Employer (for Individual) Long Island Spine Specialist	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	1000.00				
Full Name of Individual (Last, First, Middle C. Avella, Douglas, G, , MD	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 381 Lawrence Ct		04 04 2018			
City Wyckoff	StateZip CodeNJ07481	Transaction ID : 9639300 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer (for Individual) North Jersey Pediatric	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional)	)	2250.00			

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle           MacKay, Michael, Alan, , MD		rganization Name	Date of Receipt
Mailing Address Orthopaedic Surgeons of 90 Vermont Ave Ste 300	Oak Ridge		04 04 2018
City Oak Ridge	State TN	Zip Code 37830-6478	Transaction ID : 9639311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle         B.       Fakharzadeh, Frederick, F, , MD         Mailing Address       829 Ellis Place	e Initial) or Full O	rganization Name	Date of Receipt
City Oradell	State NJ	Zip Code 07649	04 04 2018 Transaction ID : 9639313
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle C. Scott, James, W, , MD	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1610 John Orr Dr Ste A			04 04 2018
City Tifton	State GA	Zip Code 31794-3662	Transaction ID : 9639315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Georgia Sports Medicine Receipt For:	Orth	upation (for Individual) opaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional	)		1550.00

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

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FOR LINE NUMBER:

PAGE 19 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir         Gudger, Garland, K, , MD         Mailing Address       6262 Veterans Pkwy         PO Box 9517         City         Columbus         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Jack Hughston Memorial Hospital         Receipt For:         Primary       General	State GA C Occu Orth	Irganization Name Zip Code 31908-9517 upation (for Individual) nopaedic Surgeon Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	250.00	
B. Grondel, Robert, Jeffrey, , MD Mailing Address 10561 Jeffreys St Ste 230 City Henderson FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopedic Institute of Henderson Receipt For: Primary General Other (specify) ▼	State NV C Occ Ort	Zip Code 89052 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt  O4
Full Name of Individual (Last, First, Middle Ir         C.       Ford, Thomas, B, , MD         Mailing Address 4150 Nelson Rd Bldg G Ste         City         Lake Charles         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Christus Lake Area Medical Center         Receipt For:         Primary       General         Other (specify)	1 State LA C Occu Orth	rganization Name Zip Code 70605 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt  O4 / 2018  Transaction ID : 9639320  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			750.00

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements maname and a	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Gelb, Howard, J, , MD Mailing Address 6214 NW 120th Dr	al) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : 9639331
	Coral Springs	FL	33076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Self Employed	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
в.	Full Name of Individual (Last, First, Middle Initia Nakata, Roland, Y, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 815 S Fairmont Ave			04 04 / Y Y Y Y 04 04 2018
	City	State	Zip Code	Transaction ID : 9639332
	Lodi	CA	95240-5116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Papierski, Paul, E, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 913 S Dryden Pl			04 04 / Y Y Y Y 04 04 2018
	City	State	Zip Code	Transaction ID : 9639333
	Arlington Heights	IL	60005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
s	UBTOTAL of Receipts This Page (optional)		•••••	1050.00
Т	OTAL This Period (last page this line number or	nly)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17
Any information copied from such Reports and or for commercial purposes, other than using			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         Kolavo, Jerome, , , MD         Mailing Address 27650 Ferry Rd Ste 100         City         Warrenville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Cadence Physician Group         Receipt For:         Primary       General         Other (specify) ▼	State IL C Occo Orth	rganization Name Zip Code 60555 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle Orson, Gregory, G, , MD Mailing Address 2770 Samuel Dr S	Initial) or Full O	rganization Name	Date of Receipt
City Fargo FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sanford Health Receipt For: Primary General	Orth	Zip Code 58104	Transaction ID : 9639335       Amount of Each Receipt this Period       250.00       Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle C. Tompkins, John, F, , II, MD Mailing Address 3024 Stonybrook Rd City	State	Zip Code	Date of Receipt 04 / 04 / 2018 Transaction ID : 9639338
Oklahoma City FEC ID number of contributing federal political committee. Name of Employer (for Individual) VA Medical Center	Orth	73120	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1000.00

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and a or for commercial purposes, other than using th	Statements may	y not be sold or used by any platess of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	n Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In A. Ihle, Christopher, Langdon, , MD	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 343 N 130 St			04 04 / Y Y Y Y 04 04 2018
City Omaha	State NE	Zip Code 68154	Transaction ID : 9639339           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Community Hospital		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<ul> <li>Full Name of Individual (Last, First, Middle In</li> <li><b>B.</b> Knezevich, Steven, , , MD</li> <li>Mailing Address 3820 Northdale Blvd Ste 105.</li> </ul>		ganization Name	Date of Receipt
			04 04 2018
City Tampa	State FL	Zip Code 33624-1834	Transaction ID : 9639341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Northside Orthopaedics		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 250.00	
Full Name of Individual (Last, First, Middle In c. Talmo, Carl, T, , MD	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 859 Dedham St			04 / D D / Y Y Y Y 04 04 2018
City Newton Center	State MA	Zip Code 02459-3413	Transaction ID : 9639344           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Self Employed		pation (for Individual) ppaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)			1000.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 348
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       X     11a       11b     11c       12       13     14       15     16       17
or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	
		ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         Bush-Joseph, Charles, A, , MD         Mailing Address 419 N Lincoln	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 04 2018 Transaction ID : 9639345
Hinsdale FEC ID number of contributing	IL 60521-3444	Amount of Each Receipt this Period
federal political committee.	Occupation (for Individual)	Memo Item
Midwest Orthopaedics at Rush         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
B. Krause, John, O, , MD Mailing Address 14 Roclare Ln	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 04 2018 Transaction ID : 9639348
St Louis	MO 63131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopedic Center of St. Louis	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Baum, Jeffrey, A, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1094 Fox Chapel Rd	State Zip Code	04 / 04 / 2018 Transaction ID : 9639351
Pittsburgh	PA 15238-2014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Three Rivers Ortho	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	·	2250.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 OF 34 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         17		
	I Statements may not be sold or used by any pe the name and address of any political committee			
Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Garapati, Rajeev, , , MD Mailing Address 1720 W Barry Ave	Initial) or Full Organization Name	Date of Receipt		
City	State Zip Code	04 04 2018 Transaction ID : 9639353		
Chicago	IL 60657	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer (for Individual) Illinois Bone & Joint	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name of Individual (Last, First, Middle Johnson, Adam, C, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 6411 Mulligan Rd		04 05 2018		
City Farmington	StateZip CodeNM87402-4869	Transaction ID : 9639381 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer (for Individual) Orthopedic Associates P.A.	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify) ▼	1000.00			
Full Name of Individual (Last, First, Middle Green, Daniel, William, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 535 E 70th St		04 07 Y Y Y Y Y 04 07 2018		
City New York	StateZip CodeNY10021	Transaction ID : 9641367           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	175.00		
Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00			
SUBTOTAL of Receipts This Page (optional).	·	2175.00		
TOTAL This Period (last page this line number	er only)			

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and a or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
Political Action Committee of the		ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Lagan, Casey, Lee, , MD Mailing Address 224 E 2nd Street	nitial) or Full Organization Name	Date of Receipt	
City Dumas	State Zip Code TX 79029	04 07 2018 Transaction ID : 9641368	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Moore County Hospital District Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name of Individual (Last, First, Middle Ir Garner, Richard, W, , MD Mailing Address 7201 E Chester Heights Circl			
City Anchorage	StateZip CodeAK99504-3563	04     07     2018       Transaction ID : 9641369       Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	85.00	
Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name of Individual (Last, First, Middle Ir Tyndall, William, A, , MD Mailing Address 123 Brittany Ln			
City Hollidaysburg	State Zip Code PA 16648	04 07 2018 Transaction ID : 9641370	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00	
Name of Employer (for Individual) University Orthopedics Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00		
SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	419.00	
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 348 (check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\checkmark$ 11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle Thompson, Joel, D, , MD	ll Name of Individual (Last, First, Middle Initial) or Full Organization Name hompson, Joel, D, , MD					
Mailing Address Tucson Shoulder Elbow & F 3972 N Campbell Ave	Mailing Address Tucson Shoulder Elbow & Hand 3972 N Campbell Ave					
City Tucson	State AZ	Zip Code 85719	Transaction ID : 9641371 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		84.00			
Name of Employer (for Individual)		upation (for Individual)	Memo Item			
Tucson Shoulder Elbow & Hand Receipt For: Primary General Other (specify)		opaedic Surgeon Year-to-Date ▼ 336.00	1			
Full Name of Individual (Last, First, Middle B. Kiner, Dirk, W, , MD	Initial) or Full O	rganization Name	Data of Receipt			
Mailing Address 438 Oliver Street	Date of Receipt					
City Chattanooga	State TN	Zip Code 37405	Transaction ID : 9641372 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		84.00			
Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]			
Full Name of Individual (Last, First, Middle C. Murdock, Louis, E, , MD	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5012 N Quail Summit Way						
City Boise	State ID	Zip Code 83703	Transaction ID : 9641376 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) Intermountain Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]			
SUBTOTAL of Receipts This Page (optional).			418.00			

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

FOR LINE NUMBER:

PAGE 27 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Check only one)       Image: The second						
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC								
Full Name of Individual (Last, First, Middle In         McHale, Patricia, , , MD         Mailing Address 15819 Glenmiro Dr         City         Huntersville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NC       28078         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       Topologic Surgeon	Date of Receipt						
Full Name of Individual (Last, First, Middle Ir         B. Schmidt, Andrew, H, , MD         Mailing Address Mailcode G2         701 Park Avenue         City         Minneapolis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         HCMC Dept of Orthopedic Surgery         Receipt For:         Primary       General         Other (specify) ▼	Name         State       Zip Code         MN       55415         C         Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         500.00	Date of Receipt						
Full Name of Individual (Last, First, Middle Ir <b>Bruse, Laura, Marie, , MD</b> Mailing Address 944 Everest Peak Avenue City Henderson FEC ID number of contributing	State Zip Code NV 89012	Date of Receipt 04 07 2018 Transaction ID : 9641422 Amount of Each Receipt this Period						
federal political committee.          Name of Employer (for Individual)         Beautiful Bones Ortho         Receipt For:         Primary       General         Other (specify)	C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	250.00						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1750.00						

SCHEDULE A (FEC Form	3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 348			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)			
		13 14 15 16 17			
	s and Statements may not be sold or used by any p sing the name and address of any political committee				
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Association of Ortho	opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Mi A. James, Jeremy, R, , MD	ddle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 805 Green Leaf Circle		04 08 2018			
City	State Zip Code	Transaction ID : 9641423			
Madisonville	LA 70447	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
DISC of Louisiana	Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	300.00	1			
		1			
Full Name of Individual (Last, First, Mi B. Clain, Michael, R, , MD	ddle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 9 Indian Head Rd	Mailing Address 9 Indian Head Rd				
City	State Zip Code	Transaction ID : 9641443			
Riverside	CT 06878	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	84.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary     General       Other (specify) ▼	336.00	]			
Full Name of Individual (Last, First, Mi C. Braaton, Paul, J, , MD	ddle Initial) or Full Organization Name	Date of Receipt			
	Mailing Address 1335 Coffee Rd Ste 100				
City	State Zip Code	Transaction ID : 9641445			
Modesto	CA 95355	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	84.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self Employed	Orthopaedic Surgeon	—			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	336.00	1			
Other (specify)					
SUBTOTAL of Receipts This Page (option	pnal)	268.00			

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

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)		
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
Α.	Full Name of Individual (Last, First, Middle Initi Gillespy, Mark, , , MD	al) or Full O	organization Name	Date of Receipt		
	Mailing Address 250 Riverside Dr	04 / D D / Y Y Y Y 2018				
	City Ormond Beach	State FL	Zip Code 32176	Transaction ID : 9641469 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer (for Individual) Orthopaedic Clinic of Daytona Beach, P		upation (for Individual) nopaedic Surgeon	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
B	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hamilton, Christopher, D, , MD			Date of Receipt		
Ь.	Mailing Address 11501 Haydock Ct			04 09 2018		
	City Bakersfield	State CA	Zip Code 93311	Transaction ID : 9641491		
	FEC ID number of contributing federal political committee.	C	93311	Amount of Each Receipt this Period		
	Name of Employer (for Individual) Self Employed		upation (for Individual) hopaedic Surgeon	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Topper, Steven, Michael, , MD			Date of Receipt		
	Mailing Address 2925 Professional PI Ste 201			M M / D D / Y Y Y Y 04 09 2018		
	City Colorado Springs	State CO	Zip Code 80904-8133	Transaction ID : 9641492 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		200.00		
Name of Employer (for Individual) Colorado Hand Center		Occupation (for Individual) Orthopaedic Surgeon		Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	]		
s	UBTOTAL of Receipts This Page (optional)			1200.00		
Т	OTAL This Period (last page this line number o	nly)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 OF 348
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		uuress of any political committe	
$\left \right\rangle$		America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Full A. Zambetti, George, Joseph, , Jr, MD			rganization Name	Date of Receipt
	Mailing Address 103 Catherine Rd			04 09 / Y Y Y Y 2018
	City Scarsdale	State NY	Zip Code 10583	Transaction ID : 9641493
			10565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Columbia Presbyterian Medical Hospital	Orth	nopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		1000.00	
	Other (specify) ▼	<u> </u>	1000.00	1
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simpson, Jon, A, , MD			Date of Receipt
	Mailing Address 4124 Taylors Chapel Rd	04 09 2018		
	City	State	Zip Code	Transaction ID : 9641495
	Crossville	TN	38572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Cumberland Orthopedics		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	1
<u> </u>	Full Name of Individual (Last, First, Middle Initi Babinski, Kari, M, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 57 Rock Point PI NE	04 09 2018		
	City	State	Zip Code	Transaction ID : 9641496
	Albuquerque	NM	87122-1915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:		Year-to-Date ▼	
	Other (specify) General		250.00	1
s	UBTOTAL of Receipts This Page (optional)			1500.00

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 OF 348 (check only one)	
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In Dahl, William, John, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 69 Ruffed Grouse Dr	State Zip Code	04 09 2018	
Bridgeport	State         Zip Code           WV         26330-7989	Transaction ID : 9641497         Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) United Hospital Center	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Middle In <b>A. Kirsch, Matthew, J, , MD</b>	itial) or Full Organization Name	Date of Receipt	
Mailing Address 1527 20th St NE		04 09 2018	
City Byron	State Zip Code MN 55920-6019	Transaction ID : 9641499 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Olmsted Medical Center	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Middle In League, Alan, Craig, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 1526 Hawthorne Ln	Mailing Address 1526 Hawthorne Ln		
City Glenview	StateZip CodeIL60025-2261	Transaction ID : 9641546 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	1000.00	
Name of Employer (for Individual) Illinois Bone And Joint Institute Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional)		1500.00	
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In A. Bries, Andrew, David, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 3126 Westminster Rd	State Zip Code	04 / 09 / 2018 Transaction ID : 9641586	
Bettendorf	IA 52722	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	1000.00	
Name of Employer (for Individual) ORA Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]	
B. Murrey, Daniel, Beasley, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Murrey, Daniel, Beasley, , MD		
Mailing Address 1020 Isleworth Ave	04 / D D / Y Y Y Y Y 04 10 2018		
City Charlotte	State Zip Code NC 28203-5218	Transaction ID : 9659317	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Transformant Healthcare	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle In C. Haar, Robert, D, , MD	itial) or Full Organization Name	Date of Receipt	
Mailing Address 880 5th Ave Apt 9B	Mailing Address 880 5th Ave Apt 9B		
City New York	State Zip Code NY 10021	Transaction ID : 9659323 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00	
Name of Employer (for Individual) Haar Ortho & Sports Medicine, P C	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	]	
SUBTOTAL of Receipts This Page (optional)	·····	2400.00	
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 OF 348 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	
/			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Vener, Michael, , , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 668 N Lake Dr 	State	Zip Code	04 / 09 / 2018 Transaction ID : 9659324
Watertown	SD	57201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Glacial Lakes Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle B. Kelbel, J, Michael, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelbel, J, Michael, , MD		
Mailing Address 2425 Topswood	04 09 2018		
City South Bend	State IN	Zip Code 46614	Transaction ID : 9659325
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	]
C. Simon, Gary, S, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simon, Gary, S, , MD		
Mailing Address 150 Helmsley Dr NW			04 09 / Y Y Y Y Y
City Atlanta	State GA	Zip Code 30327-4901	Transaction ID : 9659326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation (for Individual) Orthopaedic Surgeon		500.00
Name of Employer (for Individual) Resurgens Orthopaedics			Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line numb	er only)		

FOR LINE NUMBER:

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and Sta for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ppaedic SurgeonsPAC of AAOS					
Α.	Full Name of Individual (Last, First, Middle Initi Jana, Ajoy, K, , MD	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 17259 Valley Drive			04 09 2018			
	Omaha	State NE	Zip Code 68130	Transaction ID : 9659334 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		300.00			
	Name of Employer (for Individual) Methodist Physicians Clinic Orthopedic		ipation (for Individual) opaedic Surgeon	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
в.	Full Name of Individual (Last, First, Middle Initi Jones, Greg, T, , MD Mailing Address 3 Berry Hill Road	al) or Full O	rganization Name	Date of Receipt			
	City Fort Smith	State AR	Zip Code 72903	Transaction ID : 9659337			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Saterbak, Andrea, M, , MD	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 122 Lakeside Dr			04 / D D / Y Y Y Y 09 / 2018			
	City Stillwater	State MN	Zip Code 55082	Transaction ID : 9659338 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
St. Croix Orthopaedics, P.A.			ipation (for Individual) opaedic Surgeon	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00				
s	UBTOTAL of Receipts This Page (optional)		•	1550.00			
Т	OTAL This Period (last page this line number o	nly)	••••••				

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FOR LINE NUMBER:

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348

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Janes, Peter, C, , MD         Mailing Address PO Box 1303         City         Frisco         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Vail Summit Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼	State CO C Occ Ortt	Zip Code 80443 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B. Triantafyllou, Steven, J, , MD         Mailing Address 1706 Country Manor Drive         City         York         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         OSS Orthopaedic Hospital         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occ Orti	Zip Code 17408 upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         C.       Terry, Cooper, L, , MD         Mailing Address 1106 S Lamar Blvd         City         Oxford         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Oxford Orthopaedics         Receipt For:         Primary       General         Other (specify)	State MS C Occ Orth	Zip Code 38655-4732 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt 04 09 2018 Transaction ID : 9659343 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			► 1750.00

ITEMIZED RECEIPTS			Use separate schedule( for each category of the Detailed Summary Page		eck only or 11a 13	ne) 11b 11c 14 15	12 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of C	Orthopae	dic Sur	geonsP/	AC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initi Gruber, Michael, P, , MD	ial) or Full O	rganization Name		Date of Re	eceipt		
	Mailing Address 135 Torrey Pines Ct						2018	
	City Newnan	State GA	Zip Code 30265			ion ID : 96597 Each Receipt		
	FEC ID number of contributing federal political committee.	С					500.00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon		Memo	tem		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	0				
В.	Full Name of Individual (Last, First, Middle Initi Gill, John, T, , MD Mailing Address 8230 Walnut Hill Lane	ial) or Full O	rganization Name		Date of Re	eceipt	Y Y Y Y	
	City Suite 708	State Zip Code			04 11 2018 Transaction ID : 9659743			
	Dallas	TX	75231-4431		Amount of	Each Receipt	this Period	
	FEC ID number of contributing federal political committee.	С				75 1 75	250.00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon		Memo	o Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
с.	Full Name of Individual (Last, First, Middle Initi Mesko, J, Wesley, , MD	ial) or Full O	rganization Name		Date of Re	eceipt		
	Mailing Address 2815 S Pennsylvania Ave Ste 204				04 /	10 /	2018	
	City Lansing	State MI	Zip Code 48910			ion ID : 96600 Each Receipt		
	FEC ID number of contributing federal political committee.	С				y y	1000.00	
Name of Employer (for Individual) Self Employed			Occupation (for Individual) Orthopaedic Surgeon		Memo	o Item		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00						
s	UBTOTAL of Receipts This Page (optional)			····· ►		y y	1750.00	
Т	OTAL This Period (last page this line number c	only)		►				

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		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         13       14         15       16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Raabe, Todd, Martin, , MD	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 16987 FM 756			M M / D D / Y Y Y Y 04 10 2018
City Whitehouse	State TX	Zip Code 75791	Transaction ID : 9660011           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Azalea Orthopaedic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
B. Rose, Nicholas, E, , MD Mailing Address 360 San Miguel Dr Ste 707	-	rganization Name	Date of Receipt
City	State	Zip Code	04 10 2018
Newport Beach	CA	92660	Transaction ID : 9660012 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle C. Wroblewski, Alfred, J, , MD	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 02840 Reycraft Rd		1	04 / D D / Y Y Y Y 04 2018
City Boyne City	State MI	Zip Code 49712	Transaction ID : 9660013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)	)		▶ 750.00

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

1.

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FOR LINE NUMBER: PAGE 37 OF

### SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 38 OF 34 (check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle ) Drake, John, Kirk, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 12018 Oak Hollow	State	Zip Code	04 10 2018 Transaction ID : 9660014
Van Cleave FEC ID number of contributing	MS	39565	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle   Coppes, Mark, A, , MD Mailing Address 1227 Shannock Rd	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	04 10 2018 Transaction ID : 9660015
Charlestown	RI	02813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) South County Orthopedics		upation (for Individual) nopaedic Surgeon	Memo Item
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle S. Singer, Daniel, I, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1401 South Beretania St Suite 750			04 / D D / Y Y Y Y Y 2018
City Honolulu	State HI	Zip Code 96814	Transaction ID : 9660020           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer (for Individual) Orthopedic Associates of Hawaii		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	]
SUBTOTAL of Receipts This Page (optional).			1850.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 39 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)       X       11a       11b       11c       12       13       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In         A.       DellaMaggiore, Eugene, D, , MD         Mailing Address 1214 Sierra Ave         City         San Jose         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         O'Connor Hospital         Receipt For:         Primary       General         Other (specify) ▼	CA CA CC CA CC Occ Ort	Drganization Name Zip Code 95126 cupation (for Individual) hopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt 04 10 2018 Transaction ID : 9660022 Amount of Each Receipt this Period 250.00 Memo Item
B. D'Agostini, Robert, John, , MD Mailing Address 1590 Route 206 N	itial) or Full C	Drganization Name	Date of Receipt
City Bedminster FEC ID number of contributing federal political committee. Name of Employer (for Individual) Tri County Orthopedics Receipt For:	Ort	Zip Code 07921	Transaction ID : 9660023         Amount of Each Receipt this Period         250.00         Memo Item
C. Nelson, Lynn, M, , MD	itial) or Full C	250.00 Drganization Name	Date of Receipt
Mailing Address Des Moines Ortho Surgeons 6001 Westown Parkway City West Des Moines	State IA	Zip Code 50266	M       M       /       D       /       Y       Y       Y         04       10       2018         Transaction ID : 9660024         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Des Moines Ortho Surgeons Receipt For: Primary General Other (specify)	Orth	cupation (for Individual) nopaedic Surgeon • Year-to-Date ▼ 250.00	250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		· · ·	750.00

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ✗       11a         11b       11c         12         13       14         15       16         17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	n Association of Orth	opaedic SurgeonsPAC of AAOS				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Arms, Donald, Mark, , MD Mailing Address 513 Clinton Road	al) or Full Or	ganization Name	Date of Receipt				
				04 / D D / Y Y Y Y 04 11 2018				
	City Lexington	State KY	Zip Code 40502	Transaction ID : 9660132				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	Donald Arms, MD	Ortho	opaedic Surgeon					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
_	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Data of Descipt				
в.	Stuart, Kyle, David, , MD Mailing Address 1810 Tucker St			Date of Receipt				
	City	State	Zip Code	Transaction ID : 9660135				
	Dallas	TX	75214	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Sports Medicine Clinic of North Texas		pation (for Individual) opaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Martin, Joseph, G, , MD	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 2300 53rd Ave Ste 100	1 -		04 / D D / Y Y Y Y 2018				
	City Bettendorf	State IA	Zip Code 52722-7565	Transaction ID : 9660280 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer (for Individual) ORA Orthopaedics		pation (for Individual) ppaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]				
⊢	UBTOTAL of Receipts This Page (optional)			1500.00				

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FOR LINE NUMBER: PAGE 40 OF

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 OF 348 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and a or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Ir A. Krueger, Chad, A, , MD	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 11 Seton Dr		04 / D D / Y Y Y Y Y 2018		
City Shrewsbury	StateZip CodeMA01545-5468	Transaction ID : 9660423         Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	84.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00			
Full Name of Individual (Last, First, Middle Ir B. Burns, Sean, Thomas, , MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 4502 Masters Dr		04 13 2018		
City League City	State Zip Code TX 77573	Transaction ID : 9660424		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer (for Individual) Concord Orthopaedics, PA	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name of Individual (Last, First, Middle Ir c. Rungee, James, L, , MD	hitial) or Full Organization Name	Date of Receipt		
Mailing Address 2802 Pavilion Pl	Mailing Address 2802 Pavilion Pl			
City Murfreesboro	StateZip CodeTN37129	Transaction ID : 9660426 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) Tennessee Orthopedic Alliance	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional)	······	1184.00		
TOTAL This Period (last page this line number	r only)			

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 348
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			berson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle II A. Anderson, Robert, O, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 9800 55th St N			04 / D D / Y Y Y Y 04 14 2018
City Lake Elmo	State MN	Zip Code 55042	Transaction ID : 9662394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Summit Orthopedics Receipt For:	1	opaedic Surgeon	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) V	L	1000.00	
Full Name of Individual (Last, First, Middle In B. Brady, Drew, A, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 6 North Buckridge Drive			04 15 2018
City	State	Zip Code	Transaction ID : 9662535
Greenville	DE	19807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) First State Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle In C. Hussain, Suleman, M, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 2300 53rd Street Suite #100	I		04 16 2018
City	State	Zip Code	Transaction ID : 9662538
Bettendorf	IA	52804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		, 84.00
Name of Employer (for Individual) ORA		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		336.00	]
SUBTOTAL of Receipts This Page (optional)			2084.00

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	n Association of Orthe	opaedic SurgeonsPAC of AAOS				
Full Name of Individual (Last, First, Middle Initial) or F         Weinstein, Richard, N, , MD         Mailing Address 21 Long Pond Rd			ganization Name	Date of Receipt				
	City Armonk	State NY	10504	Transaction ID : 9662539				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	Self Employed	Ortho	ppaedic Surgeon					
	Receipt For:	Aggregate N	lear-to-Date ▼					
	Other (specify) ▼		500.00					
В.	Full Name of Individual (Last, First, Middle Initi Olin, Matthew, David, , MD	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 605 Sunset Dr			04 16 / Y Y Y Y 04 16				
	City	State	Zip Code	Transaction ID : 9662540				
	Greensboro	NC	27408-6412	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Jamison, James, P, , MD	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 7092 Killdeer Drive	M M / D D / Y Y Y Y 04 16 2018						
	City	State	Zip Code	Transaction ID : 9662541				
	Canfield	OH	44406	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů (						
	Name of Employer (for Individual) Self Employed		pation (for Individual) paedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 500.00	]				
⊢	UBTOTAL of Receipts This Page (optional)			750.00				
ΓT	OTAL This Period (last page this line number of	oniy)	•••••••					

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 OF 348 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)				
> Political Action Committee of the		ppaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle In Smith, Jeffrey, Mark, , MD Mailing Address 610 San Elijo St	nitial) or Full Organization Name	Date of Receipt		
City	State Zip Code	04 16 2018 Transaction ID : 9662542		
San Diego FEC ID number of contributing federal political committee.	CA 92106	Amount of Each Receipt this Period		
Name of Employer (for Individual) UNITE Orthopaedics Foundation	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name of Individual (Last, First, Middle Ir <b>Snyder, Matthew, J, , MD</b> Mailing Address 14912 Chopine Pass	•			
City Roanoke	State Zip Code IN 46783-9308	04     16     2018       Transaction ID : 9662543       Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	85.00		
Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00			
Full Name of Individual (Last, First, Middle Ir Grimm, Matthew, R, , MD Mailing Address 920 Avenue B	nitial) or Full Organization Name	Date of Receipt		
City Marrero	State Zip Code LA 70072	04 16 2018 Transaction ID : 9662544		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00			
SUBTOTAL of Receipts This Page (optional)	▶	419.00		
TOTAL This Period (last page this line number	r only)			

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 OF 348 (check only one)				
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orthe	opaedic SurgeonsPAC of AAOS				
Full Name of Individual (Last, First, Middle Initial) or Fi A. Suk, Michael, , , MD			rganization Name	Date of Receipt				
	Mailing Address 1059 Limestoneville Rd			04 / D D / Y Y Y Y Y 04 16 2018				
	City Milton	State PA	Zip Code 17847-8064	Transaction ID : 9662545 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
В.	Full Name of Individual (Last, First, Middle Initi Linschoten, Niels, J, , MD	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 11428 Center Court Blvd			04 16 Y Y Y Y Y 2018				
	City Baton Rouge	State LA	Zip Code 70810	Transaction ID : 9662546				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]				
	Full Name of Individual (Last, First, Middle Initi Battaglia, Michael, Jacob, , MD	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1641 Windermere Dr E			04 / D D / Y Y Y Y Y 16 2018				
	City Seattle	State WA	Zip Code 98112-3737	Transaction ID : 9662547 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Bellevue Bone & Joint Physicians		upation (for Individual) opaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]				
S	JBTOTAL of Receipts This Page (optional)			584.00				

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

ITEMIZED RECEIPTS			f f	Jse separate schedule(s) or each category of the Detailed Summary Page	L `	heck on <b>X</b> 11a 13	ly on	e) 11b 14	11c	12	17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay n Iddre	ot be sold or used by any pe ess of any political committee	ersor to s	for the	purp	ose of utions f	solicitin	g contril h comm	outions hittee	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Orthc	pa	edic S	Surç	geons	sPA	C of A	AAOS	
A.	Full Name of Individual (Last, First, Middle Initia Fissel, Brian, Anthony, , MD Mailing Address 6451 Westway Rd	al) or Full O	)rgar	nization Name		Date c		·				
		0		7:- 0-1-		04		16	/ Y	2018	Y	
	City St Louis	State MO		Zip Code 63109					966444: eceipt tl		bd	
	FEC ID number of contributing federal political committee.	С				<u> </u>		<b>y</b>		50	0.00	
	Name of Employer (for Individual)		•	ion (for Individual)		N	lemo	Item				
	Signature Health Services	Orthopaedic Surgeon										
	Receipt For: Primary General	Aggregate	Yea	ır-to-Date ▼								
	Other (specify) ▼		-	500.00								
R	Full Name of Individual (Last, First, Middle Initia Kamps, Bryan, Scott, , MD	al) or Full O	rgar	nization Name		Date c	f Re	reint				
0.	Mailing Address 3741 Monarch Dr NE							04 13 2018				
	City	State		Zip Code		Trans	sactio	on ID : 9	9664794			
	Grand Rapids	MI		49525		Amour	t of I	Each R	eceipt tl	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С				[.		y		10	0.00	
	Name of Employer (for Individual) Spectrum Health Medical Group		•	tion (for Individual) aedic Surgeon		N	lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 400.00								
			-									
C.	Full Name of Individual (Last, First, Middle Initia Cooke, Christopher, C, , MD	al) or Full O	rgar	nization Name		Date c	f Red	ceipt				
	Mailing Address 15 Lark Lane							D D D 13	/ Y	2018	Y	
	City Lancaster	State PA		Zip Code 17603					966479		1	
	FEC ID number of contributing		-			Amour	It of I	=acn R	eceipt tl			
	federal political committee.	С				Ŀ		y	y	100	0.00	
	Name of Employer (for Individual) Ortho Assoc Lancaster		•	ion (for Individual) edic Surgeon		N	lemo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)			•				y	, , ,	160	0.00	
Т	OTAL This Period (last page this line number o	nly)		•••••				,	-		40	

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FOR LINE NUMBER: PAGE 46 OF

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any pe he name and address of any political committee	
Political Action Committee of the		ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Horning, Joel, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1888 Windy Hill Rd  City	State Zip Code	04 13 2018 Transaction ID : 9664797
Lancaster	PA 17602-1334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Orthopedic Associates of Lancaster	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle I BWoo, Kent, E, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 309 Mcalpin Dr		04 / Y Y Y Y Y 2018
City Savannah	State Zip Code GA 31406-8923	Transaction ID : 9664798 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Optim Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle I Nakasone, Cass, K, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3758 Old Pali Rd		04 / D D / Y Y Y Y 04 13 2018
City Honolulu	State Zip Code HI 96817-1067	Transaction ID : 9664805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·····	3000.00
TOTAL This Period (last page this line numbe	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

## SCHEDULE A (FEC Form 3X) Г

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Concert only only       Image: Concert
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Allen, William, D, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1430 My Drive	State Zip Code	04 / 13 / 2018 Transaction ID : 9664806
Zanesville	OH 43701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Orthopedic Assoc of Zanesville	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I <b>B.</b> Minster, Glenn, J, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3100 Interlaken		04 13 2018
City West Bloomfield	State Zip Code MI 48323	Transaction ID : 9664809
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Saint Claire Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I C. Seaworth, Christine, Marie, , MD		Date of Receipt
Mailing Address 638 N Wright Rd		04 / D D / Y Y Y Y 2018
City Alcoa	StateZip CodeTN37701	Transaction ID : 9664815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) University Orthopaedic Surgeons	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia         Krull, Henry, George, , MD         Mailing Address 36156 Tremolo Circle         City         Soldotna         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Kenai Peninsula Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼	al) or Full Organization Name          State       Zip Code         AK       99669         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         B.       Clark, Jason, Craig, , MD         Mailing Address 3425 8th St	al) or Full Organization Name	Date of Receipt
City Moline FEC ID number of contributing federal political committee. Name of Employer (for Individual) ORA Orthopedics Receipt For: Primary General Other (specify) ▼	State     Zip Code       IL     61265       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼       438.00	Transaction ID : 9664817         Amount of Each Receipt this Period         438.00         Memo Item
Full Name of Individual (Last, First, Middle Initia         C. Kristensen, Ronald, M, , MD         Mailing Address 1735 N Claremont Dr         City         Boise         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         St Luke's Boise Orthopedic Clinic         Receipt For:         Primary       General         Other (specify)	al) or Full Organization Name          State       Zip Code         ID       83702         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       7	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1688.00

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SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Macey, Theodore, I, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1212 Twin Bay Dr	State Zip Code	04 13 2018 Transaction ID : 9664841
Fort Walton Beach	FL 32547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Orthopaedic Associate	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle B. Budoff, Jeffrey, Evan, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5349 Lynbrook Dr	04 13 2018	
City Houston	StateZip CodeTX77056-2004	Transaction ID : 9664844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) South West Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle C. Bergin, Mark, A, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2684 Bradway Blvd		04 13 2018
City Bloomfield Hills	State Zip Code MI 48301-2704	Transaction ID : 9664845 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) St Clair Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	· •	2000.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 51 OF 348 (check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Stulberg, Bernard, N, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 7470 Waterfall Trail	State	Zip Code	04 / 13 / 2018 Transaction ID : 9664846
Chagrin Falls	OH	44022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) St Vincent Charity Medical Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In <b>Raikin, Steven, M, , MD</b> Mailing Address 221 Merion Rd	nitial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	04 13 2018
Merion Station	PA	19066	Transaction ID: 9664847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle II Sculco, Thomas, P, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 132 E 95th St			04 / D D / Y Y Y Y Y 2018
City New York City	State NY	Zip Code 10128	Transaction ID : 9664848           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Hospital for Special Surgery		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)			2500.00
TOTAL This Period (last page this line numbe	r only)		

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17	
	y information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orthe	ppaedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Init White, Daniel, W, , MD	ial) or Full C	organization Name	Date of Receipt	
	Mailing Address 1225 30th St			04 / D D / Y Y Y Y 04 13 2018	
	City Casper	State WY	Zip Code 82601-5372	Transaction ID : 9664849         Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer (for Individual) Summit Medical Center		upation (for Individual) nopaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
в.	Full Name of Individual (Last, First, Middle Init Newson, Graham, , , Mailing Address Ste 100	ial) or Full C	rganization Name	Date of Receipt	
	317 Massachusetts Ave NE	State	Zip Code	04 02 2018 Transaction ID : 9664866	
	Washington	DC	20002-5769	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual) American Academy of Orthopaedic Surg		upation (for Individual) ector, Office of Government Relati	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
с.	Full Name of Individual (Last, First, Middle Init Vessely, Michael, B, , MD	ial) or Full C	organization Name	Date of Receipt	
	Mailing Address 522 Second St				
	City Lake Oswego	State OR	Zip Code 97034	Transaction ID : 9664870         Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) Willamette Valley Medical Center-		upation (for Individual) Iopaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00		
s	UBTOTAL of Receipts This Page (optional)			834.00	
т	OTAL This Period (last page this line number of	only)			

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FOR LINE NUMBER: PAGE 52 OF

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         11
	Statements may not be sold or used by any p he name and address of any political committee	
Political Action Committee of t		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Sheehan, John, P, , MD Mailing Address 6621 Cuming St	nitial) or Full Organization Name	Date of Receipt
City Omaha	State Zip Code NE 68132	04 06 2018 Transaction ID : 9664871
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Boys Town	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
Full Name of Individual (Last, First, Middle I <b>Cannada, Lisa, K, , MD</b> Mailing Address 14357 Cottage Lake Road	nitial) or Full Organization Name	Date of Receipt
		04 09 2018
City Jacksonville	State Zip Code FL 32224	Transaction ID : 9664872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) St Louis Univ School of Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Middle I Bicos, James, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2910 Meadowood Lane		04 09 2018
City Bloomfield Hills	StateZip CodeMI48302	Transaction ID : 9664873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Michigan Orthopedic Surgeon Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · · ·	418.00
TOTAL This Period (last page this line numbe	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 54 OF 348 y one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b         11c         12           14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Political Action Committee of t	e to solicit cor	to solicit contributions from such committee.		
/			·	•
A. Holina Address 1000 Queries Handle	Initial) or Full Orga	nization Name		Receipt
Mailing Address 1209 Carriage House Dr	State	Zip Code	04 Trans	16 2018 action ID : 9664883
Colfax	NC	27235-9420		t of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer (for Individual) Self Employed		tion (for Individual) aedic Surgeon	M	emo Item
Receipt For:	Aggregate Yea			
Primary General Other (specify) ▼		250.00	1	
Full Name of Individual (Last, First, Middle <b>B.</b> Kwok, Moody, , , MD	Initial) or Full Orga	nization Name	Date of	<sup>r</sup> Receipt
Mailing Address 708 Presidential Dr				/ D D / Y Y Y Y 17 2018
City	State PA	Zip Code		action ID : 9664885
	_	19044	Amount	t of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer (for Individual) Self Employed		ition (for Individual) aedic Surgeon	M	emo Item
Receipt For:	Aggregate Yea	ar-to-Date 🔻		
Other (specify) ▼		500.00		
Full Name of Individual (Last, First, Middle C. Coates, Kevin, E, , MD, MBA, M		nization Name	Date of	<sup>r</sup> Receipt
Mailing Address 5651 Goldenberry Ct			M M 04	/ D D / Y Y Y Y 17 2018
City Winston Salem	State NC	Zip Code 27106		action ID : 9665115
FEC ID number of contributing federal political committee.	С		Amount	t of Each Receipt this Period 250.00
Name of Employer (for Individual) Wake Forest Baptist Medical Center		tion (for Individual) aedic Surgeon	м	emo Item
Receipt For: Primary General Other (specify)	Aggregate Yea		]	
SUBTOTAL of Receipts This Page (optional).				750.00
TOTAL This Period (last page this line number	er only)	······		

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 OF 348 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of t			
Full Name of Individual (Last, First, Middle I A. Tucker, William, F, , Jr, MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3533 Southwestern Blvd City Dallas	State TX	Zip Code 75225	04 17 2018 Transaction ID : 9666931
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual)         Ortho Surg and Sports Medicine of Dall         Receipt For:         Primary       General         Other (specify) ▼	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle I <b>Raut, Sourendra, Sean, , MD</b> Mailing Address 6020 Falls Landing Drive			Date of Receipt
City Cumming	State GA	Zip Code 30040-0265	Transaction ID : 9666940           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Resurgens Orthopaedics Receipt For:	Orth	upation (for Individual) nopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]
Full Name of Individual (Last, First, Middle I Kim, Yong, H, , MD	,	rganization Name	Date of Receipt
Mailing Address 10 Old Jackson Ave Unit 75 	State	Zip Code 10706-3238	04 / 18 / 2018 Transaction ID : 9666947
FEC ID number of contributing federal political committee.	С	10700-3238	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed Receipt For:	Orth	upation (for Individual) opaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional)		••••••	2084.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 56 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any p e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir         A.       Benthien, Ross, Alan, , MD         Mailing Address 25 Lakeview Drive         City         West Hartford         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Orthopedic Associates of Hartford         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         CT       06117         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt 04 19 2018 Transaction ID : 9667499 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Ir         B. Shah, Roshan, P, , MD, JD         Mailing Address 610 West 110th Street         Apt 3E         City         New York         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Columbia University Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       10025         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         336.00       336.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ir         Coles, Robert, E, , MD         Mailing Address 201 Lands End Rd         City         Morehead City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Carolinas Center For Surgery         Receipt For:         Primary       General         Other (specify)	Nitial) or Full Organization Name         State       Zip Code         NC       28557         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       336.00	Date of Receipt 04 / 19 / 2018 Transaction ID : 9667501 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		418.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Greene, Robert, Neil, , MD Mailing Address 1211 N 16th Ave	al) or Full O	Organization Name	Date of Receipt
	City Yakima	State WA	Zip Code 98902	Transaction ID : 9667502 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]
в.	Full Name of Individual (Last, First, Middle Initia Brown, Barrett, Shytles, , MD	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 5626 Cedar Creek Dr	04 / 20 / Y Y Y Y Y 2018		
	City Houston	State TX	Zip Code 77056-2310	Transaction ID : 9669067 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Texas Orthopedic Hospital		upation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 336.00	]
С.	Full Name of Individual (Last, First, Middle Initia Alden, Kris, John, , MD, PhD	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 480 W 62nd Street	04 / Y Y Y Y 20 2018		
	City Burr Ridge	State IL	Zip Code 60527	Transaction ID : 9671478 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Hinsdale Orthopaedics Receipt For:		upation (for Individual) nopaedic Surgeon	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
s	UBTOTAL of Receipts This Page (optional)			1168.00
т	OTAL This Period (last page this line number o	nly)		

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)       X     11a       11b     11c       12       13     14       15     16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Sherbondy, Paul, Strawn, , MD Mailing Address 507 Beaumont Drive	al) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	04 21 2018 Transaction ID : 9671481
	State College	PA	16801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self Employed	Ortho	ppaedic Surgeon	
	Receipt For:	Aggregate Y	lear-to-Date ▼	
	Other (specify) ▼		420.00	
В.	Full Name of Individual (Last, First, Middle Initi McCrosson, John, J, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2749 Fountainhead Way			04 21 2018
	City	State	Zip Code	Transaction ID : 9671483
	Mount Pleasant	SC	29466-8590	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate Y	lear-to-Date ▼	
	Primary General Other (specify) ▼		, 500.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Chapman, Cary, B, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 51 Flagg Court	04 / D D / Y Y Y Y 04 21 2018		
	City Staten Island	State NY	Zip Code 10304	Transaction ID : 9671484
			10304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		pation (for Individual) paedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 336.00	
⊢	UBTOTAL of Receipts This Page (optional)			418.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 OF 348
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	Statements may not be sold or used by any p he name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Cannada, Lisa, K, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14357 Cottage Lake Road	State Zip Code	04 21 2018 Transaction ID : 9671485
Jacksonville	FL 32224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) St Louis Univ School of Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify) ▼	504.00	1
Full Name of Individual (Last, First, Middle I B. Swenning, Todd, Allen, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 41970 Rancho Manana Lan	04 / Y Y Y Y 04 21 2018	
City Bapaba Mirago	State Zip Code CA 92270	Transaction ID : 9671486
Rancho Mirage FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	]
Full Name of Individual (Last, First, Middle I C. Chandler, David, R, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 165 Middle Plantation Ln		04 / D D / Y Y Y Y 04 21 2018
City Gulf Breeze	State Zip Code FL 32561	Transaction ID : 9671487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00	1
SUBTOTAL of Receipts This Page (optional).	······	258.00
TOTAL This Period (last page this line number	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

### SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 OF 348	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17	
or for commercial purposes, other than using t	I Statements may not be sold or used by any pe the name and address of any political committee		
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Mansfield, David, J, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 773 Azalea Pl 	State Zip Code	04 / 22 / 2018 Transaction ID : 9671491	
El Paso	TX 79922	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	84.00	
Name of Employer (for Individual) El Paso Orthopaedic Surgery Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼	_	
Other (specify) ▼	536.00		
Full Name of Individual (Last, First, Middle <b>Halsey, David, A</b> , , <b>MD</b>	Initial) or Full Organization Name	Date of Receipt	
Mailing Address PO Box 9000 #132	04 22 2018		
City	State Zip Code	Transaction ID : 9671493	
Edgartown	MA 02539	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Martha's Vineyard Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼		
Primary     General       Other (specify) ▼	650.00		
Full Name of Individual (Last, First, Middle Hackbarth, Donald, A, , Jr, MD		Date of Receipt	
Mailing Address N70 W14567 Terrace Drive	Address N70 W14567 Terrace Drive		
City Menomonee Falls	StateZip CodeWI53051	Transaction ID : 9671494           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional).	·····	584.00	
TOTAL This Period (last page this line number	ər only) 🕨		

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       X       11a       13       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Szczech, Bartlomiej, , , MD Mailing Address 89 Intervale Way City Lake Placid	itial) or Full Organization Name State Zip Code NY 12946	Date of Receipt 04 22 2018 Transaction ID : 9671495
FEC ID number of contributing federal political committee.	C Occupation (for Individual)	Amount of Each Receipt this Period 100.00 Memo Item
St Joseph's Hospital Med Ctr         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In B. Veitch, Andrew, John, , MD Mailing Address 13416 Desert Zinnia Ct NE		Date of Receipt
City Albuquerque FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	State     Zip Code       NM     87111       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Transaction ID : 9671496         Amount of Each Receipt this Period         84.00         Memo Item
C. Eckrich, Stephen, G J, , MD Mailing Address 5511 Shooting Star Trail	· · · · ·	Date of Receipt
City Rapid City FEC ID number of contributing federal political committee.	State SD     Zip Code 57702       C	Transaction ID : 9671506         Amount of Each Receipt this Period         83.50         Memo Item
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 334.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		267.50

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SCHEDULE A (FEC Form 3X	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 OF 348		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle A. Navarro, Ronald, Anthony, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 18 Wide Loop Rd			04 23 2018		
City Rolling Hills	State CA	Zip Code 90274-5234	Transaction ID : 9671507 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		84.00		
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item		
Kaiser Permanente South Bay	Orth	opaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1		
Full Name of Individual (Last, First, Middle B. Noffsinger, Mark, A, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 7208 Selah Court		04 23 2018			
City Mattawan	State MI	Zip Code 49071	Transaction ID : 9671508		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
Full Name of Individual (Last, First, Middle C. More, Robert, Cameron, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 8100 Wescott Drive Suite 101			M M / D D / Y Y Y Y 04 23 2018		
City Flemington	State NJ	Zip Code 08822	Transaction ID : 9671509 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		84.00		
Name of Employer (for Individual) Hunterdon Orthopaedic Institute		upation (for Individual) opaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	]		
SUBTOTAL of Receipts This Page (optional)	)		418.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
✓       Full Name of Individual (Last, First, Middle         A.       Scales, Darrell, Kevin, , MD         Mailing Address 2000 Tee Dr         City         Braselton         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State GA C Occu Orth	rganization Name Zip Code 30517-4078 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 400.00	Date of Receipt 04 23 2018 Transaction ID : 9671510 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle B. Barber, Thomas, C, , MD Mailing Address 6 EL Caminito	Initial) or Full O	ganization Name	Date of Receipt
City Orinda FEC ID number of contributing federal political committee. Name of Employer (for Individual) Kaiser Permanente Medical Center Receipt For: Primary General	Orth	Zip Code 94563 upation (for Individual) opaedic Surgeon Year-to-Date ▼	Transaction ID : 9671511 Amount of Each Receipt this Period
Other (specify) ▼ Full Name of Individual (Last, First, Middle C. Burns, Thomas, P, , MD Mailing Address 10205 Birdlip Cir City	State	Zip Code	Date of Receipt 04 / 13 / 2018 Transaction ID : 9671625
Austin         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Westlake Orthopedic         Receipt For:         Primary       General         Other (specify)	Ortho	78733-3415 pation (for Individual) paedic Surgeon Year-to-Date ▼ 250.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	600.00

SC	CHEDULE A (FEC Form 3X)		Lico constato cohodula(a)	FOR LINE NUMBER: PAGE 64 OF 348
ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Fu A. Tymon, Timothy, Patrick, , MD			organization Name	Date of Receipt
	Mailing Address 231 Granite Run Dr Ste 100			04 20 Y Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : 9671850
	Lancaster	PA	17601-6816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Lancaster Ortho Group	Orth	nopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify)		375.00	1
			April April April	*
	Full Name of Individual (Last, First, Middle Initia Peterson, Paul, David, , MD	al) or Full O	organization Name	Date of Receipt
	Mailing Address 5126 E 106th St			04 20 2018
	City	State	Zip Code	Transaction ID : 9671851
	Tulsa	OK	74137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Tulsa Bone & Joint Associates		upation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify)		, 1500.00	1
C.	Full Name of Individual (Last, First, Middle Initia Matthews, David, S, , MD	al) or Full O	organization Name	Date of Receipt
	Mailing Address 1926 Wood Ave			04 / D D / Y Y Y Y Y 020 / 2018
	City	State CO	Zip Code 80907	Transaction ID : 9671852
	Colorado Springs		00907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Colorado Springs Orthopaedic Group		upation (for Individual) Iopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	1
s	UBTOTAL of Receipts This Page (optional)			1125.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 65 OF 34 (check only one)		
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Ir Labana, Neal, J, , MD	nitial) or Full O	rganization Name	Date of Receipt		
Mailing Address 22821 Sun River Drive	State	Zip Code	04 / 20 / 2018 Transaction ID : 9671853		
Frankfort	IL	60423	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) Premier Orthopaedic & Hand Center SC		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]		
Full Name of Individual (Last, First, Middle Ir B. McCluskey, Leland, C, , MD	nitial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1910 Hilton Ave			04 20 2018		
City Columbus	State GA	Zip Code 31906	Transaction ID : 9671854 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) St Francis Hospital		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		250.00	]		
Full Name of Individual (Last, First, Middle Ir Achleitner, Oliver, , , MD	nitial) or Full O	rganization Name	Date of Receipt		
Mailing Address 535 Paredes Line Rd			04 / D D / Y Y Y Y Y 20 2018		
City Brownsville	State TX	Zip Code 78521	Transaction ID : 9671856 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]		
SUBTOTAL of Receipts This Page (optional)			1750.00		
TOTAL This Period (last page this line number	r only)				

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)		NUMBER:	PAGE 66 OF 348
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check onl	ly one)	11c 12
			Detailed Summary Page	13	14	15 16 17
	mation copied from such Reports and St mmercial purposes, other than using the					
	e OF COMMITTEE (In Full) tical Action Committee of the	America	an Association of Ortho	opaedic S	Surgeons	PAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Ful A. Kuesis, Daniel, T, , MD			rganization Name	Date o	f Receipt	
Mailin	g Address 79 Hawthorne Rd			04	/ D D 23	/ Y Y Y Y 2018
City		State	Zip Code	Trans	saction ID : 9	9671879
Barrir	ngton Hills	IL	60010	Amoun	t of Each Re	eceipt this Period
	D number of contributing al political committee.	С			1.45.1	587.00
Name	of Employer (for Individual)	Occ	upation (for Individual)	м	emo Item	
Self E	mployed	Orth	nopaedic Surgeon			
	pt For:	Aggregate	Year-to-Date V			
	Primary General		507.00			
	Other (specify) <b>v</b>		587.00			
	lame of Individual (Last, First, Middle Initi vey, Timothy, A, , MD	al) or Full O	rganization Name	Date o	f Receipt	
Mailin	Mailing Address Twin Cities Spine Center					
City	913 E 26th St Ste 600           City         State         Zip Code					2018
	eapolis	MN	55404		action ID : 9	
	•			Amoun		eceipt this Period
	D number of contributing al political committee.	C				1000.00
Name Twin (	e of Employer (for Individual) City Spine Center		upation (for Individual) nopaedic Surgeon	M	emo Item	
Recei	pt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
	lame of Individual (Last, First, Middle Initi	al) or Full O	rganization Name			
-	nen, Jason, David, , MD				f Receipt	
	g Address 133 Rumson Road			M M 04	/ D D 23	2018
City		State	Zip Code	Trans	saction ID :	9671886
Rum	son	NJ	07760	Amoun	t of Each Re	eceipt this Period
	D number of contributing al political committee.	С			. , .	1000.00
Name	of Employer (for Individual)	Occi	upation (for Individual)	N	lemo Item	
Profe	ssional Orthopaedic Associates	Orth	opaedic Surgeon			
	pt For:	Aggregate	Year-to-Date 🔻			
	Primary General		1000.00			
	Other (specify)		7			
SUBTO	TAL of Poppinto This Page (astisse)					2587.00
	TAL of Receipts This Page (optional)		•		· · ·	

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

FOR LINE NUMBER:

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348

	EIPTS		for each category of the Detailed Summary Page	(check only 11a 13	y one) 11b 11c 14 15	2 12 16 17
	from such Reports and Stateme oses, other than using the name					
NAME OF COMMIT	TEE (In Full) n Committee of the Am	erican	Association of Ortho	paedic S	SurgeonsP	AC of AAOS
Full Name of Individ A. Nayak, Suresh, , Mailing Address 757 City Cincinnati FEC ID number of c federal political comm Name of Employer ( Wilmington Memorial Receipt For: Primary	75 Five Mile Rd Sta Ol ontributing mittee. for Individual) Hospital	ate H Occupa Orthop	anization Name Zip Code 45255 ation (for Individual) aedic Surgeon ar-to-Date ▼	Amount	Receipt	
Other (specify)	ual (Last, First, Middle Initial) or	Full Orga	1000.00 anization Name	Date of	Receipt	
Mailing Address 670 City Columbus FEC ID number of of federal political comu Name of Employer ( Houston Methodist H Receipt For: Primary ( Other (specify)	rontributing mittee. for Individual) ospital General	S Occupa Orthop	Zip Code 39705-2005 ation (for Individual) baedic Surgeon ar-to-Date ▼ 1000.00	Amount	action ID : 96718 t of Each Receipt	
c. Cash, Andrew	ual (Last, First, Middle Initial) or , Miller, , MD 39 W Sunset Rd Ste 100		Zip Code	M M 04	Receipt	2018 289
Las Vegas FEC ID number of c federal political com Name of Employer ( Desert Institute	ontributing C	V Occupa	89148 ation (for Individual) aedic Surgeon	Amount	emo Item	
Receipt For: Primary Other (specify)	General		ar-to-Date ▼ 400.00			
	ts This Page (optional)		·		· · · · · ·	2400.00

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S(	CHEDULE A (FEC Form 3X)			Lles separate cabadula(a)			NUMBER:	PAGE 68	OF 348
IT	EMIZED RECEIPTS		· ·	Use separate schedule(s) for each category of the Detailed Summary Page	1 ° –	eck on	11b	11c12	
A	y information copied from such Reports and St					13	14	15 16	17
	for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an	Association of Ortho	opae	edic S	Surgeon	sPAC of A	AAOS
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Bourne, Michael, H, , MD	ial) or Full C	rga	nization Name		Date o	f Receipt		
	Mailing Address 1160 E 3900 S Ste 5000			1		04	/ D 19	2018	Ý
	City	State UT		Zip Code			saction ID :		
	Salt Lake City	01		84124-1202	_	Amoun	t of Each F	leceipt this Perio	bd
	FEC ID number of contributing federal political committee.	С						100	0.00
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		M	emo Item		
	Self Employed	Orth	nopa	aedic Surgeon					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻					
	Primary General Other (specify)			1000.00	11				
			-						
В.	Full Name of Individual (Last, First, Middle Initi Papa, John, A, , MD	ial) or Full C	rga	nization Name		Date o	f Receipt		
	Mailing Address 1440 Hibiscus Ave					M M	/ D [	/	Y
						04	19	2018	
	City	State FL		Zip Code			action ID :		
	Winter Park		_	32789	_	Amoun	t of Each F	leceipt this Perio	bd
	FEC ID number of contributing federal political committee.	С	_			<u> </u>		50	0.00
	Name of Employer (for Individual) Jewett Orthopaedic Clinic		•	tion (for Individual) aedic Surgeon		M	emo Item		
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻					
	Other (specify) ▼		Ļ	500.00					
— c.	Full Name of Individual (Last, First, Middle Initi Gasner, Kurt, A, , MD	ial) or Full C	rga	nization Name		Date o	f Receipt		
	Mailing Address 1225 Prestige Pt					04	/ D 19	2018	Ý
	City	State		Zip Code		Trans	saction ID :	9671904	
	Oviedo	FL		32765	_	Amoun	t of Each F	leceipt this Perio	bd
	FEC ID number of contributing federal political committee.	C				<u> </u>	. , .	50	0.00
	Name of Employer (for Individual) Jewett Orthopaedic Clinic	Occupation (for Individual) Orthopaedic Surgeon				M	lemo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 500.00					
s	UBTOTAL of Receipts This Page (optional)			······			9	200	0.00

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

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Initial) of Carroll, Paul, Francis, , MD Mailing Address 170 N Pointe Blvd City Lancaster			ganization Name Zip Code 17601	Date of Receipt 04 / 19 / 2018 Transaction ID : 9671905		
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)		pation (for Individual)	Amount of Each Receipt this Period 1000.00 Memo Item		
	Ortho Assoc of Lancaster         Receipt For:         Primary       General         Other (specify) ▼		opaedic Surgeon /ear-to-Date ▼ 1000.00	]		
в.	Full Name of Individual (Last, First, Middle Initia Christensen, Alan, W, , MD Mailing Address 1011 Lincoln Circle	Date of Receipt				
	City Winter Park FEC ID number of contributing federal political committee.	State FL	Zip Code 32789	Transaction ID : 9671906 Amount of Each Receipt this Period 500.00		
	Name of Employer (for Individual) Orlando Orthopaedic Center Receipt For:	Ortho	pation (for Individual) opaedic Surgeon ∕ear-to-Date ▼	Memo Item		
	Primary General Other (specify) ▼		, 500.00	]		
C.	Full Name of Individual (Last, First, Middle Initia Albrigo, John, Louis, , MD Mailing Address 2445 Army-Navy Dr	al) or Full Or	ganization Name	Date of Receipt		
	City Arlington	State VA	Zip Code 22206-2905	Transaction ID : 9671911 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer (for Individual) Anderson Orthopaedic Clinic Receipt For:	Ortho	pation (for Individual) paedic Surgeon	Memo Item		
	Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 1000.00	]		
s	UBTOTAL of Receipts This Page (optional)			2500.00		
т	OTAL This Period (last page this line number o	nly)				

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FOR LINE NUMBER:

PAGE 70 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ort	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle   Wright, Thomas, W, , MD Mailing Address PO Box 112727 3450 Hull Rd City Gainesville FEC ID number of contributing	Initial) or Full Organization Name          State       Zip Code         FL       32610	Date of Receipt 04 19 2018 Transaction ID : 9671914 Amount of Each Receipt this Period 1000.00
federal political committee.          Name of Employer (for Individual)         University of Florida         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         1000.00	Memo Item
Full Name of Individual (Last, First, Middle         B.       Kavjian, David, A, , MD         Mailing Address 8269 Private Lane         City         Annandale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Team Health         Receipt For:         Primary       General         Other (specify) ▼	Initial) or Full Organization Name          State       Zip Code         VA       22003         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         Aggregate Year-to-Date       250.00	Date of Receipt 04 19 2018 Transaction ID : 9671916 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle I <b>Davison, Brian, L, , MD</b> Mailing Address 8090 Crossgate Ct S         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Orthopedic One         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         OH       43017         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt 04 19 2018 Transaction ID : 9671927 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number		

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Ose separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Ochsner, J, Lockwood, , Jr, MD	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 2018 Jefferson Ave			M M / D D / Y Y Y Y 04 19 2018
City New Orleans	State LA	Zip Code 70115	Transaction ID : 9671928           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Ochsner Clinic Foundation Receipt For:	Orth	upation (for Individual) nopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
B. Full Name of Individual (Last, First, Middle I Topping, Richard, Edmund, , MD Mailing Address 1502 Harrison Ave Ste 101	nitial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	04 19 2018
Elkins	WV	26241-3497	Transaction ID : 9671937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Tygart Valley Orthopedics		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle I C. Guehlstorf, Daniel, W, , MD	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 9083 Kensington Way			04 19 2018
City Franklin	State WI	Zip Code 53132	Transaction ID : 9671939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional)			2000.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

1.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 72 OF 348 (check only one)
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t	I Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Coward, David, B, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2801 K St Ste 310	State Zip Code	04 19 2018 Transaction ID : 9671942
Sacramento	CA 95816-5119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Sacramento Knee & Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle Baker, James, K, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 727 Belvin St		04 / D D / Y Y Y Y 04 19 2018
City San Marcos	StateZip CodeTX78666	Transaction ID : 9671943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	]
Full Name of Individual (Last, First, Middle ) Hartsock, Langdon, A, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 188 Tradd Street		04 24 2018
City Charleston	StateZip CodeSC29401	Transaction ID : 9671981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Med Univ of SC	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00	]
SUBTOTAL of Receipts This Page (optional).	·····	634.00
TOTAL This Period (last page this line number	ər only)	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 73 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ini         Malone, Stephen, L, , MD         Mailing Address 923 Westover Rd         City         Wilmington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         The Orthopaedic Spine Ctr PA         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         DE       19807         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         400.00	Date of Receipt 04 24 2018 Transaction ID : 9671982 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle Ini         B.       Kaminski, Ken, J, , MD         Mailing Address 6987 Canal St         City         Tyler         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Azalea Orthopaedics         Receipt For:         Primary       General Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         TX       75703         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 04 24 2018 Transaction ID : 9671983 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Ini         C.       Cannon, David, L, , MD         Mailing Address 2639 Fox Hill Circle East         City         Germantown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TN       38139         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date       ▼         336.00       336.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		434.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 OF 348 (check only one)	
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	Statements may not be sold or used by any point name and address of any political committee		
Political Action Committee of the		ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Russell, George, V, , Jr, MD Mailing Address 102 Hawthorne Vale	nitial) or Full Organization Name	Date of Receipt	
		04 19 2018	
City Ridgeland	State Zip Code MS 39157	Transaction ID : 9672074	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 85.00	
Name of Employer (for Individual) Univ of Mississippi Med Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	]	
Full Name of Individual (Last, First, Middle I Hubbard, Charles, N, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 210 Habersham PI		04 19 2018	
City	State Zip Code	Transaction ID : 9672075	
Carrollton	GA 30117	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼	_	
Other (specify) ▼	1000.00		
Full Name of Individual (Last, First, Middle I Hackett, Benjamin, James, , MD	Date of Receipt		
Mailing Address 7808 Bluebell Ln	Mailing Address 7808 Bluebell Ln		
City Wausau	StateZip CodeWI54401-8444	Transaction ID : 9672216 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Bone & Joint Clinic S C	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional)	·	2085.00	
TOTAL This Period (last page this line numbe	r only)		

Any ir or for NA PC A. Si Ma City	commercial purposes, other than using th ME OF COMMITTEE (In Full) Diltical Action Committee of th I Name of Individual (Last, First, Middle In terba, William, R, , MD	e name and ac	an Association of Orthe	(check only one) 11a 11b 11c 12 13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee. Opaedic SurgeonsPAC of AAOS		
or for NA PC A. St Ma City	commercial purposes, other than using th ME OF COMMITTEE (In Full) Diltical Action Committee of th I Name of Individual (Last, First, Middle In terba, William, R, , MD	e name and ac	y not be sold or used by any p ddress of any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
A. City	commercial purposes, other than using th ME OF COMMITTEE (In Full) Diltical Action Committee of th I Name of Individual (Last, First, Middle In terba, William, R, , MD	e name and ac	an Association of Orthe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
$\begin{array}{c} NA \\ Pc \\ Pc \\ A. \\ \begin{array}{c} Ful \\ Ma \\ \hline Ma \\ \hline \\ \hline \\ City \end{array}$	ME OF COMMITTEE (In Full) Dilitical Action Committee of th I Name of Individual (Last, First, Middle In terba, William, R, , MD	e America	an Association of Ortho			
$\begin{array}{c} Ful \\ Ful \\ A. \\ Si \\ Ma \\ \hline City \end{array}$	I Name of Individual (Last, First, Middle Interba, William, R, , MD			ppaedic SurgeonsPAC of AAOS		
A. Ful A. Si Ma City	l Name of Individual (Last, First, Middle In terba, William, R, , MD					
A. Si Ma City	terba, William, R, , MD	itial) or Full Or	ganization Name			
Ma City						
City	iling Address 1867 S Wiesbrook Rd					
		Mailing Address 1867 S Wiesbrook Rd				
\٨/١	У	State	Zip Code	04 24 2018 Transaction ID : 9672370		
	heaton	IL	60189-7850	Amount of Each Receipt this Period		
FE	C ID number of contributing	С		250.00		
fed	eral political committee.	C		230.00		
Na	me of Employer (for Individual)	Occu	pation (for Individual)	Memo Item		
	If Employed	Orth	opaedic Surgeon			
Re	ceipt For: Primary General	Aggregate `	Year-to-Date 🔻			
-	Other (specify)		250.00	1		
				1		
	Il Name of Individual (Last, First, Middle Initial) or Full Organization Name					
	Espinoza, Luis, M, , MD			Date of Receipt		
IVIa	iling Address 5 Savannah Ridge Lane	04 25 2018				
City	у	State	Transaction ID : 9672373			
Me	etairie	LA	70001	Amount of Each Receipt this Period		
	C ID number of contributing	С		85.00		
fed	eral political committee.	0				
Na	me of Employer (for Individual) f Employed		pation (for Individual)	Memo Item		
	ceipt For:		opaedic Surgeon	_		
	Primary General	Aggregate `				
	Other (specify)		340.00			
	I Name of Individual (Last, First, Middle In arlson, Chad, Blake, , MD	itial) or Full Or	ganization Name	Date of Receipt		
	iling Address 1835 Harbor Dr					
				04 25 2018		
City	y smarck	State ND	Zip Code 58504-8993	Transaction ID : 9672797		
			50504-0395	Amount of Each Receipt this Period		
	C ID number of contributing eral political committee.	С		1000.00		
		1.		Memo Item		
	me of Employer (for Individual) ne and Joint Center		pation (for Individual) ppaedic Surgeon			
	ceipt For:		Year-to-Date V	—		
	Primary General	/ iggi oguto		1		
	Other (specify)		1000.00	1		

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

1.

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 76 OF 348		
ITEMIZED RECEIPTS			for each category of the	(check only			
			Detailed Summary Page	11a	11b 11c 12 14 15 16 17		
	y information copied from such Reports and Sta			erson for the p	purpose of soliciting contributions		
	for commercial purposes, other than using the r						
$\setminus$	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the	America	an Association of Orth	opaedic S	urgeonsPAC of AAOS		
/	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name				
Α.	Callahan, Bert, C, , MD				Receipt		
	Mailing Address 511 N Center St	M = M					
	City	State	Zip Code	04	26 2018		
	City Beaver Dam	WI	53916-3071		action ID : 9672799		
				Amount	of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			84.00		
	Name of Employer (for Individual)	Осси	upation (for Individual)	Me	emo Item		
	Fond Du Lac Regional Clinic	Orth	opaedic Surgeon				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼		336.00	1			
				- I			
_	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				Descipt		
в.	Seitz, William, H, , Jr, MD			Date of			
	Mailing Address 1730 W 25th St 2C				26 2018		
	City	State Zip Code			action ID : 9672800		
	Cleveland	ОН	44113		of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
					emo Item		
	Name of Employer (for Individual) Lutheran Hospital	Occupation (for Individual) Orthopaedic Surgeon					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General						
	Other (specify) V		500.00	1			
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						
C.	Randolph, Joseph, C, , MD				Receipt		
	Mailing Address 8450 Northwest Boulevard			M M 04	/ D D / Y Y Y Y 26 2018		
	City	State	Zip Code	Transa	action ID : 9672919		
	Indianapolis	IN	46278-1381	Amount	of Each Receipt this Period		
	FEC ID number of contributing	С			500.00		
	federal political committee.	C			300.00		
	Name of Employer (for Individual)	Occu	upation (for Individual)	Me	emo Item		
	OrthoIndy	Orth	opaedic Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)	· · · ·	500.00	1			
			-gegeae.				
s	UBTOTAL of Receipts This Page (optional)				834.00		
$\vdash$			· · · · · · · · · · · · · · · · · · ·	_			

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

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FOR LINE NUMBER:

PAGE 77 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In         A.       Kirol, Bernard, G, , MD         Mailing Address 106 Buckthorn Circle         City         Elgin         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Midlands Orthopaedics, PA         Receipt For:         Primary       General         Other (specify) ▼	hitial) or Full Organization Name          State       Zip Code         SC       29045         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         300.00       0	Date of Receipt
B. Full Name of Individual (Last, First, Middle In Reynolds, Kirk, Allen, , MD Mailing Address 316 N Ridge Road		Date of Receipt
City Little Rock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Arkansas Specialty Orthopaedics Receipt For: Primary General Other (specify) ▼	State     Zip Code       AR     72207       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼       252.00	Transaction ID : 9672932 Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle In Betcher, Russell, A, , MD Mailing Address 1422 Old Weisgarber Rd		Date of Receipt
City Knoxville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ortho Tennessee / Knoxville Orthopedic Receipt For: Primary General Other (specify)	State TN     Zip Code 37909-1293       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼       500.00	Transaction ID : 9672965         Amount of Each Receipt this Period         500.00         Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		659.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 OF 348		
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)		
Any information copied from such Reports and s or for commercial purposes, other than using th		person for the purpose of soliciting contributions tee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortl	hopaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle In Baker, Champ, L, , Jr, MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 5 Mountainbrook Ct	04 D D / Y Y Y Y 04 24 2018			
City Columbus	StateZip CodeGA31904	Transaction ID : 9672967 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Jack Hughston Memorial Hospital Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00			
Full Name of Individual (Last, First, Middle In <b>3. Hartman, Gregg, P, , MD</b>	itial) or Full Organization Name	Date of Receipt		
Mailing Address 2500 White Wing Court	04 24 2018			
City Camarillo	StateZip CodeCA93012	Transaction ID : 9672968 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	325.00		
Name of Employer (for Individual) Ventura Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00			
Full Name of Individual (Last, First, Middle In C. Malvitz, Thomas, A, , MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 5480 Forest Bend Dr		04 24 2018		
City Ada	StateZip CodeMI49301	Transaction ID : 9672974         Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
	Occupation (for Individual)	Memo Item		

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

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 OF 348		
ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
\	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
Α.	Full Name of Individual (Last, First, Middle Init Cain, E, Lyle, , Jr, MD	ial) or Full O	rganization Name	Date of Receipt		
	Aailing Address 805 St Vincent's Dr Ste 100	04 24 2018				
	City Birmingham	State AL	Zip Code 35205	Transaction ID : 9672975		
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period		
Ī	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item		
	Andrews Sprts Med & Ortho Ctr	Orth	opaedic Surgeon			
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		1		
		ial) or Full O	rganization Name	Date of Receipt		
-	Mailing Address 6330 Prestonshire Drive	04 24 2018				
	City	State	Zip Code	Transaction ID : 9672976		
-		TX	75225	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	С		250.00		
5	Name of Employer (for Individual) Self Employed		upation (for Individual) lopaedic Surgeon	Memo Item		
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 250.00	1		
	Full Name of Individual (Last, First, Middle Init Miller, Michael, David, , MD	ial) or Full O	rganization Name	Date of Receipt		
ī	Jailing Address 6501 N Camino Katrina			M M / D D / Y Y Y Y 04 24 2018		
	City Tucson	State AZ	Zip Code	Transaction ID : 9673020		
-	EC ID number of contributing ederal political committee.	AZ 85718		Amount of Each Receipt this Period		
	Name of Employer (for Individual) Iniversity Orthopedics Specialists		ipation (for Individual) opaedic Surgeon	Memo Item		
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1		

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

S	CHEDULE A (FEC Form 3X)		Lise separate schedulo(a)	FOR LINE NUMBER: PAGE 80 OF 348
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
٨٣	y information copied from such Reports and St	atomonto m	av not be sold or used by any n	13 14 15 16 17
	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
<u>к</u>	Full Name of Individual (Last, First, Middle Initi McClellan, John, W, , III, MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 12715 Westchester Plaza			04 / Y Y Y Y Y 04 24 2018
	City	State	Zip Code	Transaction ID : 9673021
	Omaha	NE	68154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self Employed	Orth	nopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	1
				1
В.	Full Name of Individual (Last, First, Middle Initi Graybill, David, W, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 6309 S Hunters Run	M M / D D / Y Y Y Y Y 04 24 2018		
	City	State	Zip Code	Transaction ID : 9673023
	Pendleton	IN	46064-8709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Central Indian Orthopedics		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary     General       Other (specify) ▼		, 1000.00	]
	Full Name of Individual (Last, First, Middle Initi Heller, Daniel, H, , MD	al) or Full O	rganization Name	Date of Receipt
•.	Mailing Address 9327 N 3rd St Ste 101	04 24 2018		
	City	State	Zip Code	Transaction ID : 9673024
	Phoenix	AZ	85020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Arizona Bone & Joint Surgeons		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General		Year-to-Date ▼	
	Other (specify)	L	500.00	1
s	UBTOTAL of Receipts This Page (optional)			2500.00

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 OF 348 (check only one)	
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)			
	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir McKenzie, Mark, K, , MD Mailing Address 3000 W Leota St	nitial) or Full Organization Name	Date of Receipt	
City	State Zip Code	04 26 2018 Transaction ID : 9673958	
North Platte FEC ID number of contributing	NE 69101	Amount of Each Receipt this Period	
federal political committee.	Occupation (for Individual)	Memo Item	
North Platte Orthopaedic & Sports Medi         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 625.00	]	
Full Name of Individual (Last, First, Middle Ir Hackett, Thomas, R, , MD Mailing Address 770 Potatoe Patch Unit 1	hitial) or Full Organization Name	Date of Receipt	
City Vail	State Zip Code CO 81657	04     27     2018       Transaction ID : 9674180       Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer (for Individual) The Steadman Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]	
. Torpey, Brian, M, , MD			
Mailing Address 31 Deputy Minister Dr	State Zip Code	04 27 2018 Transaction ID : 9674181	
Colts Neck FEC ID number of contributing	NJ 07722	Amount of Each Receipt this Period	
federal political committee. Name of Employer (for Individual) Professional Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	1375.00	
TOTAL This Period (last page this line number	r only)		

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FOR LINE NUMBER: PAGE 82 OF 348

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.       Lindgren, David, M, , MD         Mailing Address 8001 Chesshire Ln N         City         Maple Grove         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed	State MN C	Zip Code 55311 cupation (for Individual) hopaedic Surgeon	Date of Receipt 04 27 2018 Transaction ID : 9674231 Amount of Each Receipt this Period 250.00 Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle         B. Giammattei, Frank, P, , MD         Mailing Address 30 Woodbrook Rd	Initial) or Full C	Organization Name	Date of Receipt
City Swarthmore FEC ID number of contributing federal political committee. Name of Employer (for Individual) Premier Orthopaedic Associates Receipt For: □ Primary □ General Other (specify) ▼	Ort	Zip Code 19081 Cupation (for Individual) hopaedic Surgeon Year-to-Date 336.00	Transaction ID : 9674232         Amount of Each Receipt this Period         84.00         Memo Item
Full Name of Individual (Last, First, Middle C. Adamson, Kent, R, , MD Mailing Address 225 Via Rancho	Initial) or Full C	-	Date of Receipt 04 28 2018
City San Clemente FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed		Zip Code 92672	Transaction ID : 9674233         Amount of Each Receipt this Period         250.00         Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 700.00	]
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number			584.00

FOR LINE NUMBER:

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348

	CEIPTS		for each category of the Detailed Summary Page	(check only 11a 13	11b1	1c 12 5 16 17
			not be sold or used by any political committee			
NAME OF COMMI Political Action	. ,	Americar	n Association of Ortho	opaedic S	urgeonsI	PAC of AAOS
A. Gary, Joshua, L Mailing Address 37 City	• • • •	al) or Full Org	anization Name Zip Code 77005	M M 04	Receipt	2018 <b>4234</b>
Houston FEC ID number of federal political cor	nmittee.	С			of Each Recei	pt this Period 84.00
Name of Employer Self Employed Receipt For: Primary Other (specif	General	Ortho	ation (for Individual) paedic Surgeon ear-to-Date ▼ 336.00	Me	emo Item	
B. Easley, Mark, Mailing Address D	Full Name of Individual (Last, First, Middle Initial) or Ful Easley, Mark, E, , MD Mailing Address Duke Medicine 4709 Creekstone Drive City		Zip Code	04	Receipt	Y Y Y Y 2018
Durham FEC ID number of federal political cor	0	NC 27703-9822			action ID : 9674	
Name of Employer Duke Medicine Receipt For: Primary Other (specif	General	Ortho	aation (for Individual) paedic Surgeon ear-to-Date ▼ 336.00	Me	emo Item	
c. Carolan, Gre	idual (Last, First, Middle Initi gory, Francis, , MD 806 Meadow Ridge Ct	al) or Full Org	anization Name	Date of	Receipt	2018
City Bethlehem		State PA	Zip Code 18015		action ID : 967 of Each Recei	4236
	FEC ID number of contributing federal political committee.					84.00
Name of Employer St Luke's Ortho Sur Receipt For: Primary Other (specif	rg Group	Orthop	ation (for Individual) baedic Surgeon ear-to-Date ▼ 336.00	M6	emo Item	
	ipts This Page (optional)					252.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 OF 34
ITEMIZED RECEIPTS			for each category of the	) (check only one)
			Detailed Summary Page	
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)	Amorio	an Accordiation of Or	rthonoodia Surgoona DAC of AAOS
/	Political Action Committee of the	America		rthopaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initia Foster, W, Stanley, , MD	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 108 Valerie Dr	04 28 2018		
	City	State	Zip Code	Transaction ID : 9674237
	Lafayette	LA	70508-6008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Self Employed		nopaedic Surgeon	
	Dessint For:		Year-to-Date V	
	Primary General	, iggi egale		
	Other (specify)	L	336.00	<u>.                                    </u>
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Torres, Daniel, , , MD			Date of Receipt
	Mailing Address 1488 Shelburne Ct			04 28 2018
	City	State	Zip Code	Transaction ID : 9674238
	Allentown	PA	18104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) University of Texas Med Branch		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 - 3		
	Other (specify)	L	340.00	
C.	Full Name of Individual (Last, First, Middle Initia Bass, Robert, L, , MD	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 5721 Salisbury			M M / D D / Y Y Y Y 04 28 2018
	City	State	Zip Code	Transaction ID : 9674239
	Prosper	TX	75078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) UTSW		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)		1000.00	
s	UBTOTAL of Receipts This Page (optional)			▶ 669.00

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

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 OF 348 (check only one)
	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committe	
Political Action Committee of		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Dhillon, Manjit, S, , MD Mailing Address 12705 Hogans Dr	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code VA 23836	04 28 2018 Transaction ID : 9674240
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Southside Regional Medical Center Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle B. Pushkin, Gary, W, , MD Mailing Address 4101 Greenway	Initial) or Full Organization Name	Date of Receipt
City Baltimore	StateZip CodeMD21218	04     28     2018       Transaction ID : 9674241       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Cohen & Pushkin MD PA Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	1
Full Name of Individual (Last, First, Middle Milam, R, Alden, , IV, MD Mailing Address 3320 Selwyn Ave	Initial) or Full Organization Name	Date of Receipt
City Charlotte	State Zip Code NC 28209	Mod     28     2018       Transaction ID : 9674242       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) OrthoCarolina Spine Center Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 OF 348
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           ✗ 11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Agarwal, Animesh, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 201 Falcon Point City	State Zip Code	04 28 2018
Boerne	TX         78006	Transaction ID : 9674243 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle B. McQuail, Thomas, M, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4125 Oberon Dr		04 30 2018
City	State Zip Code GA 30080	Transaction ID : 9675645
Smyrna FEC ID number of contributing federal political committee.	GA 30080	Amount of Each Receipt this Period
Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle Brand, Michael, G, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 16 Whitewood Hollow Ct		M M / D D / Y Y Y Y 04 30 2018
City Ridgefield	StateZip CodeCT06877	Transaction ID : 9676665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Danbury Orthopedic Associates	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	•	1750.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 OF 344 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)		
> Political Action Committee of the		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir Dahl, Brian, Phillip, , MD Mailing Address 3713 Clairmont Rd	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 30 2018
Bismarck	ND 58503-9083	Transaction ID : 9676675 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle Ir Mack, Philip, William, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 6 Ericka Circle		M M / D D / Y Y Y Y 04 30 2018
City East Longmeadow	State Zip Code MA 01028	Transaction ID : 9676680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Connecticut Childrens Medical Center	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle Ir Parsley, Brian, S, , MD	· · · · ·	Date of Receipt
Mailing Address 5420 West Loop South Ste 2	2400	04 30 2018
City Bellaire	StateZip CodeTX77401	Transaction ID : 9676688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) UTHealth Physicians	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule	
TEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
or for commercial purposes, other than using th		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of	Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Scolaro, John, Alan, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 91 Shadowbrook	State Zip Code	04 30 2018 Transaction ID : 9676690
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) UCI Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
Full Name of Individual (Last, First, Middle II 3. Wolock, Bruce, , , MD	itial) or Full Organization Name	Date of Receipt
Mailing Address 8564 Leisure Hill Dr		04 30 2018
City Baltimore	State Zip Code MD 21208	Transaction ID : 9676695
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Towson Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 250.0	
Full Name of Individual (Last, First, Middle II Woods, Daniel, W, , MD	hitial) or Full Organization Name	Date of Receipt
Mailing Address 862 Meinecke Ave Ste 100		04 30 / Y Y Y Y
City San Luis Obispo	StateZip CodeCA93405	Transaction ID : 9676696           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numbe	r only)	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 89 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Primary General Other (specify) ▼	State CA Occu Orth Aggregate	Zip Code 90806 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Initial Rose, Louis, Charles, , MD         Mailing Address THROGS Neck Multicare PC         3058 E Tremont Ave         City         Bronx         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) THROGS Neck Multicare PC         Receipt For:         Primary       General         Other (specify) ▼	State NY C	Zip Code 10461-5726 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
C.	Full Name of Individual (Last, First, Middle Initial Mather, Steven, E, , MD         Mailing Address 4115 Fairview Ave         City         Downers Grove         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Dupage Medical Group         Receipt For:         Primary       General         Other (specify)	State IL Occu Orth	rganization Name Zip Code 60515 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt 04 / 30 / 2018 Transaction ID : 9676701 Amount of Each Receipt this Period 500.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		•	2000.00
Т	OTAL This Period (last page this line number on	y)	····· ►	

### SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
/		nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir Mitros, Stephen, F, , MD Mailing Address 51045 Erin Glen Dr	nitial) or Full Organization Name	Date of Receipt
		04 30 2018
City Granger	State Zip Code IN 46530	Transaction ID : 9676703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Mitros Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	]
Full Name of Individual (Last, First, Middle Ir 6. Cooper, Scott, Snow, , MD	 nitial) or Full Organization Name	Date of Receipt
Mailing Address 407 NW A St		M M / D D / Y Y Y Y 04 30 2018
City Bentonville	State Zip Code AR 72712	Transaction ID : 9676704
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 168.00
Name of Employer (for Individual) Mercy Clinic Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 336.00	
Full Name of Individual (Last, First, Middle Ir Mansmann, Kevin, , , MD		Date of Receipt
Mailing Address 250 W Lancaster Ave Ste 31	0	04 30 / Y Y Y Y Y Y
City Paoli	StateZip CodePA19301-1752	Transaction ID : 9676727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Premier Orthopedic Sports & Arthritis	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)		918.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 91 OF 348						
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)						
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions						
	he name and address of any political committee	to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS						
Full Name of Individual (Last, First, Middle   <b>A.</b> Kube, Richard, A, , MD	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 212 W Ravinswood Rd		04 / D D / Y Y Y Y 04 30 2018						
City	State Zip Code	Transaction ID : 9676728						
Peoria	IL 61615	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	1000.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Prairie Spine & Pain Institute	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)	1000.00							
Full Name of Individual (Last, First, Middle B. Wright, Craig, , , MD	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 278 Essex Ave								
City	State Zip Code	Transaction ID : 9676734						
Bloomfield	NJ 07003	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)	500.00							
Full Name of Individual (Last, First, Middle C. Jiranek, William, A, , MD	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 4066 Old River Trail		04 23 2018						
City	State Zip Code	Transaction ID : 9676735						
Powhatan	VA 23139	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	84.00						
Name of Employer (for Individual) Duke University	Occupation (for Individual) Orthopaedic Surgeon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00							
SUBTOTAL of Receipts This Page (optional).	▶	1334.00						

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

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         92         OF         348           (check only one)         ************************************
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Α.	Full Name of Individual (Last, First, Middle Initi Kavanaugh, Timothy, Sean, , MD Mailing Address 16850 Briarcliff Ridge Circle	al) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : 9676737
	Anchorage FEC ID number of contributing federal political committee.	АК	99516	Amount of Each Receipt this Period
	Name of Employer (for Individual) OrthoAlaska		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Β.	Full Name of Individual (Last, First, Middle Initi Besh, Basil, R, , MD Mailing Address 6135 Clubhouse Dr	al) or Full O	rganization Name	Date of Receipt
	City Pleasanton	State CA	Zip Code 94566	Transaction ID : 9676738           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 536.00	]
C.	Full Name of Individual (Last, First, Middle Initi Damalas, Dino, , , Mailing Address 9400 W Higgins Rd Ste 100	al) or Full O	rganization Name	Date of Receipt
	City Rosemont	State IL	Zip Code 60018-4975	04     27     2018       Transaction ID : 9676740       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) AAOS Receipt For:	Chie	upation (for Individual) of Operating Officer	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	1
	IPTOTAL of Possints This Page (optional)			1168.00

		1		1		 1.1		1
TOTAL This Period (last page this line number only)	<u> </u>		-		-		-	

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

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 93 OF				
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
Any information copied from such Reports and s or for commercial purposes, other than using th						
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle In A. James, William, C, , III, MD	iitial) or Full O	rganization Name	Date of Receipt			
Mailing Address 6113 Moss Springs Rd			04 / D D / Y Y Y Y 04 30 2018			
City Columbia	State SC	Zip Code 29209	Transaction ID : 9676741			
FEC ID number of contributing		29209	Amount of Each Receipt this Period			
federal political committee.	C					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Midlands Orthopaedics	Orth	nopaedic Surgeon				
Receipt For:	Aggregate	Year-to-Date <b>V</b>				
Primary General Other (specify) ▼		1000.00	]			
Full Name of Individual (Last, First, Middle In 3. Mejia, Alfonso, , , MD, MPH	Date of Receipt					
Mailing Address 5332 South Shore Drive	M M / D D / Y Y Y Y					
City	State	Zip Code	04 30 2018			
Chicago	IL	60615	Transaction ID : 9676742 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		84.00			
Name of Employer (for Individual) Illinois Association of Orthopedic Sur		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For:	I	Year-to-Date ▼	—			
Primary General Other (specify) ▼		336.00	1			
Full Name of Individual (Last, First, Middle In C. Delanois, Ronald, Emilio, , MD	itial) or Full O	rganization Name	Date of Receipt			
Mailing Address 6 Brookfield Garth			04 30 2018			
City	State	Zip Code	Transaction ID : 9676743			
Lutherville Timonium	MD	21093	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer (for Individual) Lifebridge		upation (for Individual) opaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1			
SUBTOTAL of Receipts This Page (optional)		7 . 7 . 4	1584.00			

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

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	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check onl 11a 13		1c 12 5 16 17				
Any inform or for com	nation copied from such Reports and Stat nmercial purposes, other than using the n	ements may ame and ad	/ not be sold or used by any pe Idress of any political committee	rson for the to solicit co	purpose of solion ntributions from	citing contributions such committee.				
	OF COMMITTEE (In Full) ical Action Committee of the	America	n Association of Ortho	paedic S	SurgeonsF	PAC of AAOS				
A. lorio,	ame of Individual (Last, First, Middle Initial Richard, , , MD Address 1 Indian Hill Road	) or Full Or	ganization Name	Date of Receipt						
City New R	tochelle	State NY	Zip Code 10804		30 saction ID : 967 t of Each Recei					
	D number of contributing political committee.	С				84.00				
NYU La Receip	of Employer (for Individual) angone Medical Center t For: Primary General	Ortho	pation (for Individual) opaedic Surgeon ∕ear-to-Date ▼	M	emo Item					
	Other (specify) ▼		336.00							
B. Klein	ame of Individual (Last, First, Middle Initial henz, Dominic, James, , MD Address 2804 Marina Cir	) or Full Or	ganization Name	Date of	f Receipt	2018				
	ouse Point	State FL	Zip Code 33064-9300		action ID : 9676 t of Each Recei					
federal	D number of contributing political committee. of Employer (for Individual)	С	pation (for Individual)		emo Item	500.00				
Holy Cr Receip	ross Medical Group	Ortho	paedic Surgeon /ear-to-Date ▼ 500.00							
c. Sho	ame of Individual (Last, First, Middle Initial ok, Jonathan, Bryan, , MD	) or Full Org	ganization Name	- L	f Receipt					
City	Address 11559 Willow Springs Dr	State	Zip Code 46077-7830		30 saction ID : 967					
FEC ID	D number of contributing political committee.	C		Amoun	t of Each Recei	pt this Period 1000.00				
Name Ortholr Receip	t For:	Ortho	pation (for Individual) paedic Surgeon ∕ear-to-Date ▼	— м	emo Item					
	Primary General Other (specify)		1000.00							
SUBTOT	AL of Receipts This Page (optional)		•	<u> </u>		1584.00				
TOTAL 1	This Period (last page this line number on	y)								

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FOR LINE NUMBER: PAGE 94 OF

FOR LINE NUMBER:

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 11a 13	one) 11b 14	11c	12 16	17			
	y information copied from such Reports and Si for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic S	urgeons	6PA	C of A	AOS			
A.	Full Name of Individual (Last, First, Middle Init Waddell, Bradford, Sutton, , MD	ial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 97 Lewis St			04	/ D D 30	/ Y	2018	Y			
	City Greenwich	State CT	Zip Code 06830		of Each R						
	FEC ID number of contributing federal political committee.	С			-9		84.	00			
	Name of Employer (for Individual) Ochsner Clinic		ipation (for Individual) opaedic Surgeon	Me	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00								
в.	Full Name of Individual (Last, First, Middle Init Kim, Todd, Soung, , MD Mailing Address 936 Esmeralda Avenue	ial) or Full O	rganization Name	Date of	/ D D	/ Y	YY	Y			
	City	State	Zip Code	04 Transa	30 Inction ID : 9	9676751	2018				
	San Francisco FEC ID number of contributing federal political committee.	CA	94110	Amount	of Each R	eceipt th	nis Period 1000.	_			
	Name of Employer (for Individual) Peninsula Medical Clinic		upation (for Individual) opaedic Surgeon	Me	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Saltzman, Andrew, T, , MD	ial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 610 Winterwood Drive			M M 04	M M / D D / Y Y Y Y Y						
	City Evansville	State IN	Zip Code 47715		of Each R						
	FEC ID number of contributing federal political committee.	С			,	, ,	1000.	00			
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Me	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)		•••••		,	9	2084.	00			
Т	OTAL This Period (last page this line number of	only)	••••••		- 40- 1						

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### SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 96 OF 348 (check only one)			
	Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and or for commercial purposes, other than using th					
/		opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle In Lopez, David, Vincent, , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 27 Courtney Ct	State Zip Code	04 30 2018 Transaction ID : 9676753			
Freehold FEC ID number of contributing federal political committee.	NJ 07728	Amount of Each Receipt this Period 84.00			
Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	]			
Full Name of Individual (Last, First, Middle II Matzkin, Elizabeth, G, , MD Mailing Address 1573 Beacon St	nitial) or Full Organization Name	Date of Receipt			
City	State Zip Code MA 02468	04     30     2018       Transaction ID : 9676809       Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	1000.00			
Name of Employer (for Individual) Brigham and Women's Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	1			
Full Name of Individual (Last, First, Middle II Hope, Charles, A, , II, MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 8 Bent Tree Circle	State Zip Code	04 30 2018 Transaction ID : 9676812			
Savannah FEC ID number of contributing federal political committee.	GA 31411	Amount of Each Receipt this Period			
Name of Employer (for Individual) Optim Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	]			
SUBTOTAL of Receipts This Page (optional)	·	6084.00			
TOTAL This Period (last page this line numbe	r only)				

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		ose separate schedule(s) for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS					
Α.	Full Name of Individual (Last, First, Middle Initia Henderson, Christopher, , , MD Mailing Address 17 Chatham Hill Circle			Date of Receipt					
	City Clarks Summit	State PA	Zip Code 18411	Transaction ID : 9676817					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item					
	Scranton Orthopaedic Specialists	Orth	opaedic Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
в.	Full Name of Individual (Last, First, Middle Initia Deshmukh, Rahul, Vinod, , MD	al) or Full Oi	rganization Name	Date of Receipt					
	Mailing Address 1300 Riverbirch Ln								
	City Jacksonville	State FL	Zip Code 32207-7539	Transaction ID : 9676819					
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Southeast Orthopaedic Specialists		upation (for Individual) Iopaedic Surgeon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Cassidy, Carter, , , MD	al) or Full Oi	rganization Name	Date of Receipt					
	Mailing Address 815 Alton Road c/o KOS			05 / D D / Y Y Y Y 05 01 2018					
	City Danville	State KY	Zip Code 40422	Transaction ID : 9676820 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) University of Kentucky Res Program		upation (for Individual) opaedic Surgeon	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00	]					
	UBTOTAL of Receipts This Page (optional)			1335.00					

FOR LINE NUMBER:

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle A. Uppal, Renny, , , MD	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1730 Sharpe Hill Circle	Mailing Address 1730 Sharpe Hill Circle					
City Reno	State NV	Zip Code 89523-3924	05     02     2018       Transaction ID : 9677580       Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		84.00			
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]			
Full Name of Individual (Last, First, Middle B. Kemp, Travis, Jay, , MD	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1398 E Versailles Ct			05 02 2018			
City	State ID	Zip Code	Transaction ID : 9678626			
Boise FEC ID number of contributing federal political committee.	C	83706	Amount of Each Receipt this Period			
Name of Employer (for Individual) Treasure Valley Hospital		upation (for Individual) hopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00				
Full Name of Individual (Last, First, Middle C. Weiss, David, B, , MD	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 3626 Newbridge Rd			04 / 21 / Y Y Y Y 2018			
City Keswick	State VA	Zip Code 22947	Transaction ID : 9678633 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) Univ of Virginia Dept of Ortho Surg		upation (for Individual) Iopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)			2334.00			

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

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PAGE 98 OF

## Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Balsamo, Luke, H, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address Naval Medical Ctr Portsmou 620 John Paul Jones Circle			04 / D D / Y Y Y Y Y 2018
City Portsmouth	State VA	Zip Code 23708-2197	Transaction ID : 9678635           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
B. Cui, Quanjun, , , MD Mailing Address 425 Foxdale Ln	nitial) or Full O	rganization Name	Date of Receipt
City	State VA	Zip Code	04 21 2018 Transaction ID : 9678637
Charlottesville FEC ID number of contributing federal political committee.	C	22903-9200	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle II C. Waldrop, Preston, A, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address Virginia Orthopedics 101 Knotbreak Rd	1		04 / D D / Y Y Y Y 04 21 2018
City Salem	State VA	Zip Code 24153-5404	Transaction ID : 9678639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Virginia Orthopaedic		upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional)			1000.00

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Adelaar, Robert, S, , MD	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 10414 Cherokee Rd			04 21 2018
City Richmond	State VA	Zip Code 23235	Transaction ID : 9678642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Veteran Hospital		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
B. Sculco, Thomas, P, , MD Mailing Address 132 E 95th St	initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	04 13 2018 Transaction ID : 9678648
New York City	NY	10128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Hospital for Special Surgery		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00	
Full Name of Individual (Last, First, Middle C. Wyatt, Ronald, W B, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 533 Carleton Way			05 / D D / Y Y Y Y 03 2018
City Alamo	State CA	Zip Code 94507	Transaction ID : 9679382           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)		▶ 850.00

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

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FOR LINE NUMBER: PAGE 100 OF

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 OF 34				
ITEMIZED RECEIPTS			for each category of the	(check only one)				
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 11				
	y information copied from such Reports and Sta			person for the purpose of soliciting contributions				
	for commercial purposes, other than using the r							
$\backslash$	NAME OF COMMITTEE (In Full)							
/	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS				
/	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name					
Α.	Callahan, John, J, , Jr, MD							
	Mailing Address 10 Braunview Way	M M / D D / Y Y Y Y Y						
	City	State	Zip Code	05 03 2018				
	Orchard Park	NY	14127	Transaction ID : 9679481				
	FEC ID number of contributing			Amount of Each Receipt this Period				
	federal political committee.	С		1000.00				
	Nome of Employer (for Individual)		pation (for Individual)	Memo Item				
	Name of Employer (for Individual) Excelsior Orthopaedics LLP		opaedic Surgeon					
	Receipt For:	I	Year-to-Date V					
	Primary General	, iggi egale						
	Other (specify) <b>v</b>		1000.00					
B	Full Name of Individual (Last, First, Middle Initia Barber, James, William, , MD	ii) or full O	rganization Name	Date of Receipt				
	Mailing Address 110 Shirley Avenue							
		05 03 2018						
	City	State	Zip Code	Transaction ID : 9681201				
	Douglas	GA	31533-2211	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer (for Individual) Self Employed		upation (for Individual)	Memo Item				
	Receipt For:		iopaedic Surgeon					
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) <b>v</b>		1000.00					
				-				
C	Full Name of Individual (Last, First, Middle Initia Renard, Regis, Louis, , MD	I) or Full O	rganization Name	Date of Receipt				
J.	Mailing Address 21 Farnham Loop							
				05 04 2018				
	City	State AR	Zip Code	Transaction ID : 9681371				
	Little Rock	AK	72223	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
		Memo Item						
	Name of Employer (for Individual)							
	UAMS, Department of Orthopaedics Receipt For:	1	opaedic Surgeon					
	Primary General	Aggregate	Year-to-Date 🔻	-				
	Other (specify)		500.00					
				-				
				2250.00				
S	UBTOTAL of Receipts This Page (optional)			2250.00				

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

FEC Schedule A (Form 3X) Rev. 06/2016

а.

SCHEDULE A (FEC Form 3X	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 OF 348 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
/			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Santore, Richard, F, , MD Mailing Address PO Box 7016	Initial) or Full Or	rganization Name	Date of Receipt
City	State CA	Zip Code 92067	05 04 2018 Transaction ID : 9681372
Rancho Santa Fe FEC ID number of contributing federal political committee.	C	92007	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Middle Mosley, Emmett, Wayne, , MD Mailing Address 1309 Upland Crest Ct	Initial) or Full Or	rganization Name	Date of Receipt
City Gulf Breeze	State FL	Zip Code 32563	05     04     2018       Transaction ID : 9681373       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed Receipt For:	Orth	upation (for Individual) opaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	1
Full Name of Individual (Last, First, Middle Washburn, Steven, D, , MD		rganization Name	Date of Receipt
Mailing Address 4830 Highway 260 Ste 10			05 / 03 / 2018
City Lakeside	State AZ	Zip Code 85929	Transaction ID : 9682307           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed Receipt For:	Ortho	pation (for Individual) ppaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date  250.00	1
SUBTOTAL of Receipts This Page (optional)			418.00
TOTAL This Period (last page this line numb	per only)		

FOR LINE NUMBER: PAGE 103 OF 348

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS					
Full Name of Individual (Last, First, Middle A. Hess, Alfred, V, , MD	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2405 S Dundee St	Mailing Address 2405 S Dundee St							
City Tampa	State FL	Zip Code 33629-6408	Transaction ID : 9682309 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer (for Individual) Florida Ortho Inst		upation (for Individual) Iopaedic Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]					
B. Makhuli, Brian, , , MD Mailing Address 1748 Woodwalk Creek	Initial) or Full O	rganization Name	Date of Receipt					
	Chata	Zin Onde	05 03 2018					
City Atlanta	State GA	Zip Code 30339	Transaction ID : 9682318 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer (for Individual) Resurgens Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]					
Full Name of Individual (Last, First, Middle Fassero, Donn, A, , MD		rganization Name	Date of Receipt					
Mailing Address 1409 E Briggsmore Avenu	le		05 03 2018					
City Modesto	State CA	Zip Code 95355-4201	Transaction ID : 9682319 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Sutter Gould Medical Foundation		upation (for Individual) opaedic Surgeon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]					
SUBTOTAL of Receipts This Page (optional)	)		2250.00					

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		separate schedule(s)		FOR LINE NUMBER: PAGE 104 OF 348 (check only one)					
		each category of the ailed Summary Page	<b>X</b> 11a 13	11b 11c 12 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full) Political Action Committee of t			opaedic S	SurgeonsPAC of AAOS					
Full Name of Individual (Last, First, Middle Schwartsman, Roman, , , MD	Initial) or Full Organiza	tion Name	Date of	f Receipt					
Mailing Address 4221 N Linder Rd	State Zi	o Code	05 Trans	2018 action ID : 9682320					
Eagle	· / ·	33616-2102		t of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C			1000.00					
Name of Employer (for Individual) Treasure Valley Hospital	Occupation Orthopaedi	(for Individual) c Surgeon	м	emo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 1000.00	]						
Full Name of Individual (Last, First, Middle B. Kamps, Bryan, Scott, , MD	Initial) or Full Organiza	tion Name	Date of	f Receipt					
Mailing Address 3741 Monarch Dr NE			M M 05	/ D D / Y Y Y Y 02 2018					
City Grand Rapids		o Code 19525		action ID : 9682328 t of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С			100.00					
Name of Employer (for Individual) Spectrum Health Medical Group	Occupation Orthopaed	(for Individual) ic Surgeon	M	emo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	]						
Full Name of Individual (Last, First, Middle C. Grogan, Thomas, J, , MD	Initial) or Full Organiza	tion Name	Date of	f Receipt					
Mailing Address 521 S Westgate Ave									
City Los Angeles		o Code 0049		saction ID : 9682329 t of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C			250.00					
Name of Employer (for Individual) Self Employed	Occupation Orthopaedic	(for Individual) c Surgeon	M	emo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 250.00	1						
SUBTOTAL of Receipts This Page (optional).				1350.00					
TOTAL This Period (last page this line number	er only)								

IT	EMIZED RECEIPTS		fc	Ise separate schedule(s) or each category of the Detailed Summary Page	l `_	neck on 11a 13	ly oi	ne)   11b   14		11c 15		12 16	17
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay no ddre	ot be sold or used by any pe ss of any political committee	erson to s	for the olicit co	pur ontrik	pose o outions	of so s froi	olicitinę m suc	g con h cor	ntributi mmitte	ions ee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an .	Association of Ortho	pa	edic S	Sur	geoi	ns-	-PA(	C o	f AA	NOS
<u>А.</u>	Full Name of Individual (Last, First, Middle Init Roberts, Donald, W, , MD	ial) or Full O	rgan	ization Name		Date o	of Re	eceipt					
	Mailing Address 503 Rhododendron Dr					05 02 2018						Y	
	City Vancouver	State WA		Zip Code 98661		Trans Amoun				5 <b>82330</b> ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-y		-		500.0	0
	Name of Employer (for Individual) NW Surgical Specialists			on (for Individual) edic Surgeon		N	lemo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00									
В.	Full Name of Individual (Last, First, Middle Init Carlson, Joseph, W, , MD	ial) or Full O	rgan	ization Name	_	Date o							
	Mailing Address 9515 Sibley Dr			7. 0.		05 02 2018							
	City Bismarck	State ND		Zip Code 58504		Trans Amoun				82333 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	C					1000.00					0	
	Name of Employer (for Individual) Resurgens Orthopaedics		•	ion (for Individual) edic Surgeon	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Rankin, Glenn, B, , MD	ial) or Full O	rgan	ization Name		Date o	of Re	eceipt					
	Mailing Address 651 N Granados Ave						/	D 0	D 2	/ Y	20	ү 18	Y
	City Solana Beach	State CA		Zip Code 92075		Tran: Amoun		-		682334 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		<b>,</b>		9		250.0	00
	Name of Employer (for Individual) Southern California Permanente Medical		•	pation (for Individual) Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate											
s	UBTOTAL of Receipts This Page (optional)			•				,		9	1	750.0	0

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER: PAGE 105 OF

Defined utilities / rage       13       14       15         Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting form such corrected purposes. of the flam using the name and address of any policitical committee to solicit contributions from such corrected purposes. of the flam using the name and address of any policitical committee to solicit contributions from such corrected purposes. of solicit contributions from such corrected purposes. of solicit contributions from such corrected purposes.         NAME CF COMMITTEE (in Full)       Political Action Committee of the American Association of Orthopaedic SurgeonsPAC o         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Receipt For:       Primary       General         Primary       General       Occupation (for Individual)         Optic (specify) v       General       Optic paedic Surgeon         Receipt For:       Primary       General       Optic paedic Surgeon         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Optic factor ID : 9682335         Mailing Address 4 Potawatomic frail       C       C       Transaction ID : 9682334         Mailing Address 4 Potawatomic frail       Occupation (for Individual)       Optic paedic Surgeon       Memo Item         Receipt For:       Name of Individual (Last, First, Middle Initial) or Full Organization Name	06 OF 34
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correspondences of the American Association of Orthopaedic SurgeonsPAC or Political Action Committee of the American Association of Orthopaedic SurgeonsPAC or Political Action Committee of the American Association of Orthopaedic SurgeonsPAC or Political Action Committee of the American Association of Orthopaedic SurgeonsPAC or Political Action Committee of the American Association of Orthopaedic SurgeonsPAC or Political Committee.         A.       Woolf, Mark, W., MD         Mailing Address 3628 Country Club Circle       Date of Receipt         City       Ft Worth         FEC ID number of contributing tederal political committee.       Occupation (for Individual)         Baylor Orthopedic & Spine Hospital at Orthopaedic Surgeon       Occupation (for Individual)         Baylor Orthopedic & Spine Hospital at Unit 2       Occupation (for Individual)       Memo Item         Mailing Address 4 Potewatomie Trail Unit 2       State       Zip Code       Transaction ID: 998233         Mailing Address 4 Potewatomie Trail       Occupation (for Individual)       Occupation (for Individual)       Occupation (for Individual)         Self Employed       General       Occupation (for Individual)       Occupation (for Individual)       Memo Item         Mailing Address 4620 S County Rd 560 E       State       Zip Code       Transaction ID: 998233       Amount of Each Receipt         Mailing Addre	12 16 1
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC or         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Woolf, Mark, W., MD         Mailing Address 3828 Country Club Circle         City         FEC ID number of contributing         General         Other (specify) ▼         Sale of Individual         Baylor Orthopaedic & Spine Hospital at Receipt For:         Primary       General         Other (specify) ▼         Sale of Individual         Mailing Address 4 Potawatomie Trail         Unit 2         City         FCI ID number of contributing federal political committee.         Date of Receipt Inic Primary         City         Date of Individual         Mailing Address 4 Potawatomie Trail         Unit 2         City         Name of Employer (for Individual)         Other (specify) ▼         Aggregate Year-to-Date ▼         Perimary       General         City       City         Indian Head Park       It         Receipt For:       Aggregate Year-to-Date ▼         Perimary       General         Other (specify) ▼         Mailing Address	
A, Voolf, Mark, W, , MD Mailing Address 3628 Country Club Circle City Fit Worth FCC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ Full Name of Individual) Mailing Address 4 Potawatomie Trail Unit 2 City FEC ID number of contributing federal political committee. Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4 Potawatomie Trail Unit 2 City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ Full Name of Individual) City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pacified Point Contributing federal political committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8620 S County Rd 560 E City Selma Name of Employer (for Individual) Self Employed Name of Employer (for Individual) Othopaedic Surgeon Name of Employer (for Individual) Othopaedic Surgeon Name of Employer (for Individual) Othopaed	f AAOS
City       State       Zip Code       Transaction ID : 9682336         FEC ID number of contributing       C       Amount of Each Receipt this P         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General       2000.00         FCI ID number of contributing       C       Image: Control (Specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 4 Potawatomic Trail       Unt 2       Other (specify) ▼         Mailing Address 4 Potawatomic Trail       Occupation (for Individual)       Ost 02       20         Indian Head Park       It       State       Zip Code       Transaction ID : 9682337         Indian Head Park       It       60525       Transaction ID : 9682337       Amount of Each Receipt this P         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Other (specify) ▼       Transaction ID : 9682338       Amount of Each Receipt this P         FEC ID number of contributing       C       Transaction ID : 9682337       Amount of Each Receipt this P         Primary       General       Oggregate Year-to-Date ▼       So0.00       Transacti	
Ft Worth       TX       76109       Amount of Each Receipt this P         FEC ID number of contributing tederal political committee.       C       1       1         Name of Employer (for Individual) Baylor Orthopaedic Surgeon       Occupation (for Individual) Orthopaedic Surgeon       Memo Item         Baylor Orthopaetic & Spine Hospital at Baylor Orthopaetic Surgeon       Aggregate Year-to-Date ▼       1       1         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       2000.00         Mailing Address 4 Potawatomie Trail Unit 2       State Zip Code Individual (Last, First, Middle Initial) or Full Organization ID : 9682337       Amount of Each Receipt this P         FEC ID number of contributing tederal political committee.       C       Transaction ID : 9682337       Amount of Each Receipt this P         Receipt For:       Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon       Memo Item       Image: Support (for Individual) Orthopaedic Surgeon       Image: Support (for Individual) Orthopaedic Surgeon         Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Image: Support (for Individual) Orthopaedic Surgeon         Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Image: Support (for Individual) Orthopaedic Surgeon         Fell Name of Individual (Last, First, Middle Initital) or Full Organi	)18
FEC ID number of contributing federal political committee.       C       Image: C       Ima	eriod
Baylor Orthopedic & Spine Hospital at       Orthopaedic Surgeon         Receipt For:	000.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       2000.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 4 Potawatomie Trail       0         Unit 2       City         Indian Head Park       IL         FEC ID number of contributing tederal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 8620 S County Rd 560 E       C         City       State       Zip Code         Selma       IN       47383         FEC ID number of contributing tederal political committee.       C         Name of Employer (for Individual)	
Primary       General         Other (specify) ▼       2000.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 4 Potawatomie Trail       Unit 2         City       State       Zip Code         Indian Head Park       IL       60525         FEC ID number of contributing       C       Transaction ID : 9682337         Amount of Employer (for Individual)       Occupation (for Individual)       Memo Item         Self Employed       Other (specify) ▼       Memo Item         FEC ID number of contributing       C       Memo Item         Indian Head Park       IL       60525         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Herbst, Steven, Arthur, , MD       Mailing Address 8620 S County Rd 560 E       105 / 02 / 20         City       State       Zip Code       105 / 02 / 20         FEC ID number of contributing federal political committee.       C       105 / 02 / 20         Name of Employer (for Individual)       Occupation (for Individual)       1982333	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 4 Potawatomie Trail       Unit 2         City       State       Zip Code         Indian Head Park       IL       60525         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Primary         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       500,00         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Nailing Address 8620 S County Rd 560 E       IN       47383         FEC ID number of contributing federal political committee.       C       Image: Code         Name of Employer (for Individual)       Occupation (for Individual)       Occupation (for Individual)         Selma       IN       47383       Amount of Each Receipt this Primer in the primar in the primer in the primer in the pri	
3. Monaco, Joseph, Thomas, , MD       Date of Receipt         Mailing Address 4 Potawatomie Trail       Unit 2         City       State       Zip Code         Indian Head Park       IL       60525         FEC ID number of contributing federal political committee.       C       Transaction ID : 9682337         Name of Employer (for Individual)       Occupation (for Individual)       Occupation (for Individual)         Self Employed       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address 8620 S County Rd 560 E       Transaction ID : 9682338       Amount of Each Receipt         City       State       Zip Code       Transaction ID : 9682338         Mailing Address 8620 S County Rd 560 E       500,00       Transaction ID : 9682338         City       State       Zip Code       Transaction ID : 9682338         Amount of Each Receipt IN       Mailing Address 8620 S County Rd 560 E       Transaction ID : 9682338         City       State       Zip Code       Memo Item         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employed       Occupation (for Individual)       Occupation (for Individual)         Self Employed       Occupat	
Unit 2       05       02       20         City       State       Zip Code       IL       60525       Transaction ID : 9682337         FEC ID number of contributing federal political committee.       C       60525       Amount of Each Receipt this Primary         Name of Employed       Occupation (for Individual)       Occupation (for Individual)       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       500,00         Other (specify) ▼       Aggregate Year-to-Date ▼       05         Herbst, Steven, Arthur, , MD       Date of Receipt         Mailing Address 8620 S County Rd 560 E       Transaction ID : 9682338         Selma       IN       47383         FEC ID number of contributing federal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)         Selma       C       Memo Item         FEC ID number of contributing federal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)         Self Employed       Occupation (for Individual)       Memo Item         Image:	
Indian Head Park       IL       60525       Indiastation ID - 3662337         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Primary interview interv	18 Y
Field number of contributing federal political committee.       C       Image: Contributing federal political committee.       Imag	
federal political committee.       C         Name of Employer (for Individual) Self Employed       Occupation (for Individual) Orthopaedic Surgeon       Memo Item         Receipt For:       Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       05 / 20         City       State       Zip Code       Memo Item       05 / 20         City       State       Zip Code       Mount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       Memo Item	eriod
Self Employed       Orthopaedic Surgeon         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       State         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Herbst, Steven, Arthur, , MD       Date of Receipt         Mailing Address 8620 S County Rd 560 E       05         City       State       Zip Code         Selma       IN       47383         FEC ID number of contributing federal political committee.       C         Name of Employed       Occupation (for Individual)       Occupation (for Individual)         Occupation (for Individual)       Occupation (for Individual)       Memo Item	500.00
Primary       General         Other (specify) ▼       500.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 8620 S County Rd 560 E       02 / 20         City       State       Zip Code         Selma       IN       47383         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Self Employed       Othon (for Individual)         Benerative Form       Occupation (for Individual)	
Other (specify)	
C.       Herbst, Steven, Arthur, , MD         Mailing Address 8620 S County Rd 560 E       Date of Receipt         City       State       Zip Code         Selma       IN       47383         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Per Control ID : 9682338         Name of Employer (for Individual) Self Employed       Occupation (for Individual) Orthopaedic Surgeon       Memo Item	
Mailing Address       8620 S County Rd 560 E         City       State       Zip Code         Selma       IN       47383         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Political Occupation (for Individual)         Name of Employed       Occupation (for Individual) Orthopaedic Surgeon       Memo Item	
Selma     IN     47383       FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual) Self Employed     Occupation (for Individual) Orthopaedic Surgeon	18
FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Poli- ted and the second	
federal political committee.     C       Name of Employer (for Individual)     Occupation (for Individual)       Self Employed     Orthopaedic Surgeon	eriod
Self Employed (of individual) Orthopaedic Surgeon	500.00
Receipt For:	
Aggregate Year-to-Date ▼         Primary       General         Other (specify)       500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

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

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 OF 348
IT	EMIZED RECEIPTS		Use separate schedule(s for each category of the	
			Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
				ny person for the purpose of soliciting contributions
or		name and a	address of any political comr	nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of O	rthopaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Kenyon, Paul, S, , MD	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 214 North West Ave			05 02 / Y Y Y Y 2018
	City	State MI	Zip Code	Transaction ID : 9682339
	Jackson		49203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Self Employed	Orth	hopaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Initi Benfanti, Paul, L., , MD	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 7172 9th St S	05 02 2018		
	City	State	Zip Code	Transaction ID : 9682340
	St Petersburg	FL	33705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self Employed		cupation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		, 250.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Nelson, Daniel, Richard, , MD	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 654 W Sawgrass Trail			05 / D D / Y Y Y Y 05 05 2018
	City Dakota Dunes	State SD	Zip Code 57049	Transaction ID : 9682744           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) CNOS		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	
s	UBTOTAL of Receipts This Page (optional)			> 584.00

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 OF 34 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Berg, Jeffrey, H, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1860 Town Center Dr Ste 300			05 / D D / Y Y Y Y 05 2018
City Reston	State VA	Zip Code 20190	Transaction ID : 9682748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
TCOA Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		1
Full Name of Individual (Last, First, Middle In <b>3.</b> Cameron, Julian A, , , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 405 S Riverside Dr			05 06 2018
City Pompano Beach	State FL	Zip Code 33062	Transaction ID : 9684270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Comprehensive Spine Center		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		]
Full Name of Individual (Last, First, Middle II C. Green, Daniel, William, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 535 E 70th St	ailing Address 535 E 70th St		
City New York	State NY	Zip Code 10021	Transaction ID : 9684271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		175.00
Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 875.00		1
SUBTOTAL of Receipts This Page (optional)			925.00

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

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FOR LINE NUMBER:

PAGE 109 OF

348

ITE	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check onl 11a 13	y one) 11b 14	11c 15	12 16	17	
	information copied from such Reports and Sta or commercial purposes, other than using the								
	IAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	nopaedic S	Surgeon	sPA	C of AA	NOS	
F A	ull Name of Individual (Last, First, Middle Initia Garner, Richard, W, , MD	al) or Full O	organization Name	Date of	f Receipt				
Ν	Iailing Address 7201 E Chester Heights Circle			M M 05	05 07 2018				
	iity Anchorage	State AK	Zip Code 99504-3563		action ID : t of Each R				
	EC ID number of contributing ederal political committee.	С					85.0	0	
	lame of Employer (for Individual) nchorage Fracture & Orthopedic Clinic		upation (for Individual) nopaedic Surgeon	м	emo Item				
F	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00						
В	ull Name of Individual (Last, First, Middle Initia Thompson, Joel, D, , MD		organization Name	Date of	f Receipt				
_	Mailing Address         Tucson Shoulder Elbow & Hand           3972 N Campbell Ave	l	05	/ D D	/ Y	2018	Y		
	ity Tucson	State AZ	Zip Code 85719		action ID : t of Each R				
	EC ID number of contributing ederal political committee.	С				1 - 90	84.0	0	
	lame of Employer (for Individual) ucson Shoulder Elbow & Hand		upation (for Individual) hopaedic Surgeon	M	emo Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]					
	ull Name of Individual (Last, First, Middle Initia Kiner, Dirk, W, , MD	al) or Full Oi	organization Name	Date of	f Receipt				
N	lailing Address 438 Oliver Street			05	/ D D 07	) / Y	2018 Y	Y	
	ity Chattanooga	State TN	Zip Code 37405		saction ID : t of Each R		-		
	EC ID number of contributing ederal political committee.	С			, , , , , , , , , , , , , , , , , , ,	.,	84.0	0	
	lame of Employer (for Individual) Southern Orthopaedic Trauma Surgeons		upation (for Individual) opaedic Surgeon	M	emo Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	]					
SU	BTOTAL of Receipts This Page (optional)						253.0	10	

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 OF 348			
ITEMIZED RECEIPTS		for each category of the	(check only one)			
		Detailed Summary Page	<b>×</b> 11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions			
or for commercial purposes, other than usin	ng the name and a	ddress of any political committee	ee to solicit contributions from such committee.			
Political Action Committee of	of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Mide	dle Initial) or Full O	rganization Name				
A. Stokel, Edward, A, , MD	,	<b>3</b> <sup></sup>	Date of Receipt			
Mailing Address PO Box 616			M = M / D = D / Y = Y = Y			
City	State	Zip Code	05 07 2018			
Petoskey	MI	49770-0616	Transaction ID : 9684777 Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	С		500.00			
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item			
Self Employed		nopaedic Surgeon				
Receipt For:		Year-to-Date V	—			
Primary General						
Other (specify) <b>v</b>		500.00				
Full Name of Individual (Last, First, Mide	dia Initial) or Full O	ragnization Namo				
B. Eichinger, Josef, Karl, , MD		rganization Name	Date of Receipt			
Mailing Address 1731 Sailmaker St						
City Daniel Island	State SC	Zip Code 29492-8508	Transaction ID : 9686005			
		29492-0300	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
·			Memo Item			
Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) nopaedic Surgeon				
Receipt For:	I	Year-to-Date V				
Primary General	Aggregate					
Other (specify) <b>v</b>		, 250.00				
Full Name of Individual (Last, First, Mide	dia Initial) or Full O	ragnization Namo				
<b>c.</b> Loddengaard, James, M, , MI		rganization Name	Date of Receipt			
Mailing Address 23456 Hawthorne Blvd	Ste 300		M = M / D = D / Y = Y = Y			
City	State	Zip Code	05 07 2018			
City Torrance	CA	90505	Transaction ID : 9686012 Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	С		500.00			
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item			
		opaedic Surgeon				
Receipt For:	I	Year-to-Date ▼				
Primary General		500.00				
Other (specify)		500.00				
Г						
SUBTOTAL of Receipts This Page (option	al)		1250.00			
	,					

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

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S	CHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 111 OF 348 (check only one)			
IT	EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the		k only 11a	one) 11b	11c 12	
				Detailed Summary Page		13	14		
	y information copied from such Reports and St							soliciting contributions	
or	for commercial purposes, other than using the	name and a	lddre	ess of any political committee	to solid	cit conti	ributions f	rom such committee.	
$\backslash$	NAME OF COMMITTEE (In Full) Political Action Committee of the	Amorio	<u></u>	Accordiation of Ortho	nnod		iraoon		
/	Political Action Committee of the	America	an	Association of Ortho	paeo		irgeon		
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	nization Name					
Α.		Nelch, Robert, L, , MD					Receipt		
	Mailing Address 1524 Black Walnut Ct	Mailing Address 1524 Black Walnut Ct					/ D D 07	/ Y Y Y Y Y 2018	
	City	State		Zip Code	1 5	05 <b>Fransa</b>	ction ID :		
	Naperville	IL		60565-5203				eceipt this Period	
	FEC ID number of contributing	$\mathbf{C}$			ΙE			450.00	
	federal political committee.	С			14	450.00			
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	- E	Mer	no Item		
	DuPage Medical Group	Orth	nopa	edic Surgeon					
	Receipt For:	Aggregate	Yea	r-to-Date ▼					
	Primary General Other (specify) ▼			450.00					
			7						
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	nization Name					
B.					D;	ate of F	Receipt		
	Mailing Address 1445 Portland Ave Ste 210					05	/ 0 07	/ Y Y Y Y Y 2018	
	City	State Zip Code			15		tion ID :		
	Rochester	NY		14621				eceipt this Period	
	FEC ID number of contributing	С			ΙE			1000.00	
	federal political committee.	C					- JP - 1	1000.00	
	Name of Employer (for Individual)	Occupation (for Individual)			10	Mer	no Item		
	Self Employed	Orthopaedic Surgeon							
	Receipt For:	Aggregate	Yea	r-to-Date ▼					
	Other (specify) ▼			1000.00					
			,						
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rgar	ization Name					
C.	Connair, Michael, P, , MD				_	ate of F			
	Mailing Address 24 Old Hartford Turnpike					05	/ D D D 07	2018	
	City	State		Zip Code		Transa	ction ID :	9686020	
	Hamden	СТ		06517	Ar	nount o	of Each R	eceipt this Period	
	FEC ID number of contributing	С			ΠE			1000.00	
	federal political committee.	U			15	-	<del>.</del> .	y	
	Name of Employer (for Individual)	Οςςι	upat	ion (for Individual)	7 L	Mer	no Item		
	Self Employed Receipt For:		-	edic Surgeon	_				
	Primary General	Aggregate Year-to-Date ▼							
Other (specify)				1000.00					
			-J-						
					Г			0450.00	
S	UBTOTAL of Receipts This Page (optional)				L		y	2450.00	
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TOTAL This Period (last page this line number only)......

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         Image: 11 a model         11 a model </th
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee. opaedic SurgeonsPAC of AAOS
✓       Full Name of Individual (Last, First, Middle Taksali, Sudeep, , , MD         Mailing Address 7535 SW Schroeder Way         City         Wilsonville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Hope Orthopedics of Oregon         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occ Orth	Zip Code 97070-9574 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle         James, Jeremy, R, , MD         Mailing Address 805 Green Leaf Circle         City         Madisonville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         DISC of Louisiana         Receipt For:         Primary       General         Other (specify) ▼	State LA C Occ Orti	Zip Code 70447 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 400.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Leddy, Michael, J, , MD         Mailing Address 3444 Masonic Dr         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Central Louisiana Surgical Hospital         Receipt For:         Primary       General         Other (specify)	State LA C Occ Orth	Zip Code 71301 upation (for Individual) iopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	)		600.00

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Clain, Michael, R, , MD         Mailing Address 9 Indian Head Rd         City         Riverside         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	CT CC Occu Orth	ganization Name Zip Code 06878 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 420.00	Date of Receipt
Full Name of Individual (Last, First, Middle Braaton, Paul, J, , MD Mailing Address 1335 Coffee Rd Ste 100	Date of Receipt		
City         Modesto         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orth	Zip Code 95355 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 420.00	Transaction ID : 9689988         Amount of Each Receipt this Period         84.00         Memo Item
C. Full Name of Individual (Last, First, Middle Hsu, Joseph, R, , MD Mailing Address 2816 Hedgewyk Pl City	Date of Receipt		
Charlotte         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Carolinas Medical Center         Receipt For:         Primary       General         Other (specify)	Ortho	Zip Code 28211 pation (for Individual) ppaedic Surgeon Year-to-Date ▼ 500.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			418.00

## Use separate schedule(s)

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116				(check only one)						
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b	11c	12 16	17		
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson for the	purpose o	f soliciting	contribu	tions		
N N	IAME OF COMMITTEE (In Full)									
F	Political Action Committee of the	America	an Association of Ortho	paedic S	Surgeon	sPA	C of A	AOS		
F A.	ull Name of Individual (Last, First, Middle Initia Silverman, Lance, M, , MD	al) or Full O	ganization Name	Date of	Date of Receipt					
N	lailing Address 2774 W Lake of the Isles Pkwy	М М 05								
C	Sity	State	Zip Code	Trans	action ID	9690233				
Ν	Minneapolis	MN	55416	Amount	of Each I	Receipt th	is Period			
	EC ID number of contributing ederal political committee.	С					250.	00		
N	lame of Employer (for Individual)	Осси	pation (for Individual)	M	emo Item					
S	ilverman Orthopaedics	Orth	opaedic Surgeon							
R	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General		250.00							
	Other (specify) <b>v</b>		, , , , , , , , , , , , , , , , , , , ,							
	ull Name of Individual (Last, First, Middle Initia Bruce, Jeremy, R, , MD	al) or Full O	ganization Name	Date of	Receipt					
N	Mailing Address 3249 Reflecting Dr					05 09 2018				
C	Sity	State	Zip Code		action ID :					
_	Chattanooga	TN	37415-5656		of Each I		is Period			
	EC ID number of contributing ederal political committee.	С			500.00					
	lame of Employer (for Individual) TCOM	Occupation (for Individual) Orthopaedic Surgeon			emo Item					
R	Receipt For:	Aggregate								
	Other (specify)		, 500.00							
	ull Name of Individual (Last, First, Middle Initia Templeton, Jesse, Ellis, , MD	al) or Full O	ganization Name	Date of	Receipt					
N	ailing Address 2906 Nottingham Drive			M M 05	/ D 09		y y 2018	Y		
C	lity	State	Zip Code	Trans	action ID	: 9690734				
F	Parma	OH	44134	Amount	of Each I	Receipt th	is Period			
	EC ID number of contributing ederal political committee.	С			,		1000.	00		
N	lame of Employer (for Individual)	Οςςι	pation (for Individual)	M	emo Item					
	Orthopaedic Associates Inc	Orth	ppaedic Surgeon							
R	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1000.00							
	Other (specify)		1000.00							
SU	BTOTAL of Receipts This Page (optional)		•			. ,	1750.	00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	fc	or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American	Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         Mardjetko, Steven, M, , MD         Mailing Address 443 E Illinois Road         City         Lake Forest         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:	State IL Occupati	Zip Code 60045 ion (for Individual) edic Surgeon	Date of Receipt
Primary General Other (specify) ▼		1000.00	
Full Name of Individual (Last, First, Middle         B. Johnson, Wayne, Anthony, , MD         Mailing Address 8212 NW Stonebridge Ct         City         Lawton         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Premier Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼	State OK C Occupati	Zip Code 73505 ion (for Individual) redic Surgeon	Date of Receipt
Full Name of Individual (Last, First, Middle         Rodriguez, Jose, E, , MD         Mailing Address 315 Electra Dr         City         Houston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	State TX C Occupati	Zip Code 77073	Date of Receipt 05 / 11 / 2018 Transaction ID : 9691369 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			2450.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) 11a 11b 13 14	11c 12 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of	f soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Orth	opaedic Surgeon	sPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Whalen, John, Thomas, , MD Mailing Address 64 Brookside Dr	al) or Full Org	ganization Name	Date of Receipt	
	City East Schodack	State NY	Zip Code 12063	Transaction ID :	
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) Ortho NY		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	⁄ear-to-Date ▼ 250.00	]	
B.	Full Name of Individual (Last, First, Middle Initia LaPorte, Jeffrey, M, , MD	al) or Full Org	ganization Name	Date of Receipt	
	Mailing Address 5202 Laree Ct	0		05 / D	
	City Missoula	State MT	Zip Code 59803	Transaction ID :	: <b>9691498</b> Receipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer (for Individual) Missoula Bone and Joint		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1000.00	]	
С.	Full Name of Individual (Last, First, Middle Initia Pushkarewicz, Michael, J, , MD, FA		ganization Name	Date of Receipt	
	Mailing Address 1510 Braken Ave	Otata	Zie Ooste	05 / D	2 2018
	City Wilmington	State DE	Zip Code 19808-4399	Transaction ID Amount of Each F	: 9691898 Receipt this Period
	FEC ID number of contributing federal political committee.	С		, .	42.00
			pation (for Individual) paedic Surgeon	Memo Item	
	Primary General Other (specify)	Aggregate Y	⁄ear-to-Date ▼ 210.00	]	
s	UBTOTAL of Receipts This Page (optional)				1292.00
Т	OTAL This Period (last page this line number of	nly)			

FOR LINE NUMBER:

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348

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initia Thomson, Jeffrey, D, , MD Mailing Address 20 Walker Lane		-	Date of Receipt	
	City West Hartford	State CT	Zip Code 06117	Transaction ID : 9691900	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
в.	Full Name of Individual (Last, First, Middle Initia Krueger, Chad, A, , MD	l) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 11 Seton Dr				
	City	State	Zip Code	Transaction ID : 9691901	
	Shrewsbury	MA	01545-5468	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00	]	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Ellis, Henry, Bone, , Jr, MD	l) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 2945 Stanford Ave			05 / D D / Y Y Y Y 05 13 2018	
	City Dallas	State TX	Zip Code 75225-7802	Transaction ID : 9691902 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual) Texas Scottish Rite Sports Medicine		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	]	
s	UBTOTAL of Receipts This Page (optional)		•	668.00	
Т	OTAL This Period (last page this line number on	nly)			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(Check only one)         X         11a         11b         11c         12         13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any p he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I         A.       Rungee, James, L, , MD         Mailing Address 2802 Pavilion PI         City         Murfreesboro         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Tennessee Orthopedic Alliance         Receipt For:         Primary       General         Other (specify) ▼	nitial) or Full Organization Name          State       Zip Code         TN       37129         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         500.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle I Angel, Jeffery, D, , MD Mailing Address 180 Westwood Drive	Date of Receipt	
City Batesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) White River Health System Receipt For: Primary General Other (specify) ▼	State     Zip Code       AR     72501-9276       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼       4	Transaction ID : 9691904         Amount of Each Receipt this Period         84.00         Memo Item
Full Name of Individual (Last, First, Middle I         C.       Edwards, Thomas, Bradley, , MI         Mailing Address       7401 S Main St         City       Houston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Texas Orthopedic Hospital         Receipt For:         Primary       General         Other (specify)		Date of Receipt 05 14 2018 Transaction ID : 9691907 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		434.00

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)         X         11a         11b         11c         12         13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	In Association of Orthe	opaedic SurgeonsPAC of AAOS
<ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li>Guse, Cary, M, , MD</li> <li>Mailing Address 6013 Turtle Bay Pkwy</li> </ul>			ganization Name	Date of Receipt 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : 9692812
	Columbus	IN	47201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Southern IN Orthopedic Group	Ortho	opaedic Surgeon	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
в.	Full Name of Individual (Last, First, Middle Initi Warren, Russell, F, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 535 E 70th St	05 11 2018		
	City	State	Zip Code	Transaction ID : 9692813
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼		, 250.00	]
с.	Full Name of Individual (Last, First, Middle Initi Mitchell, Matthew, E, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 3903 Otter			05 11 2018
	City	State	Zip Code	Transaction ID : 9692814
	Casper	WY	82604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Summit Medical Center		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number o	nly)		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.       Santangelo, James, R, , MD         Mailing Address 355 Edinburgh Dr         City         Fayetteville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         US Army         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occu Orth	rganization Name Zip Code 28303 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Beaty, James, H, , MD         Mailing Address 464 Goodwyn St         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occu Orth	rganization Name Zip Code 38111-2309 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 208.35	Date of Receipt
Full Name of Individual (Last, First, Middle         Bettin, Clayton, Charles, , MD         Mailing Address 5047 Shady Hall Ct         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify)	State TN C Occu Orth	rganization Name Zip Code 38117 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 208.35	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	·		583.34

SCHEDULE A (FEC Form 3X)		e separate schedule(s)	FOR LINE NUMBER: PAGE 121 OF 348 (check only one)
TEMIZED RECEIPTS		each category of the ailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address	of any political committee	
Full Name of Individual (Last, First, Middle In Calandruccio, James, H, , MD	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address Campbell Clinic 1400 S Germantown Rd			05 / D D / Y Y Y Y 2018
City Germantown		p Code 38138-2205	Transaction ID : 9692829         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic	Occupation Orthopaed	i (for Individual) ic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 208.35	
Full Name of Individual (Last, First, Middle II <b>Cannon, David, L, , MD</b>	hitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 2639 Fox Hill Circle East			05 11 2018
City Germantown		p Code 38139	Transaction ID : 9692830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Campbell Clinic		n (for Individual) lic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 420.00	
Full Name of Individual (Last, First, Middle II Crockarell, John, R, , Jr, MD	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 1458 W Poplar Ave Ste 100			05 / D D / Y Y Y Y 05 11 2018
City Collierville		p Code 38017	Transaction ID : 9692831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer (for Individual) Campbell Clinic	Occupation Orthopaedi	ı (for Individual) c Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to	208.35	
SUBTOTAL of Receipts This Page (optional)		•	167.34
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 122 OF 348 (check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Grear, Benjamin, J, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 219 LaGrange Creek Dr			05 11 2018
City Eads	State TN	Zip Code 38028-8015	Transaction ID : 9692836 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	]
Full Name of Individual (Last, First, Middle B. Guyton, James, L, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6422 Massey Estates Cove	e		05 11 2018
City Memphis	State TN	Zip Code 38120	Transaction ID : 9692837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	]
Full Name of Individual (Last, First, Middle C. Harkess, James, W, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1458 W Poplar #100			05 / D D / Y Y Y Y 05 / 11 2018
City Collierville	State TN	Zip Code 38017	Transaction ID : 9692838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.35	]
SUBTOTAL of Receipts This Page (optional)	)		125.01

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)         Image: 11 a model         11 a model </th
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi         A.       Heck, Robert, Kurt, , Jr, MD         Mailing Address       Campbell Clinic         1211 Union Ave Ste 500         City         Memphis         FEC ID number of contributing federal political committee.	al) or Full Organization Name          State       Zip Code         TN       38104-6656	Date of Receipt 05 Transaction ID : 9692839 Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify) V	Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         208.35	Memo Item
Full Name of Individual (Last, First, Middle Initi B. Ishikawa, Susan, N, , MD Mailing Address 488 Wolf View Cove City Cordova FEC ID number of contributing federal political committee.	Al) or Full Organization Name          State       Zip Code         TN       38018-7629	Date of Receipt
Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         208.35	Memo Item
Full Name of Individual (Last, First, Middle Initi C. Kelly, Derek, Michael, , MD Mailing Address 256 Brenrich Cove	al) or Full Organization Name	Date of Receipt
City Memphis FEC ID number of contributing federal political committee.	State     Zip Code       TN     38117	Transaction ID : 9692848         Amount of Each Receipt this Period         41.67
Name of Employer (for Individual) Campbell Clinic Receipt For: Primary General Other (specify)	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 208.35	Memo Item
SUBTOTAL of Receipts This Page (optional)		125.01

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         13       14         15       16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.         LaVelle, David, Glen, , MD	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2957 Mallard Lane			05 11 2018
City Germantown	State TN	Zip Code 38138	Transaction ID : 9692849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.35	
Full Name of Individual (Last, First, Middle B. Mihalko, Marc, J, , MD	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 8974 Bridge Forest Drive			05 / Y Y Y Y 2018
City Germantown	State TN	Zip Code 38138	Transaction ID : 9692855 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	
Full Name of Individual (Last, First, Middle C. Miller, Robert, H, , III, MD	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 37 St Albams Fairway			M M / D D / Y Y Y Y 05 11 2018
City Memphis	State TN	Zip Code 38111	Transaction ID : 9692856           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)		133.34

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

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FOR LINE NUMBER: PAGE 124 OF

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 OF 348
ITEMIZED RECEIPTS			for each category of the	(check only one)
			Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         17
A	ny information copied from such Reports and Sta	atements ma	y not be sold or used by any p	
	for commercial purposes, other than using the r			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	۸ ۱		
	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
<u>v</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
Α.			-	Date of Receipt
	Mailing Address Campbell Clinic			
	1400 S Germantown Rd City	State	Zip Code	05 11 2018 Transaction ID : 9692857
	Germantown	TN	38138-2205	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		41.67
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	Campbell Clinic		opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		208.35	1
		<u> </u>	T T T T	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
Β.	Perez, Edward, , , MD			Date of Receipt
Ν	Mailing Address 370 Saint Nick Dr	05 11 2018		
	City	State	Zip Code	
	Memphis	TN	38117-4118	Transaction ID : 9692858 Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.	С		41.67
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Campbell Clinic	Orth	opaedic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼	· · · ·	208.35	11
_		<u></u>	<u> </u>	
-	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
C.	Richardson, David, R, , MD			Date of Receipt
	Mailing Address 636 Center Dr			05 11 2018
	City	State	Zip Code	Transaction ID : 9692862
	Memphis	TN	38112	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Campbell Clinic Receipt For:	1	opaedic Surgeon	_
	Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)		208.35	
_				<u> </u>
				125.01
	<b>SUBTOTAL</b> of Receipts This Page (optional)		······ )	
1				

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

SCHEDULE A (FEC Form 3X)			Liso congrato achadulo(c)	FOR LINE NUMBER: PAGE 126 OF 348	
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)	
			Detailed Summary Page		
	y information copied from such Reports and St			erson for the purpose of soliciting contributions	
	for commercial purposes, other than using the				
$\setminus$	NAME OF COMMITTEE (In Full)	Ama-!-	n Accordiation of Outly	prodio Surgoona DAO of AAOO	
/	r onlical Action Committee of the			paedic SurgeonsPAC of AAOS	
 A.	Full Name of Individual (Last, First, Middle Initi Rudloff, Matthew, Ian, , MD	al) or Full O	rganization Name	Date of Receipt	
	Mailing Address 10211 Ramblewood Dr			05 / 11 / 2018	
	City	State	Zip Code	Transaction ID : 9692863	
	Arlington	TN	38002	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		41.67	
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
	Campbell Clinic		nopaedic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General				
	Other (specify)		208.35		
P	Full Name of Individual (Last, First, Middle Initi Sawyer, Jeffrey, R, , MD	al) or Full O	rganization Name	Date of Receipt	
M	Mailing Address 4450 Chickasaw Road				
	City	State	Zip Code	Transaction ID : 9692864	
	Memphis	TN	38117	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		41.67	
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General				
	Other (specify) V		208.35		
	Full Name of Individual (Last, First, Middle Initi Sheffer, Benjamin, West, , MD	al) or Full O	rganization Name	Date of Receipt	
σ.	Mailing Address 281 Ben Avon Way				
				05 11 2018	
	City	State	Zip Code	Transaction ID : 9692865	
	Memphis	TN	38111-7702	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		41.67	
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		208.35		
	IIRTOTAL of Possints This Page (antional)			125.01	
э	UBTOTAL of Receipts This Page (optional)		••••••		

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

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FOR LINE NUMBER:

PAGE 127 OF

348

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	n Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle           A.         Thompson, Norfleet, Buckner, , MD	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 3652 Shirlwood			05 11 2018
City Memphis	State TN	Zip Code 38122	Transaction ID : 9692866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 208.35	
B. Throckmorton, Thomas, Ward, , M Mailing Address 4901 Fairfield Circle		ganization Name	Date of Receipt
City	State	Zip Code	05 11 2018 Transaction ID : 9692870
Memphis	TN	38117-4209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ , 208.35	
Full Name of Individual (Last, First, Middle C. Warner, William, C, , Jr, MD	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 215 East Cherry Circle			05 / <sup>y</sup> y y y y 11 2018
City Memphis	State TN	Zip Code 38117	Transaction ID : 9692871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		pation (for Individual) paedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 208.35	
SUBTOTAL of Receipts This Page (optional)			▶ 125.01

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

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SC	HEDULE A (FEC Form 3X)			Lleo congreto cohedula(a)				348
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		`_	neck onl		
				Detailed Summary Page		13	11b 11c 12 14 15 16	17
	y information copied from such Reports and Sta						purpose of soliciting contributions	
-	for commercial purposes, other than using the r	name and a	addr	ess of any political committee	e to s	olicit co	ntributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	Americ	an	Association of Ortho	opa	edic S	SurgeonsPAC of AAOS	S
Α.	Full Name of Individual (Last, First, Middle Initia Weinlein, John, C, , MD	al) or Full C	Drga	nization Name		Date o	f Receipt	
	Mailing Address 145 Greenbriar Dr					м м 05	/ D D / Y Y Y Y 11 2018	
	City Memphis	State TN		Zip Code 38117-3207			saction ID : 9692872	
			-	38117-3207	_	Amoun	t of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С				Ľ.	41.67	
	Name of Employer (for Individual)		•	tion (for Individual)		М	lemo Item	
	Campbell Clinic		•	aedic Surgeon				
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date ▼				
	Other (specify) ▼		-	208.35				
	Full Name of Individual (Last, First, Middle Initia Whittle, A, Paige, , MD	al) or Full C	Drga	nization Name		Date o	f Receipt	
	Mailing Address 836 Harbor Isle Circle East					M M		
	City	State		Zip Code		05	11 2018	
	Memphis	TN		38103			saction ID : 9692873 t of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	ļ				41.67	
	Name of Employer (for Individual) Campbell Clinic		•	ation (for Individual) aedic Surgeon		М	lemo Item	
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻				
	Primary General Other (specify) ▼		,	208,35	]			
	Full Name of Individual (Last, First, Middle Initia Williams, Keith, D, , MD	al) or Full C	Drga	nization Name		Data a	f Receipt	
	Mailing Address 2336 Pinnacle Creek Dr							
						05	11 2018	
	City	State TN		Zip Code			saction ID : 9692874	
	Germantown		_	38138		Amoun	t of Each Receipt this Period	_
FEC ID number of contributing federal political committee.		С				Ľ.	41.67	
	Name of Employer (for Individual) Campbell Clinic		•	tion (for Individual) aedic Surgeon		M	lemo Item	
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻				
	Other (specify)		-	208.35	]			
s	UBTOTAL of Receipts This Page (optional)				 ►		125.01	

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

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FOR LINE NUMBER:

PAGE 129 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\checkmark$ 11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I         A.       Leighton, Michael, M, , MD         Mailing Address 704 Nighthawk Way         City         North Palm Beach         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Palm Beach Orthopaedic Inst         Receipt For:         Primary       General         Other (specify) ▼	nitial) or Full Organization Name          State       Zip Code         FL       33408         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         300.00       300.00	Date of Receipt 05 / 11 / 2018 Transaction ID : 9692913 Amount of Each Receipt this Period 300.00 Memo Item
Full Name of Individual (Last, First, Middle I         B. Canizares, George, H, , MD         Mailing Address 4251 42nd Ave South         City         Saint Petersburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) All Florida Orthopaedic Associates         Receipt For:         Primary       General Other (specify) ▼	nitial) or Full Organization Name          State       Zip Code         FL       33711         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       750.00	Date of Receipt
Full Name of Individual (Last, First, Middle I C. Schuck, Michael, R, , MD Mailing Address 4105 Briargate Pkwy Suite 300 City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Premier Orthopedics Receipt For: Primary General Other (specify)	nitial) or Full Organization Name          State       Zip Code         C       80920         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 05 / 11 / 2018 Transaction ID : 9692923 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1050.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 130 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of th	e name and address of any political committee	
/		
Full Name of Individual (Last, First, Middle In Emery, Sanford, E, , MD, MBA Mailing Address 3958 Eastlake Dr	nitial) or Full Organization Name	Date of Receipt
City Morgantown	State Zip Code WV 26508	05 11 2018 Transaction ID : 9692924
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) WVU Dept of Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In Curtis, Benjamin, David, , MD Mailing Address 1990 E Browning Ave	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	05 15 2018
Salt Lake Cty	UT 84108-2274	Transaction ID : 9693212           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) Utah Orthopaedic Assoc.	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In Johnson, Gregory, K, , MD	iitial) or Full Organization Name	Date of Receipt
Mailing Address 288 Groveland St		05 / D D / Y Y Y Y Y 15 2018
City Haverhill	StateZip CodeMA01830-6669	Transaction ID : 9693213           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Associates In Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 131 OF 348 (check only one)	
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions be to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle A. Bruns, Brad, R, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 5620 E Bell Rd			05 14 2018	
City Scottsdale	State AZ	Zip Code 85254-5950	Transaction ID : 9693743 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle Hussain, Suleman, M, , MD		rganization Name	Date of Receipt	
Mailing Address 2300 53rd Street Suite #10			05 16 / Y Y Y Y 05 16 2018	
City Bettendorf	State IA	Zip Code 52804	Transaction ID : 9694140 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individual) ORA		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]	
Full Name of Individual (Last, First, Middle C. Pinto, Mark, C, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1382 Waterways Dr			05 / 16 / Y Y Y Y 2018	
City Ann Arbor	State MI	Zip Code 48108	Transaction ID : 9694141 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]	
SUBTOTAL of Receipts This Page (optional).	1		1334.00	

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 132 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle II Snyder, Matthew, J, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 14912 Chopine Pass			05 16 Y Y Y Y 05 16 2018	
City Roanoke	State IN	Zip Code 46783-9308	Transaction ID : 9694142 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
The Orthopedic Hospital of Lutheran He	Orth	opaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	1	
Full Name of Individual (Last, First, Middle II	nitial) or Full O	rganization Name	Data of Descript	
B. Grimm, Matthew, R, , MD Mailing Address 920 Avenue B			Date of Receipt	
City	State	Zip Code	05 16 2018	
Marrero	LA	70072	Transaction ID : 9694143 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼	1	
Other (specify)		420.00		
Full Name of Individual (Last, First, Middle II C. Linschoten, Niels, J, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 11428 Center Court Blvd			05 16 2018	
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : 9694144	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	]	
SUBTOTAL of Receipts This Page (optional)			253.00	

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

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 OF 348	
ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17	
	for commercial purposes, other than using the			person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	n Association of Orth	opaedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initi Forman, Scott, K, , MD Mailing Address 360 San Miguel Dr Ste 701	al) or Full Or	ganization Name	Date of Receipt	
				05 16 2018	
	City	State CA	Zip Code 92660	Transaction ID : 9694145	
	Newport Beach FEC ID number of contributing	_	92000	Amount of Each Receipt this Period	
	federal political committee.	С		250.00	
	Name of Employer (for Individual)		pation (for Individual)	Memo Item	
	Self Employed Receipt For:		opaedic Surgeon		
	Primary General	Aggregate	Year-to-Date ▼	_	
	Other (specify) ▼		500.00	]	
_	Full Name of Individual (Last, First, Middle Initi Patel, Milan, M, , MD	al) or Full Or	ganization Name	Date of Receipt	
э.	Mailing Address 3836 Sidestreet			05 16 2018	
	City	State	Zip Code		
	Atlanta	GA	30341	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual) Resurgens Orthopaedics		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary     General       Other (specify) ▼		, 1000.00	]	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Carlson, William, E, , MD	al) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 3 SE Tuscan Lane			05 17 2018	
	City	State	Zip Code	Transaction ID : 9694768	
	Stuart	FL	34996	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	250.00			
	Name of Employer (for Individual) South Florida Orthopaedics		pation (for Individual) ppaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	1	

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

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 134 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the	he American Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir <b>A.</b> Dixon, Daniel, , , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 3220 Impala Lane 	State Zip Code	05 / 17 / 2018 Transaction ID : 9695073	
Bismarck	ND 58503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Grand Rapids Medical Education Partner	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle Ir Raut, Sourendra, Sean, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 6020 Falls Landing Drive		05 / Y Y Y Y 2018	
City Cumming	State Zip Code GA 30040-0265	Transaction ID : 9695179 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	]	
Full Name of Individual (Last, First, Middle Ir Vessely, Michael, B, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 522 Second St	Mailing Address 522 Second St		
City Lake Oswego	StateZip CodeOR97034	Transaction ID : 9698164 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer (for Individual) Willamette Valley Medical Center-	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	]	
SUBTOTAL of Receipts This Page (optional)	· ······	1168.00	
TOTAL This Period (last page this line numbe	r only)		

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 135 OF 344		
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)         ▲         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Orthe	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle In Sheehan, John, P, , MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 6621 Cuming St	State Zip Code	05 / D D / Y Y Y Y 05 07 2018		
Omaha	NE 68132	Transaction ID : 9698165 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	84.00		
Name of Employer (for Individual) Boys Town	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	]		
Full Name of Individual (Last, First, Middle In 3. Cannada, Lisa, K, , MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 14357 Cottage Lake Road	ing Address 14357 Cottage Lake Road			
City Jacksonville	State Zip Code FL 32224	Transaction ID : 9698167		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 84.00		
Name of Employer (for Individual) St Louis Univ School of Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	]		
Full Name of Individual (Last, First, Middle In Golladay, Gregory, , , MD	itial) or Full Organization Name	Date of Receipt		
Mailing Address 8913 Tolman Rd	Mailing Address 8913 Tolman Rd			
City Henrico	StateZip CodeVA23229	Transaction ID : 9698168 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer (for Individual) VCUHS-MCV	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	]		
SUBTOTAL of Receipts This Page (optional)	······	418.00		
TOTAL This Period (last page this line number	only)			

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FOR LINE NUMBER: PAGE 136 OF 348

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	ppaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Init Huddleston, James, I, , III, MD	ial) or Full O	organization Name	Date of Receipt
	Mailing Address 103 Harkins Road			05 14 2018
	City Woodside	State CA	Zip Code 94062	Transaction ID : 9698169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Stanford Medicine Outpatient Center		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
в.	Full Name of Individual (Last, First, Middle Init Quinn, Robert, H, , MD Mailing Address 20202 Cresta Avenida	ial) or Full O	rganization Name	Date of Receipt
	Apt 15203	State	Zip Code	05 17 2018
	San Antonio	TX	78256	Transaction ID : 9698196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Univ of TX HSC San Antonio		upation (for Individual) hopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
с.	Full Name of Individual (Last, First, Middle Init Lowry, Kent, Jason, , MD	ial) or Full O	organization Name	Date of Receipt
	Mailing Address 3746 N Faust Lake Rd	05 / D D / Y Y Y Y 2018		
	City Rhinelander	State WI	Zip Code 54501	Transaction ID : 9698197 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Ascension Health		upation (for Individual) lopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 137 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t		person for the purpose of soliciting contributions be to solicit contributions from such committee.
/		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Russell, George, V, , Jr, MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 102 Hawthorne Vale City	State Zip Code	05 / 17 2018 Transaction ID : 9698198
Ridgeland	MS 39157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Univ of Mississippi Med Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	]
Full Name of Individual (Last, First, Middle I B. Lepse, Peter, S, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3531 Lincolnshire Rd		05 / 17 / 2018
City Topeka	State Zip Code KS 66614	Transaction ID : 9698199 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Stormont Vail Health Care	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle I Orenstein, Eric, M, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1809 Connemara Ct	M M / D D / Y Y Y Y Y 05 17 2018	
City Lafayette	State Zip Code IN 47905	Transaction ID : 9698201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) IU Health Arnett Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional).		1335.00
TOTAL This Period (last page this line number	er only)	-

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FOR LINE NUMBER:

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348

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only 11a 13	/ one) 11b 11c 14 15	12 16 17
	on copied from such Reports and St ercial purposes, other than using the					
	COMMITTEE (In Full) al Action Committee of the	e America	an Association of Ortho	paedic S	urgeonsP	AC of AAOS
A. Joyce, N	of Individual (Last, First, Middle Initi Michael, E, , MD	al) or Full Or	ganization Name	Date of	Receipt	
Mailing Ac	ddress 8220 Timber Ridge Road	State	Zip Code	05	/ D D / 17	2018
Conway		SC	29526		action ID : 96982 of Each Receipt	
	umber of contributing litical committee.	С				250.00
Self Emplo	-		ipation (for Individual) opaedic Surgeon	Me	emo Item	
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00			
B. Shah, F	of Individual (Last, First, Middle Initi Roshan, P, , MD, JD	al) or Full Or	ganization Name	Date of	Receipt	
	Idress 610 West 110th Street Apt 3E	Ototo	Zin Oode	05	/ D D / 19	2018
City New York		State NY	Zip Code 10025		action ID : 96982 of Each Receipt	
	umber of contributing litical committee.	С				84.00
Columbia	Employer (for Individual) University Medical Center		ipation (for Individual) opaedic Surgeon	Me	emo Item	
Receipt Fo		Aggregate	Year-to-Date ▼ , 420.00			
	e of Individual (Last, First, Middle Initi leffrey, C, , MD	al) or Full Or	ganization Name	Date of	Receipt	
Mailing Ac	ddress Hand Center of Western Mass 3550 Main St Ste 204			M M 05	/ D D / 19	2018 Y
City Springfiel	d	State MA	Zip Code 01107-1708		action ID : 96982 of Each Receipt	
	umber of contributing litical committee.	C			y	250.00
Self Emplo			pation (for Individual) opaedic Surgeon	Me	emo Item	
Receipt Fo		Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL	of Receipts This Page (optional)		•			584.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

PAGE 139 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\checkmark$ 11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pe he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I         Coles, Robert, E, , MD         Mailing Address 201 Lands End Rd         City         Morehead City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Carolinas Center For Surgery         Receipt For:         Primary       General         Other (specify) ▼	Initial) or Full Organization Name          State       Zip Code         NC       28557         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       420.00	Date of Receipt
Full Name of Individual (Last, First, Middle I         B. Greene, Robert, Neil, , MD         Mailing Address 1211 N 16th Ave         City         Yakima         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Self Employed         Receipt For:         Primary       General	Initial) or Full Organization Name          State       Zip Code         WA       98902         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼         Full Name of Individual (Last, First, Middle I         C. Brown, Barrett, Shytles, , MD         Mailing Address 5626 Cedar Creek Dr         City         Houston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Texas Orthopedic Hospital         Receipt For:         Primary       General         Other (specify)	420.00         Initial) or Full Organization Name         State       Zip Code         TX       77056-2310         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         420.00       420.00	Date of Receipt 05 / 20 / 2018 Transaction ID : 9698270 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		252.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 140 OF 348
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				person for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	aaress of any political committee	e to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Vrabec, Gregory, A, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 579 White Tail Ridge Dr		7.01	05 / D / Y Y Y Y 20 2018
	City Fairlawn	State OH	Zip Code 44333	Transaction ID : 9698273
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Akron General Med Ctr Receipt For:		opaedic Surgeon	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V		1000.00	
в.	Full Name of Individual (Last, First, Middle Initi Sherbondy, Paul, Strawn, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 507 Beaumont Drive			05 21 2018
	City	State	Zip Code	Transaction ID : 9698274
	State College	PA	16801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary     General       Other (specify) ▼		, 504.00	]
_	Full Name of Individual (Last, First, Middle Initi Chapman, Cary, B, , MD	al) or Full O	rganization Name	Date of Receipt
0.	Mailing Address 51 Flagg Court			05 21 2018
	City	State	Zip Code	Transaction ID : 9698275
	Staten Island	NY	10304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 420.00	1
				1
Г				1168.00

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 141 OF 348
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           ✗ 11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Cannada, Lisa, K, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 14357 Cottage Lake Road			05 / D D / Y Y Y Y 21 2018
City Jacksonville	State FL	Zip Code 32224	Transaction ID : 9698276
	1.5	52224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
St Louis Univ School of Medicine	Orth	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		672.00	1
			1
Full Name of Individual (Last, First, Middle B. Swenning, Todd, Allen, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 41970 Rancho Manana Lan	05 21 2018		
City	State	Zip Code	Transaction ID : 9698277
Rancho Mirage	CA	92270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		, 450.00	]
Full Name of Individual (Last, First, Middle C. Chandler, David, R, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 165 Middle Plantation Ln			05 21 2018
City	State	Zip Code	Transaction ID : 9698278
Gulf Breeze	FL	32561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	1
SUBTOTAL of Receipts This Page (optional).			258.00

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         13       14         15       16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Theiss, Steven, M, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 510 20th Street South FO	T 960		05 18 2018
City Birmingham	State AL	Zip Code 35294	Transaction ID : 9698981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Univ of Alabama at Birmingham		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle B. Schlegel, Theodore, F, , MD	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 8200 E Belleview Ave Ste 615E			05 18 2018
City Greenwood Village	State CO	Zip Code 80111-2898	Transaction ID : 9698982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Steadman Hawkins CInc-Denver		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle C. Silver, William, P, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1216 Pinehurst Dr			05 / D D / Y Y Y Y 21 2018
City Chapel Hill	State NC	Zip Code 27517	Transaction ID : 9699076         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) North Carolina Specialty Hospital		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional	)		▶ 1500.00

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each categ Detailed Sumn	egory of the
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	ements may not be sold or ame and address of any pol	or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associati	tion of Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia         A.       Barnard, Brian, K, , MD         Mailing Address 905 Lake Lilly Drive         Apt C237         City         Maitland         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Jewett Orthopaedic Clinic         Receipt For:         Primary       General         Other (specify) ▼	) or Full Organization Name State Zip Code FL 32751-5696 C Occupation (for Individ Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 05 21 2018 Transaction ID : 9699099 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle Initia B. Eichinger, Josef, Karl, , MD Mailing Address 1731 Sailmaker St	) or Full Organization Name	Date of Receipt
City Daniel Island FEC ID number of contributing federal political committee. Name of Employer (for Individual) Medical University of South Carolina Receipt For: Primary General Other (specify) ▼	State     Zip Code       SC     29492-8508       C     Occupation (for Individe Orthopaedic Surgeon       Aggregate Year-to-Date ▼	vidual)
C. Sullivan, Patrick, M, , MD Mailing Address 6001 Westown Pkwy	) or Full Organization Name	Date of Receipt
West Des Moines FEC ID number of contributing federal political committee. Name of Employer (for Individual) Des Moines Orthopaedic Surgeons	IA 50266-7702 C Occupation (for Individ Orthopaedic Surgeon	22 Amount of Each Receipt this Period vidual) Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1000.00
SUBTOTAL of Receipts This Page (optional)		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 OF 348	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir A. Halikis, Mark, N, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 2121 Omega Dr			05 21 2018	
City	State CA	Zip Code	Transaction ID : 9699102	
Santa Ana		92705	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Self Employed	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			1	
Other (specify) <b>v</b>		1000.00		
Full Name of Individual (Last, First, Middle Ir S. Stowell, Michael, T, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 19254 Jamestown Drive	05 21 2018			
City	State	Zip Code	Transaction ID : 9699103	
Hagerstown	MD	21742	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		375.00	
Name of Employer (for Individual) Center for Advanced Orthopedic - Parkw		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		375.00	]	
Full Name of Individual (Last, First, Middle Ir	hitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 773 Azalea Pl			05 22 2018	
City	State	Zip Code	Transaction ID : 9699163	
El Paso	ТХ	79922	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	S C		84.00	
Name of Employer (for Individual) El Paso Orthopaedic Surgery Group		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 620.00	]	
SUBTOTAL of Receipts This Page (optional)		······ I	1459.00	

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

FOR LINE NUMBER:

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)         ✗       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	In Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or A. Hayter, Ronald, G, , MD Mailing Address 2146 Camden Way		al) or Full Or	ganization Name	Date of Receipt
	City	Transaction ID : 9699165		
	Clearwater	State FL	Zip Code 33759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self Employed	Ortho	opaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00	]
в.	Full Name of Individual (Last, First, Middle Initia Szczech, Bartlomiej, , , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 89 Intervale Way	05 22 2018		
	City	State Zip Code		Transaction ID : 9699166
	Lake Placid	NY	12946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) St Joseph's Hospital Med Ctr		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 500.00	]
с.	Full Name of Individual (Last, First, Middle Initia Veitch, Andrew, John, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 13416 Desert Zinnia Ct NE	05 / D D / Y Y Y Y 22 2018		
	City Albuquerque	State NM	Zip Code 87111	Transaction ID : 9699167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 420.00	]
s	UBTOTAL of Receipts This Page (optional)			434.00
Т	OTAL This Period (last page this line number o	nly)		

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	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 146 OF 348	
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
			e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Paynter, Thomas, B, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 4900 Deer View Rd NE	M M / D D / Y Y Y Y 05 22 2018			
City Cedar Rapids	State IA	Zip Code 52411	Transaction ID : 9699168	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Elmendorf Medical Center	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General Other (specify) ▼		500.00	]	
ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Andrisani, Damian, Michael, , MD		Date of Receipt		
Mailing Address 124 Saint Moritz Dr			05 22 2018	
City	State	Zip Code	00 22 2010 Transaction ID : 9699299	
Wilmington	DE	19807-1060	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Delaware Orthopaedic Specialists		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General Other (specify) ▼		250.00	]	
Full Name of Individual (Last, First, Middle I . Perra, Jerome, J, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1171 Southview Drive		05 22 2018		
City	State	Zip Code	Transaction ID : 9699375	
Hastings	MN	55033	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	5		1000.00	
Name of Employer (for Individual) Summit Orthopedics	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional)			1500.00	

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

FOR LINE NUMBER: PAGE 147 OF 348

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee	of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, M A. Stehly, Eric, M, , MD	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 661 Knights Way			05 / D D / Y Y Y Y 22 2018
City Coppell	State TX	Zip Code 75019	Transaction ID : 9699376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) North Texas Orthopedics		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, M B. Noonan, Thomas, John, , MD Mailing Address 101 Falcon Hills Dr		rganization Name	Date of Receipt
City Highlands Ranch	State CO	Zip Code 80126	Transaction ID : 9699461
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Steadman Hawkins Clinic		upation (for Individual) Iopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, M C. Ticker, Jonathan, B, , MD	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1 3rd Ave Apt 1022			05 / 22 / 2018
City Mineola	State NY	Zip Code 11501-4351	Transaction ID : 9699463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (opti	onal)		1500.00
TOTAL This Period (last page this line	number only)		

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 148 OF 348	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Report	s and Statements ma	ay not be sold or used by any	person for the purpose of soliciting contributions	
			ee to solicit contributions from such committee.	
Political Action Committee	of the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS	
/ Full Name of Individual (Last, First, M	iddle Initial) or Full C	rganization Name		
A. Eckrich, Stephen, G J, , MD	Eckrich, Stephen, G J, , MD			
Mailing Address 5511 Shooting Star T				
City	State	Zip Code	05 23 2018 Transaction ID : 9699464	
Rapid City	SD	57702	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		83.50	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Self Employed		nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		417.50		
Other (specify) <b>v</b>		417.50	-	
Full Name of Individual (Last, First, M	iddle Initial) or Full C	rganization Name		
B. Navarro, Ronald, Anthony, , N		-g	Date of Receipt	
Mailing Address 18 Wide Loop Rd	Mailing Address 18 Wide Loop Rd			
City	City State Zin Code			
City Rolling Hills	State CA	Zip Code 90274-5234	Transaction ID : 9699465 Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		84.00	
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item	
Name of Employer (for Individual) Kaiser Permanente South Bay		nopaedic Surgeon		
Receipt For:		Year-to-Date ▼	—	
Primary General			-	
Other (specify) <b>v</b>		, 420.00		
Full Name of Individual (Last, First, M	iddle Initial) or Full O	roanization Name		
c. More, Robert, Cameron, , M		gam_alon namo	Date of Receipt	
Mailing Address 8100 Wescott Drive				
Suite 101 City	State	Zip Code	05 23 2018 Transaction ID : 9699466	
Flemington	NJ	08822	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		84.00	
Name of Employer (for Individual)	me of Employer (for Individual) Occupation (for Individual)			
Hunterdon Orthopaedic Institute		opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date V		
Primary General		420.00		
Other (specify)		420.00		
SUBTOTAL of Receipts This Page (opti	onal)		251.50	
			· · · · · · · · · · · · · · · · · · ·	

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

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FOR LINE NUMBER:

PAGE 149 OF

348

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a         11b         11c         12         13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initial Scales, Darrell, Kevin, , MD Mailing Address 2000 Tee Dr	) or Full Or	Date of Receipt	
	City	05 23 2018		
	Braselton	State GA	Zip Code 30517-4078	Transaction ID : 9699467 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self Employed	Orth	opaedic Surgeon	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Other (specify) V		500.00	
в.	Full Name of Individual (Last, First, Middle Initial Woodruff, Robert, James, , MD	) or Full Or	rganization Name	Date of Receipt
	Mailing Address 6828 Prestwick Rd	05 23 2018		
	City	State	Zip Code	Transaction ID : 9701869
	Rapid City	SD	57702-9562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Black Hills Orthopaedics and Spine Cen		upation (for Individual) opaedic Surgeon	Memo Item
		Aggregate `	Year-to-Date ▼	
	Other (specify) ▼		, 500.00	
C.	Full Name of Individual (Last, First, Middle Initia Hartsock, Langdon, A, , MD	) or Full Or	rganization Name	Date of Receipt
	Mailing Address 188 Tradd Street			05 24 2018
	City	State	Zip Code	Transaction ID : 9701870
	Charleston	SC	29401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Med Univ of SC		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 420.00	
			7 . 7	
s	UBTOTAL of Receipts This Page (optional)		•	684.00
т	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 150 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Malone, Stephen, L, , MD Mailing Address 923 Westover Rd	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code DE 19807	05 24 2018 Transaction ID : 9701871
Wilmington FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle <b>Gerlinger, COL. (ret) Tad, L, , MD</b> Mailing Address 596 Provident Ave		Date of Receipt
City Winnetka	State Zip Code IL 60093	05 24 2018 Transaction ID : 9701872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Midwest Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middle McCulloch, Patrick, T, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 307 Buckingham Drive	State Zip Code PA 15367	05 / 25 / 2018 Transaction ID : 9702368
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Advanced Ortho & Rehab Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 252.00	1
SUBTOTAL of Receipts This Page (optional).		434.00
TOTAL This Period (last page this line number	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 151 OF 348 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	nopaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Hire, Justin, , , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 8 Newton Court	State Zip Code	05 25 2018		
Fort Leonard Wood	StateZip CodeMO65473	Transaction ID : 9702369 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	42.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00			
Full Name of Individual (Last, First, Middle B. Espinoza, Luis, M, , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 5 Savannah Ridge Lane	Mailing Address 5 Savannah Ridge Lane			
City Metairie	State Zip Code LA 70001	Transaction ID : 9702370 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	85.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00			
Full Name of Individual (Last, First, Middle C. Kennedy, E, Jeff, , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 235 Johnstone Dr				
City Madison	StateZip CodeMS39110-7686	Transaction ID : 9704744           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional	)	▶ 377.00		
TOTAL This Period (last page this line num	ber only)			

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 OF 348	
ITEMIZED RECEIPTS			for each category of the	(check only one)	
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Any	information copied from such Reports and St	tatements ma	y not be sold or used by any	person for the purpose of soliciting contributions	
				ee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)	• -	<b>,</b> , , , , <del>, , ,</del> ,		
	Political Action Committee of the	e America	an Association of Orth	nopaedic SurgeonsPAC of AAOS	
/F	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name		
<b>A.</b>	Emory, Cynthia, Lynn, , MD, MBA			Date of Receipt	
Ν	Aailing Address 476 Lissara Lodge Drive	M M / D D / Y Y Y Y			
_	~			05 26 2018	
	Dity	State NC	Zip Code 27023-9825	Transaction ID : 9704746	
_			21023-3023	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	С		500.00	
	ederal political committee.				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item	
_	Vake Forest School of Medicine		opaedic Surgeon		
F	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		1000.00		
			ge ge de l		
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				
	Chase, Adam, J, , MD			Date of Receipt	
N	Jailing Address 1411 Sharingbrook Dr.	05 26 2018			
ō	Dity	State	Zip Code		
	Manhattan	KS	66503	Transaction ID : 9704748 Amount of Each Receipt this Period	
F	EC ID number of contributing	0			
	ederal political committee.	С		500.00	
- N	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
	Self Employed		iopaedic Surgeon		
F	Receipt For:		Year-to-Date ▼	—	
	Primary General	33 - 3			
	Other (specify) <b>v</b>		500.00		
		ial) or Full O	ragnization Name		
	Rhoad, Robert, Clark, , MD		gamzaton namo	Date of Receipt	
_	Aailing Address 6685 Wyman Ln			M = M / D = D / Y = Y = Y = Y	
-		0	7:- 0- 1	05 26 2018	
	City Cincinnati	State OH	Zip Code 45243	Transaction ID : 9704750	
_				Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	С		250.00	
_	·		pation (for Individual)		
	Name of Employer (for Individual)	Memo Item			
	Nellington Orthopaedic & Sport Medicin Receipt For:		opaedic Surgeon		
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
			7 7 7 7 7 7		
				1075.00	
SU	BTOTAL of Receipts This Page (optional)			▶ 1250.00	

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

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FOR LINE NUMBER: PAGE 153 OF 348

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization A. Kirol, Bernard, G, , MD Mailing Address 106 Buckthorn Circle			ganization Name	Date of Receipt
	City	State	Zip Code	05 27 2018
	Elgin	SC	29045	Transaction ID : 9704751           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Midlands Orthopaedics, PA Receipt For:		opaedic Surgeon	
	Primary General	Aggregate	Year-to-Date <b>V</b>	
	Other (specify) ▼		375.00	
B.	Full Name of Individual (Last, First, Middle Initial Reynolds, Kirk, Allen, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 316 N Ridge Road			05 27 2018
	City	State	Zip Code	Transaction ID : 9704752
	Little Rock	AR 72207		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Arkansas Specialty Orthopaedics		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼			
с.	Full Name of Individual (Last, First, Middle Initial Mitros, Stephen, F, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 51045 Erin Glen Dr			05 27 2018
	City Granger	State IN	Zip Code 46530	Transaction ID : 9704753
			40350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Mitros Orthopaedics		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	
	UBTOTAL of Receipts This Page (optional)			244.00

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# SCHEDULE A (FEC Form 3X) Г

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 154 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: 10 million         11 million
or for commercial purposes, other than using t	I Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Cooper, Scott, Snow, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 407 NW A St 	State Zip Code	05 / 27 / 2018 Transaction ID : 9704754
Bentonville	AR 72712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) Mercy Clinic Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Middle B. Sangeorzan, Bruce, J, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address Dept of Ortho 325 Ninth Ave Box 359798		05 / 27 / 2018
City Seattle	State Zip Code WA 98104-2499	Transaction ID : 9704756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) Harborview Med Ctr-U of W	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle C. Gray, F, Scott, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 25 Olmstead Lane	05 / 28 / Y Y Y Y Y 2018	
City Ridgefield	State Zip Code CT 06877	Transaction ID : 9704757 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Connecticut Family Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional).		834.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:

PAGE 155 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(Check only one)       Image: Mark 11a       Image: Mark 11b       Imag
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by an the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of O	rthopaedic SurgeonsPAC of AAOS
✓       Full Name of Individual (Last, First, Middle Giammattei, Frank, P, , MD         Mailing Address 30 Woodbrook Rd         City         Swarthmore         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Premier Orthopaedic Associates         Receipt For:         □       Primary         □       General         Other (specify) ▼	Initial) or Full Organization Name         State       Zip Code         PA       19081         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       420.00	Date of Receipt 05 28 2018 Transaction ID : 9704758 Amount of Each Receipt this Period 84.00 Memo Item
B. Gary, Joshua, Layne, , MD Mailing Address 3726 Tangley Rd	Initial) or Full Organization Name	Date of Receipt
City Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State TX     Zip Code 77005       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date       420.00	Transaction ID : 9704759         Amount of Each Receipt this Period         84.00         Memo Item
Full Name of Individual (Last, First, Middle         C.       Easley, Mark, E, , MD         Mailing Address Duke Medicine         4709 Creekstone Drive         City         Durham         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Duke Medicine         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         NC       27703-9822         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         420.00       420.00	Date of Receipt 05 / 28 / 2018 Transaction ID : 9704760 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 156 OF 348	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports a	nd Statements ma	ay not be sold or used by any	person for the purpose of soliciting contributions	
			ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Political Action Committee of	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS	
/ Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name		
A. Carolan, Gregory, Francis, , MD	,		Date of Receipt	
Mailing Address 1806 Meadow Ridge Ct	M = M / D = D / Y = Y = Y			
City	Stata	Zin Codo	05 28 2018	
City Bethlehem	State PA	Zip Code 18015	Transaction ID : 9704761	
			Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
		unation (for Individual)	Memo Item	
Name of Employer (for Individual) St Luke's Ortho Surg Group		upation (for Individual) nopaedic Surgeon		
Receipt For:		Year-to-Date V		
Primary General	Aggregate		-	
Other (specify) <b>v</b>		420.00		
Full Name of Individual (Last, First, Middle B. Foster, W, Stanley, , MD	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 108 Valerie Dr				
	05 28 2018			
City	State	Zip Code	Transaction ID : 9704762	
Lafayette	LA	70508-6008	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
Name of Employer (for Individual) Self Employed		upation (for Individual)	Memo Item	
Receipt For:		nopaedic Surgeon		
Primary General	Aggregate	Year-to-Date ▼	-	
Other (specify) <b>v</b>		420.00		
Full Name of Individual (Last, First, Middle C. Torres, Daniel, , , MD	e initiai) or ⊢uil O	rganization iname	Date of Receipt	
Mailing Address 1488 Shelburne Ct				
			05 28 2018	
City Allentown	State PA	Zip Code 18104	Transaction ID : 9704763	
		10104	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual) University of Texas Med Branch		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For:	I	Year-to-Date ▼	—	
Primary General	Aggregate		-	
Other (specify)		425.00		
r				
SUBTOTAL of Receipts This Page (optiona	N		253.00	
SUBTOTAL OF NECENDIS THIS FAGE (OPLIONA	<i></i>			

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

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 157 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Kelly, James, D, , II, MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 2351 Clay St Ste 510	State Zip Code	05 28 2018	
San Francisco	CA 94115	Transaction ID : 9704764         Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name of Individual (Last, First, Middle Ir B. DiPreta, John, Anthony, , MD	hitial) or Full Organization Name	Date of Receipt	
Mailing Address 1367 Washington Ave Ste 20	Mailing Address 1367 Washington Ave Ste 200		
City Albany	State Zip Code NY 12206	Transaction ID : 9705572	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Capital Region Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name of Individual (Last, First, Middle Ir C. Dickson, Kyle, F, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 4925 Pine Street		05 / 25 / Y Y Y Y 05 25 2018	
City Bellaire	StateZip CodeTX77401-5330	Transaction ID : 9706551 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) Southwest Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)	·	2250.00	
TOTAL This Period (last page this line numbe	r only)		

# SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 OF 344 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Clohisy, John, C, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 37 Godwin Ln 	State Zip Code	05 / 05 / 2018 Transaction ID : 9706899
Saint Louis	MO 63124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Washington University Orthopedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I Kemp, Travis, Jay, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1398 E Versailles Ct		05 31 / Y Y Y Y 2018
City Boise	State Zip Code ID 83706	Transaction ID : 9707114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual) Treasure Valley Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name of Individual (Last, First, Middle I Booth, Kevin, Charles, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1078 S Wedgewood Rd		05 / 29 / 2018
City San Ramon	State Zip Code CA 94582	Transaction ID : 9707555 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) NCSI	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		3500.00
TOTAL This Period (last page this line numbe	er only)	

FOR LINE NUMBER:

PAGE 159 OF

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Orthe	ppaedic SurgeonsPAC of AAOS
A. Acampa, John, W, , MD Mailing Address 64 Bayberry Rd W			ganization Name	Date of Receipt 05 / 29 2018
	City	State	Zip Code	Transaction ID : 9707556
	Islip	NY	11751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self Employed	Ortho	ppaedic Surgeon	
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
B.	Full Name of Individual (Last, First, Middle Initia Scillia, Anthony, James, , MD	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 110 Clark Road			05 31 2018
	City	State	Zip Code	Transaction ID : 9708424
	Bernardsville	NJ	07924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer (for Individual) New Jersey Orthopaedic Institute		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary General Other (specify) ▼		, 1000.00	
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 815 Alton Road c/o KOS			06 / D D / Y Y Y Y Y 06 01 2018
	City	State	Zip Code	Transaction ID : 9708531
	Danville	KY	40422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) University of Kentucky Res Program		pation (for Individual) paedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 510.00	
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			1335.00

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 160 OF 348
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         17
Ar	ny information copied from such Reports and Sta	atements ma	ay not be sold or used by any p	
	for commercial purposes, other than using the			
$\backslash$	NAME OF COMMITTEE (In Full)	. ·		
	Political Action Committee of the	America	an Association of Orthe	ppaedic SurgeonsPAC of AAOS
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	
Α.	Bailey, James, R, , MD	Date of Receipt		
	Mailing Address 10439 Blue Summit Court	06 01 <u>Y Y Y Y Y</u> 06 01 2018		
	City	State	Zip Code	Transaction ID : 9709630
	San Diego	CA	92131	Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.	C		42.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self Employed	Orth	hopaedic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	· · · ·	294.00	1
			-ge	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	
В.	Jiranek, William, A, , MD			Date of Receipt
	Mailing Address 4066 Old River Trail	05 22 2018		
	City	State	Zip Code	
	Powhatan	VA	23139	Amount of Each Receipt this Period
	FEC ID number of contributing	С		84.00
	federal political committee.	U		
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Duke University	Orth	hopaedic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		420.00	
			-gg 41.	
~	Full Name of Individual (Last, First, Middle Initia Glusenkamp, Nathan, , ,	al) or Full C	Organization Name	Deta of Decaint
С.	Mailing Address 9400 W Higgins Rd			Date of Receipt
	maning / autoos gq00 W Higgins Ku			05 22 2018
	City	State	Zip Code	Transaction ID : 9709660
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) AAOS		upation (for Individual) ector, Orthopaedic Registries	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			176.00
<b>I</b>	,			, , , , , , , , , , , , , , , , , , , ,

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

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 161 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	ne name and address of any political committee	e to solicit contributions from such committee.
/		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Baird, Robert, C, , III, MD Mailing Address 358 Charleston Court	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	05 22 2018 Transaction ID : 9709661
Mobile	AL 36608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle In Besh, Basil, R, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 6135 Clubhouse Dr		05 23 2018
City Pleasanton	StateZip CodeCA94566	Transaction ID : 9709663 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 620.00	]
Full Name of Individual (Last, First, Middle II Schneider, David, J, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 711 Skywalker Point		05 23 2018
City Lafayette	StateZip CodeCO80026-3349	Transaction ID : 9709670 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) OrthoColorado Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · · ·	1334.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 162 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
		Dotailog Ourning I age	13 14 15 16 1	
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I <b>4.</b> Raven, Raymond, B, , MD, MBA	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 2625 W Alameda Ste 116			05 / D D / Y Y Y Y Y 05 24 2018	
City	State	Zip Code	Transaction ID : 9709679	
Burbank	CA	91505-4815	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Raven Orthopaedics, Inc	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Primary General			1	
Other (specify) <b>v</b>		1000.00	1	
Full Name of Individual (Last, First, Middle I 3. Damalas, Dino, , ,	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 9400 W Higgins Rd Ste 100	Mailing Address 9400 W Higgins Rd Ste 100			
City	State	Zip Code	Transaction ID : 9709680	
Rosemont	IL	60018-4975	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individual) AAOS		upation (for Individual) ef Operating Officer	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		420.00	]	
Full Name of Individual (Last, First, Middle I C. Iorio, Richard, , , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1 Indian Hill Road			05 29 2018	
City	State	Zip Code	Transaction ID : 9709681	
New Rochelle	NY	10804	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individual) NYU Langone Medical Center	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	]	
SUBTOTAL of Receipts This Page (optional)	_I		1168.00	

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 163 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
		thopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Epps, Howard, R, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1936 Wroxton Road	State Zip Code	05 / 30 / 2018 Transaction ID : 9709689
Houston	TX 77005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I B. Waddell, Bradford, Sutton, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 97 Lewis St		05 30 2018
City Greenwich	State Zip Code CT 06830	Transaction ID : 9709690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Ochsner Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420,00	
Full Name of Individual (Last, First, Middle I Lopez, David, Vincent, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 27 Courtney Ct		05 / D D / Y Y Y Y 05 30 2018
City Freehold	StateZip CodeNJ07728	Transaction ID : 9709692 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Receipt For:	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item
Other (specify)	420.00	
SUBTOTAL of Receipts This Page (optional)		• 418.00
TOTAL This Period (last page this line numbe	er only)	

		Use separate schedule(s) for each category of the Detailed Summary Page	x         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Mejia, Alfonso, , , MD, MPH	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5332 South Shore Drive	05 29 2018		
City Chicago	State IL	Zip Code 60615	Transaction ID : 9709704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Illinois Association of Orthopedic Sur		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
B. Kwong, Louis, M, , MD Mailing Address PO Box 422	e Initial) or Full O	rganization Name	Date of Receipt
1000 W Carson St	State	Zip Code	06 02 2018
City Torrance	CA	90509	Transaction ID : 9709715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle C. Rauh, Michael, A, , MD	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 46 Middlebury Rd			M M / D D / Y Y Y Y 06 02 2018
City Orchard Park	State NY	Zip Code 14127	Transaction ID : 9709716           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer (for Individual) UBMD Orthopaedics & Sports Medicine		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4000.00	]
SUBTOTAL of Receipts This Page (optional	)		2334.00

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

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FOR LINE NUMBER: PAGE 164 OF

FOR LINE NUMBER: PAGE 165 OF 348

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Full A. Uppal, Renny, , , MD Mailing Address 1730 Sharpe Hill Circle				Date of Receipt
	City Reno	State NV	Zip Code 89523-3924	Transaction ID : 9709718
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 84.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Self Employed Receipt For:		ppaedic Surgeon	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	]
B	Full Name of Individual (Last, First, Middle Initia Brophy, Robert, H, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 7 Maryhill Dr			06 02 2018
	City	State	Zip Code	Transaction ID : 9709719
	St Louis	MO	63124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Washington University Orthopedics		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Wyatt, Ronald, W B, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 533 Carleton Way			M M / D D / Y Y Y Y 06 03 2018
	City	State CA	Zip Code	Transaction ID : 9710229
	Alamo		94507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
Kaiser Permanente			pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary     General       Other (specify)     600.00			]
s	UBTOTAL of Receipts This Page (optional)		••••••	434.00
т	OTAL This Period (last page this line number on	ıly)		

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         13       14         15       16         17		
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)			nopaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle A. Mott, Michael, P, , MD	Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 11193 Maple Ridge Drive	ailing Address 11193 Maple Ridge Drive				
City Plymouth	State MI	Zip Code 48170	Transaction ID : 9710231 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) Henry Ford Hospital, K-12		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
B. Hinchey, John, William, , MD Mailing Address 409 Normandy Ave	Initial) or Full C	rganization Name	Date of Receipt		
City	State	Zip Code	06 04 2018 Transaction ID : 9710232		
San Antonio	ТХ	78209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Self Employed		upation (for Individual) hopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00			
Full Name of Individual (Last, First, Middle C. Santore, Richard, F, , MD	Initial) or Full C	organization Name	Date of Receipt		
Mailing Address PO Box 7016			M M / D D / Y Y Y Y 06 04 2018		
City Rancho Santa Fe	State CA	Zip Code 92067	Transaction ID : 9710233 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		84.00		
Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent		upation (for Individual) lopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	]		
SUBTOTAL of Receipts This Page (optional)	)		▶ 1334.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER: PAGE 166 OF

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 167 OF 348 (check only one)	
ITEMIZED RECEIPTS	for	each category of the ailed Summary Page	11a 13	11b 11c 12 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the	the name and address	of any political committee	e to solicit co	ntributions from such committee.	
A. Full Name of Individual (Last, First, Middle Mosley, Emmett, Wayne, , MD Mailing Address 1309 Upland Crest Ct	Initial) or Full Organiza	ation Name		f Receipt	
City	State Zi	p Code	06 Trans	04 2018 saction ID : 9710234	
Gulf Breeze	FL	32563	Amoun	t of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С			84.00	
Name of Employer (for Individual) Self Employed	Occupation Orthopaed	i (for Individual) ic Surgeon	м	emo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 504.00	]		
Full Name of Individual (Last, First, Middle B. Ayers, Michael, E, , MD	Initial) or Full Organiza	ation Name	Date o	f Receipt	
Mailing Address 10 Crescent Ave				/ D D / Y Y Y Y 04 2018	
City Scituate		p Code 02066		action ID : 9710235 t of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C			250.00	
Name of Employer (for Individual) South Shore Orthopedics		n (for Individual) lic Surgeon	м	emo Item	
Receipt For:	Aggregate Year-to	o-Date ▼			
Other (specify)		, 500.00	1		
Full Name of Individual (Last, First, Middle C. Smith, Eric, Louis, , MD	Initial) or Full Organiza	ation Name	Date o	f Receipt	
Mailing Address 1573 Beacon St			M M 06	/ D D / Y Y Y Y 04 2018	
City Newton		p Code )2468		saction ID : 9710236 t of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С			84.00	
Name of Employer (for Individual) Boston Medical Clinic	Occupation Orthopaedi	r (for Individual) c Surgeon	M	emo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 252.00	1		
SUBTOTAL of Receipts This Page (optional).				418.00	
TOTAL This Period (last page this line numb	er only)	<b>I</b>			

SCHEDULE A (FEC Form 3X		rate schedule(s)	FOR LINE NUMBER: PAGE 168 OF 34
ITEMIZED RECEIPTS	for each o	category of the Summary Page	(check only one)
Any information copied from such Reports an or for commercial purposes, other than using			rrson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Assoc	iation of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Jennings, Randall, W, , MD	Initial) or Full Organization N	lame	Date of Receipt
Mailing Address 93654 Mallard Lane			06 / D D / Y Y Y Y 06 04 2018
City North Bend	StateZip CodOR97459		Transaction ID : 9710237           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual)	Occupation (for In	,	Memo Item
North Bend Medical Center Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	5	
Full Name of Individual (Last, First, Middle B. Allard, Mark, Michael, , MD	Initial) or Full Organization N	Jame	Date of Receipt
Mailing Address 3010 Cortney Circle			
City Siloam Springs	State Zip Cod AR 72761	e	Transaction ID : 9710238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Self Employed	Occupation (for I Orthopaedic Surg	,	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 252.00	
Full Name of Individual (Last, First, Middle C. Tam, Benjamin, C, , MD	Initial) or Full Organization N	Jame	Date of Receipt
Mailing Address 960 Monte Verde Dr.			M M / D D / Y Y Y Y 06 04 2018
City Arcadia	StateZip CodCA91007	e	Transaction ID : 9711680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		650.00
Name of Employer (for Individual) Self Employed	Occupation (for li Orthopaedic Surg	,	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	▼ 650.00	
SUBTOTAL of Receipts This Page (optional)		····· •	818.00

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathematic name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
✓       Full Name of Individual (Last, First, Middle         A.       Nelson, Daniel, Richard, , MD         Mailing Address 654 W Sawgrass Trail         City         Dakota Dunes         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         CNOS         Receipt For:         Primary       General         Other (specify) ▼	State SD C Occu Orth	rganization Name Zip Code 57049 upation (for Individual) upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 504.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle Law, Brian, C, , MD Mailing Address 541 E Erie Street Unit 314	Initial) or Full O	rganization Name	Date of Receipt
Medical College of Wisconsin O		Zip Code 53202 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Transaction ID : 9711682         Amount of Each Receipt this Period         250.00         Memo Item
C. Full Name of Individual (Last, First, Middle Pierce, Troy, D, , MD Mailing Address 4012 Edgewater PI SE	State	Zip Code	Date of Receipt
Mandan FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Bone & Joint Center Receipt For: Primary General Other (specify)	Orth	58554 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period  1000.00  Memo Item
SUBTOTAL of Receipts This Page (optional).			1334.00

SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 170 OF 34
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         ▼         11a       11b         13       14         15       16
or for commercial purposes, other than usin			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Midd Schmidt, Todd, A, , MD	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2865 Lake Park Drive			M M / D D / Y Y Y Y 06 05 2018
City	State	Zip Code	Transaction ID : 9712060
Jonesboro	GA	30236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
OrthoAtlanta	Orth	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify) <b>v</b>		500.00	
Full Name of Individual (Last, First, Midd B. Farber, Daniel, C, , MD	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 300 Fairhill Rd			06 06 2018
City	State	Zip Code	
Wynnewood	PA	19096-1804	Transaction ID : 9712161 Amount of Each Receipt this Period
FEC ID number of contributing	С		
federal political committee.	U		250.00
Name of Employer (for Individual) Penn Medicine Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary     General       Other (specify) ▼		500.00	]
Full Name of Individual (Last, First, Midd C. Vitale, Michael, G, , MD, MPH		rganization Name	Date of Receipt
Mailing Address 34 N Brook Ln			06 04 2018
City	State	Zip Code	Transaction ID : 9712589
Irvington	NY	10533-2418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Children's Hospital of New York	Orth	opaedic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 250.00	-
Other (specify)		7	
SUBTOTAL of Receipts This Page (optiona	al)		750.00
	,		

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 OF 348
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S	statements ma	not be sold or used by any i	
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Political Action Committee of the	e America	an Association of Orth	opaedic SurgeonsPAC of AAOS
V Full Name of Individual (Last, First, Middle Ini	tial) or Full C	rganization Name	
A. Farnworth, Lance, Ronald, , MD	,	- <u>-</u>	Date of Receipt
Mailing Address 37 Portero Dr			M = M / D = D / Y = Y = Y
City	State	Zip Code	06 04 2018
City Pueblo	CO	81005	Transaction ID : 9712604
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
i	0.0	unation (fax Individual)	Memo Item
Name of Employer (for Individual) Pueblo Bone and Joint Clinic		upation (for Individual) nopaedic Surgeon	
Receipt For:		Year-to-Date V	
Primary General	Ayyreyale		
Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle Ini B. Lemos, Mark, J, , MD	tial) or Full C	rganization Name	Date of Receipt
Mailing Address 1164 Ocean Blvd			
		L	06 04 2018
City	State	Zip Code	Transaction ID : 9712605
Rye	NH	03870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Lahey Clinic		upation (for Individual)	Memo Item
Receipt For:		nopaedic Surgeon	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name of Individual (Last, First, Middle Ini C. Smith, John, Quentin, , MD	tial) or Full O	rganization Name	Date of Receipt
Mailing Address 3235 S Westbury PI			
			06 04 2018
City Eagle	State ID	Zip Code 83616	Transaction ID : 9712614
		03010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
· · · · · · · · · · · · · · · · · · ·			
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Treasure Valley Hospital Receipt For:	1	opaedic Surgeon	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	
			_
			1300.00
SUBTOTAL of Receipts This Page (optional)			

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

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SCHEDULE A (FEC Form 3)	X) [	Use separate schedule(s)	FOR LINE NUMBER: PAGE 172 OF 34
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl Helper, Stephen, D, , MD	e Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 29001 Cedar Rd Ste 519			06 04 2018
City	State	Zip Code	Transaction ID : 9712615
Lyndhurst	ОН	44124-4041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Self Employed	Orthop	paedic Surgeon	
Receipt For:	Aggregate Ye	ear-to-Date 🔻	
Primary General		500.00	1
Other (specify) <b>v</b>		500.00	1
Full Name of Individual (Last, First, Middl 3. Cambareri, John, J, , MD	e Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 222 Feldspar Dr			06 04 2018
City	State	Zip Code	
Syracuse	NY	13219-3405	Transaction ID : 9712616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Syracuse Ortho Specialists, PC		ation (for Individual) paedic Surgeon	Memo Item
Receipt For:	Aggregate Ye		
Primary General Other (specify) ▼		1000.00	1
Full Name of Individual (Last, First, Middl	e Initial) or Full Org	anization Name	
Green, Daniel, William, , MD			Date of Receipt
Mailing Address 535 E 70th St			06 / D D / Y Y Y Y 06 07 2018
City New York	State NY	Zip Code 10021	Transaction ID : 9715700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		175.00
Name of Employer (for Individual) Hosp for Special Surgery		ation (for Individual) paedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1050.00	]
SUBTOTAL of Receipts This Page (optiona	l)		1575.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 173 OF

348

ITEMIZED RE	CEIPTS		Use separate schedule(s) for each category of the	(check or		110	12		
			Detailed Summary Page	<b>^</b> 11a	11b 14	11c 15	12	17	
Any information copi or for commercial pu	ied from such Reports and surposes, other than using the	Statements ma e name and a	ay not be sold or used by any ddress of any political committe	person for the ee to solicit co	e purpose of ontributions	f soliciting	contribut committe	ions e.	
	. ,		an Anna sinting of Orth	a a a a dia (	0				
	ion committee of th	e America	an Association of Orth	iopaedic	Surgeon	S-PAC		102	
Full Name of Indi A. Garner, Richar	ividual (Last, First, Middle In rd, W, , MD	itial) or Full O	rganization Name	Date	of Receipt				
Mailing Address	7201 E Chester Heights Circl	e		06	M M / D D / Y Y Y Y 06 07 2018				
City		State AK	Zip Code		Transaction ID : 9715701				
Anchorage	· · · · ·		99504-3563	Amou	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.							85.0	0	
-	er (for Individual) Ire & Orthopedic Clinic		upation (for Individual) nopaedic Surgeon		vlemo Item				
Receipt For:	General	Aggregate	Year-to-Date ▼						
Other (spec			510.00						
Full Name of Indi B. Hildebrand, F	ividual (Last, First, Middle In Randall, , , MD	itial) or Full O	rganization Name	Date	of Receipt				
Mailing Address	Mailing Address 1711 Lincoln St				06 07 2018				
City		State	Zip Code		saction ID :				
Great Bend		KS	67530	Amou	nt of Each F	Receipt this	s Period		
FEC ID number of federal political co	0	С				7	250.0	0	
Name of Employe Self Employed	er (for Individual)		upation (for Individual) nopaedic Surgeon		Memo Item				
Receipt For:		Aggregate	Year-to-Date 🔻						
Other (spec	General cify) ▼		500.00	]					
Full Name of Indi	ividual (Last, First, Middle In W, , MD	itial) or Full O	rganization Name	Date	of Receipt				
Mailing Address	438 Oliver Street			06			2018 Y	Y	
City Chattanooga		State TN	Zip Code 37405		saction ID :				
FEC ID number of	of contributing	_	37403	Amou	nt of Each F	Receipt this	s Period		
federal political co	U	C			y	9	84.0	10	
Name of Employe	er (for Individual) nedic Trauma Surgeons		upation (for Individual) opaedic Surgeon		Vemo Item				
Receipt For:			Year-to-Date V						
Primary Other (spec	General cify)		420.00						
SUBTOTAL of Rec	eipts This Page (optional)		· · · · ·				419.0	0	
	· · · ·			_					

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

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SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 174 OF 348
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle James, Jeremy, R, , MD	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 805 Green Leaf Circle			06 08 2018
City Madisonville	State LA	Zip Code 70447	Transaction ID : 9716905
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
DISC of Louisiana Receipt For:		opaedic Surgeon	
Primary General	Aggregate	Year-to-Date ▼	_
Other (specify)		500.00	
Full Name of Individual (Last, First, Middle B. McGinley, Robert, Ball, , MD	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address The Orthopaedic Group PO Box 86144			M M / D D / Y Y Y Y 06 06 2018
City Mobile	State AL	Zip Code 36689-6144	Transaction ID : 9721041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) The Orthopaedic Group		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary     General       Other (specify) ▼		, 1000.00	]
Full Name of Individual (Last, First, Middle C. Rutledge, Guy, Leslie, , III, MD	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address PO Box 86144			M M / D D / Y Y Y Y 06 06 2018
City	State	Zip Code	Transaction ID : 9721050
Mobile	AL	36689-6144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) The Orthopaedic Group		pation (for Individual) ppaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼ 1000.00	

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

1.

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 175 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any pe he name and address of any political committee	
/	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I West, James, L, , III, MD Mailing Address 362 Dogwood Lane	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 06 2018 Transaction ID : 9721051
Mobile	AL 36608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I Wallace, Milton, A, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6144 Airport Blvd		06 06 2018
City Mobile	StateZip CodeAL36689-6144	Transaction ID : 9721052 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle I Cope, Stephen, B, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 15 Queensway		06 / Y Y Y Y 06 2018
City Mobile	StateZip CodeAL36608	Transaction ID : 9721053           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1150.00	
SUBTOTAL of Receipts This Page (optional)	·	3000.00
TOTAL This Period (last page this line numbe	er only) 🕨	

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 176 OF 348
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Political Action Committee of the		nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir McGowin, Joseph, F, , III, MD Mailing Address 1 Austill Place	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 06 2018 Transaction ID : 9721054
Mobile	AL 36608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle Ir <b>Cockrell</b> , J, Michael, , III, MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 201 Lakewood Ct		06 06 / Y Y Y Y Y 06 06 2018
City Mobile	State Zip Code AL 36608	Transaction ID : 9721055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle Ir Barbour, Thomas, M, , III, MD	hitial) or Full Organization Name	Date of Receipt
Mailing Address The Orthopaedic Group PO Box 86144		06 / 06 / Y Y Y Y 06 06
City Mobile	State Zip Code AL 36689-6144	Transaction ID : 9721056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 177 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Volkman, Todd, K, , MD Mailing Address 210 Rochester Rd	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 06 2018 Transaction ID : 9721057
Mobile FEC ID number of contributing federal political committee.	AL 36608	Amount of Each Receipt this Period
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In Petersen, Bendt, P, , III, MD Mailing Address PO Box 86144	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code AL 36689	06     06     2018       Transaction ID : 9721058       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle II Park, William, I, , III, MD Mailing Address 2 Kingsway	nitial) or Full Organization Name	Date of Receipt
City Mobile	State Zip Code AL 36608	06 / 06 / 2018 Transaction ID : 9721060
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional)	L	3000.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 178 OF 348
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I <b>A.</b> Mason, Lowell, D, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 25942 Bellewood Dr			06 / Y Y Y Y 06 2018
City	State	Zip Code	Transaction ID : 9721061
Daphne	AL	36526-8805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
The Orthopaedic Group	Orth	iopaedic Surgeon	-
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General		1000.00	1
Other (specify) ▼		1000.00	1
Full Name of Individual (Last, First, Middle I <b>3.</b> Conrad, Jeffrey, , , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 3814 Austill Ln			06 06 2018
City	State	Zip Code	Transaction ID : 9721062
Mobile	AL	36608-1925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) The Orthopaedic Group		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle I C. Howard, Clinton, Wilbur, , IV, ME		rganization Name	Date of Receipt
Mailing Address 24 Country Club Rd			06 06 2018
City	State	Zip Code	Transaction ID : 9721063
Mobile	AL	36608-2357	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) The Orthopaedic Group		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional)			3000.00

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Wilson, Charles, H, , IV, MD         Mailing Address 53 Hawthorne PI N         City         Mobile         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         The Orthopaedic Group         Receipt For:         Primary       General         Other (specify) ▼	State AL C Occu	rganization Name Zip Code 36608-2806 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B. Haas, Albert, F, , MD         Mailing Address 6144 Airport Blvd         City         Mobile         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) The Orthopaedic Group         Receipt For:         Primary       General         Other (specify) ▼	State AL C Occu	rganization Name Zip Code 36689 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Engerson, Todd, David, , MD         Mailing Address 206 Wimbledon Park West         City         Mobile         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         The Orthopaedic Group         Receipt For:         Primary       General         Other (specify)	State AL C Occu Orth	rganization Name Zip Code 36608-2151 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			3000.00

ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	(check only 11a 13	11b		2		
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may not be sol g the name and address of an	d or used by any p y political committee	erson for the person for the person for the person of the	ourpose of sol tributions from	iciting cont	ributions mittee.		
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Assoc	iation of Ortho	opaedic S	urgeons	PAC of	AAOS		
Full Name of Individual (Last, First, Middl A. Baird, Robert, C, , III, MD	e Initial) or Full Organization N	lame	Date of	Receipt				
Mailing Address 358 Charleston Court			м м 06					
City Mobile	StateZip CodAL36608			action ID : 972 of Each Rece		riod		
FEC ID number of contributing federal political committee.					1(	00.00		
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for li Orthopaedic Surg	,	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	2000.00	]					
B. Kidder, Jacob, F, , MD Mailing Address P.O. Box 86144	e Initial) or Full Organization N	lame	Date of	Receipt	/ Y Y	Y Y		
City	State Zip Cod	<b>A</b>	06	06	201	8		
Mobile	AL 36689	0		of Each Rece		riod		
FEC ID number of contributing federal political committee.	C					00.00		
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for I Orthopaedic Surg	,	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 1000.00	1					
Full Name of Individual (Last, First, Middl C. Eslava, Michael, A, , MD	e Initial) or Full Organization N	lame	Date of	Receipt				
Mailing Address 166 River RTE			06	/ D D D 06	Ý Ý 201	Y Y 8		
City Magnolia Springs	State Zip Cod AL 36555	е		action ID : 972 of Each Rece		riod		
FEC ID number of contributing federal political committee.	C			, , ,		000.00		
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for li Orthopaedic Surg	,	Me	emo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1000.00	]					
SUBTOTAL of Receipts This Page (optional	I)			,	30	000.00		

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

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FOR LINE NUMBER: PAGE 180 OF

# SCHEDULE A (FEC Form 3X) Г

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 181 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortl	hopaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Busbee, Matthew, L, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 118 Jordan Lane		M = M         /         D = D         /         Y = Y = Y = Y         Y           06         06         2018	
City Mobile	StateZip CodeAL36608	Transaction ID : 9721070           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name of Individual (Last, First, Middle Ir <b>B.</b> Rachel, James, Nick, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 6144 Airport Boulevard		M M / D D / Y Y Y Y 06 06 2018	
City Mobile	State Zip Code AL 36608	Transaction ID : 9721075 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name of Individual (Last, First, Middle Ir Edmiston, Todd, Brian, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 8825 Morphy Ave	M M / D D / Y Y Y Y 06 06 2018		
City Fairhope	StateZip CodeAL36532-3677	Transaction ID : 9721076           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		3000.00	
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 182 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
or for commercial purposes, other than using t		person for the purpose of soliciting contributions the to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Frerichs, Timothy, Lee, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 403 Wedgewood Dr	State Zip Code	06 06 2018 Transaction ID : 9721080	
Gulf Shores	AL 36542-3047	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle I Andwerger, Adam, Jay, , MD	Initial) or Full Organization Name	Date of Receipt	
Mailing Address PO Box 1137		06 / Y Y Y Y Y 06 2018	
City Montrose	State Zip Code AL 36559	Transaction ID : 9721081	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle   Goode, Russell, Douglas, , MD	Initial) or Full Organization Name	Date of Receipt	
	Mailing Address 4315 Blue Road		
City Theodore	State Zip Code AL 36582	Transaction ID : 9721082 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) The Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional).	······	3000.00	
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X     11a       11b     11c       12       13     14       15     16       17
Any information copied from such Reports and a or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	he America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir A. McKean, Richard, Matthew, , MD Mailing Address 6144 Airport Blvd City	State	Zip Code	Date of Receipt 06 / 06 / 2018 Transaction ID : 9721083
Mobile FEC ID number of contributing federal political committee.	C	36608	Amount of Each Receipt this Period
Name of Employer (for Individual) The Orthopaedic Group Receipt For: Primary General Other (specify) ▼	Ortho	oation (for Individual) paedic Surgeon ear-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Ir B. Nichols, Chris, T, , MD Mailing Address 6144 Airport Blvd	nitial) or Full Org	anization Name	Date of Receipt
City Mobile FEC ID number of contributing federal political committee.	State AL	Zip Code 36608-3143	Transaction ID : 9721084         Amount of Each Receipt this Period         1000.00
Name of Employer (for Individual)         The Orthopaedic Group         Receipt For:         Primary       General         Other (specify) ▼	Physi	oation (for Individual) ician ear-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Ir Spain, Keith, , , MD Mailing Address 6144 Airport Blvd	nitial) or Full Org	anization Name	Date of Receipt
City Mobile FEC ID number of contributing	State AL	Zip Code 36608-3143	Transaction ID : 9721088 Amount of Each Receipt this Period
receipt For:       Primary       General         Other (specify)       Other (specify)	Physic	pation (for Individual) cian ear-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			3000.00

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 184 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	f the America	an Association of Ortho	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middl Beaty, James, H, , MD	e Initial) or Full Or	ganization Name	Date of Receipt	
Mailing Address 464 Goodwyn St			06 06 / Y Y Y Y 06 06 2018	
City Memphis	State TN	Zip Code 38111-2309	Transaction ID : 9721122 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.67	
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
Campbell Clinic	Orth	opaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1	
			1	
Full Name of Individual (Last, First, Middl B. Bettin, Clayton, Charles, , MD	e Initial) or Full Or	ganization Name	Date of Receipt	
Mailing Address 5047 Shady Hall Ct	06 06 2018			
City Memphis	State TN	Zip Code 38117	Transaction ID : 9721123 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.67	
Name of Employer (for Individual) Campbell Clinic		ipation (for Individual) opaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Other (specify) ▼		250.02	]	
Full Name of Individual (Last, First, Middl C. Calandruccio, James, H, , MD	e Initial) or Full Or	ganization Name	Date of Receipt	
Mailing Address Campbell Clinic 1400 S Germantown Rd				
City	State	Zip Code	Transaction ID : 9721124	
Germantown	TN	38138-2205	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.67	
Name of Employer (for Individual) Campbell Clinic		pation (for Individual) ppaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]	
SUBTOTAL of Receipts This Page (optiona	I)	<u>7</u> 2 - 72 - 482 -	125.01	

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

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\Big\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initia Cannon, David, L, , MD Mailing Address 2639 Fox Hill Circle East	al) or Full Oi	rganization Name	Date of Receipt
				06 06 2018
	City Germantown	State TN	Zip Code 38139	Transaction ID : 9721125
			30133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Campbell Clinic	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		504.00	]
в.	Full Name of Individual (Last, First, Middle Initia Crockarell, John, R, , Jr, MD	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 1458 W Poplar Ave Ste 100			06 06 2018
	City	State	Zip Code	Transaction ID : 9721126
	Collierville	TN	38017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 250.02	]
	Full Name of Individual (Last, First, Middle Initia Grear, Benjamin, J, , MD	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 219 LaGrange Creek Dr			06 06 2018
	City Eads	State TN	Zip Code 38028-8015	Transaction ID : 9721128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Campbell Clinic		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]
⊢	UBTOTAL of Receipts This Page (optional)			167.34

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 186 OF 348 (check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Guyton, James, L, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6422 Massey Estates Cov	e		M M / D D / Y Y Y Y 06 06 2018
City Memphis	State TN	Zip Code 38120	Transaction ID : 9721129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
Full Name of Individual (Last, First, Middle 3. Harkess, James, W, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1458 W Poplar #100			06 06 / Y Y Y Y Y 06 06 2018
City Collierville	State TN	Zip Code 38017	Transaction ID : 9721130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
Full Name of Individual (Last, First, Middle C. Heck, Robert, Kurt, , Jr, MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address Campbell Clinic 1211 Union Ave Ste 500			M M / D D / Y Y Y Y Y Y 06 2018
City Memphis	State TN	Zip Code 38104-6656	Transaction ID : 9721131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)	)		125.01

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Midd         A.       Ishikawa, Susan, N, , MD         Mailing Address 488 Wolf View Cove         City         Cordova         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occu Orth	rganization Name Zip Code 38018-7629 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.02	Date of Receipt
Full Name of Individual (Last, First, Midd         B. Kelly, Derek, Michael, , MD         Mailing Address 256 Brenrich Cove         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occu	rganization Name Zip Code 38117 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.02	Date of Receipt
Full Name of Individual (Last, First, Midd C. LaVelle, David, Glen, , MD Mailing Address 2957 Mallard Lane City Germantown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For:	State TN C Occu Orth	rganization Name Zip Code 38138 upation (for Individual) opaedic Surgeon Year-to-Date ▼	Date of Receipt

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 188 OF 348	
ITEMIZED RECEIPTS			for each category of the	(check only one)	
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Ar	ny information copied from such Reports and Sta	atements ma	av not be sold or used by any r		
	for commercial purposes, other than using the				
$\square$	NAME OF COMMITTEE (In Full)				
$ \rangle$	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Z	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		
Α.	Mihalko, Marc, J, , MD		.gaa.ion 1 ta.ito	Date of Receipt	
	Mailing Address 8974 Bridge Forest Drive	M = M / D = D / Y = Y = Y = Y			
	<u></u>	State	Zip Code	06 06 2018	
	City Germantown	TN	38138	Transaction ID : 9721137 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	С		41.67	
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
	Campbell Clinic		opaedic Surgeon		
	Receipt For:		Year-to-Date ▼	-	
	Primary General	33 - 3		1	
	Other (specify) <b>v</b>		250.02	1	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		
В.	Miller, Robert, H, , III, MD			Date of Receipt	
	Mailing Address 37 St Albams Fairway	M = M / D = D / Y = Y = Y			
	City	06 06 2018			
	City Memphis	State TN	Zip Code 38111	Transaction ID : 9721138 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	С		50.00	
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item	
	Campbell Clinic		nopaedic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify) <b>v</b>		300.00	1	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		
C.	Murphy, Garnett, Andrew, , MD	,		Date of Receipt	
	Mailing Address Campbell Clinic				
	1400 S Germantown Rd City	State	Zip Code	06 06 2018 Transaction ID : 9721139	
	Germantown	TN	38138-2205	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	С		41.67	
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item	
	Campbell Clinic		opaedic Surgeon	—	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify)	· · · ·	250.02	1	
				1	
Г					
s	UBTOTAL of Receipts This Page (optional)			133.34	

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	y not be sold or used by any p ddress of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle         A.       Perez, Edward, , , MD         Mailing Address 370 Saint Nick Dr         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occu Orth	rganization Name Zip Code 38117-4118 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.02	Date of Receipt	
Full Name of Individual (Last, First, Middle <b>B.</b> Richardson, David, R, , MD Mailing Address 636 Center Dr				
City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Campbell Clinic Receipt For: □ Primary □ General Other (specify) ▼	Orth	Zip Code 38112 Upation (for Individual) nopaedic Surgeon Year-to-Date 250.02	Transaction ID : 9721142         Amount of Each Receipt this Period         41.67         Memo Item	
Full Name of Individual (Last, First, Middle         C.       Rudloff, Matthew, Ian, , MD         Mailing Address       10211 Ramblewood Dr         City       Arlington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify)	State TN C Occu Ortho	rganization Name Zip Code 38002 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.02	Date of Receipt  O6 / 2018  Transaction ID : 9721143  Amount of Each Receipt this Period  41.67  Memo Item	
SUBTOTAL of Receipts This Page (optional)			125.01	

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SCHEDULE A (FEC Form 3X)		Γ	Use separate schedule(s)		FOR LINE NUMBER: PAGE 190 OF 348	
ITEMIZED RECEIPTS			for each category of the	(check only	́	
			Detailed Summary Page	× 11a	11b	11c 12 15 16 17
Any information copied from	m such Reports and State	ements may	y not be sold or used by any p			
			Idress of any political committee			
	. ,					
Political Action	Committee of the A	America	n Association of Ortho	paedic S	urgeons	PAC of AAOS
/ Full Name of Individual	(Last, First, Middle Initial)	) or Full Or	ganization Name			
A. Sawyer, Jeffrey, R,		,	J	Date of	Receipt	
Mailing Address 4450 (	Chickasaw Road	MM	/ D D	/ Y Y Y Y Y		
City		State	Zip Code	06	06	2018
City Memphis		TN	38117		action ID : 9	
·				Amount	of Each Re	ceipt this Period
FEC ID number of con federal political commit	0	С				41.67
Norma of Frankright (for	la d'ada a D	0	n stiens (few lasticistics)		mo Item	,
Name of Employer (for Campbell Clinic	individual)		pation (for Individual) opaedic Surgeon		no item	
Receipt For:				_		
Primary	General	nggregale	lear-to-Date ▼			
Other (specify)			250.02			
				-		
Full Name of Individual B. Sheffer, Benjamir	(Last, First, Middle Initial)	) or Full Or	ganization Name	Date of	Receint	
	Mailing Address 281 Ben Avon Way					
	-					2018
City		State	Zip Code	Transa	ction ID : 9	721145
Memphis		TN	38111-7702	Amount	of Each Re	ceipt this Period
FEC ID number of con federal political commit	0	С				41.67
						42. 46.
Name of Employer (for Campbell Clinic	Individual)		pation (for Individual)	Me	mo Item	
Receipt For:			opaedic Surgeon	_		
Primary	General	Aggregate N	lear-to-Date ▼			
Other (specify)			250.02			
	(Last, First, Middle Initial) eet, Buckner, , MD	) or Full Or	ganization Name	Date of	Receint	
Mailing Address 3652						/
	Shiriwood			06	06	2018
City		State	Zip Code	Transa	action ID : 9	721146
Memphis		TN	38122	Amount	of Each Re	ceipt this Period
FEC ID number of con	0	С				41.67
federal political commit		-			9	, , , , , ,
Name of Employer (for	Individual)		pation (for Individual)	Me	mo Item	
Campbell Clinic Receipt For:	1	1	paedic Surgeon	_		
Primary	General	Aggregate \	/ear-to-Date ▼	_		
Other (specify)			250.02			
			y			
						105.04
SUBTOTAL of Receipts	This Page (optional)		••••••		,	125.01

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ini         A.       Throckmorton, Thomas, Ward, , MD         Mailing Address 4901 Fairfield Circle         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	tial) or Full Organization Name          State       Zip Code         TN       38117-4209         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.02       Occupation	Date of Receipt
Full Name of Individual (Last, First, Middle Ini         B.       Warner, William, C, , Jr, MD         Mailing Address 215 East Cherry Circle         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Campbell Clinic         Receipt For:         Primary       General         Other (specify) ▼	tial) or Full Organization Name          State       Zip Code         TN       38117         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       250.02	Date of Receipt 06 / 06 / 2018 Transaction ID : 9721148 Amount of Each Receipt this Period 41.67 Memo Item
Full Name of Individual (Last, First, Middle Ini         C.       Weinlein, John, C, MD         Mailing Address       145 Greenbriar Dr         City       Memphis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Campbell Clinic         Receipt For:         Primary       General         Other (specify)	tial) or Full Organization Name          State       Zip Code         TN       38117-3207         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.02       2	Date of Receipt 06 / 06 / 2018 Transaction ID : 9721149 Amount of Each Receipt this Period 41.67 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		125.01

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 192 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
			person for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Mittle, A, Paige, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 836 Harbor Isle Circle Eas	.t		06 / D D / Y Y Y Y 06 06 2018	
City	State	Zip Code	Transaction ID : 9721150	
Memphis	TN	38103	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.67	
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
Campbell Clinic	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		250.02	]	
Full Name of Individual (Last, First, Middle B. Williams, Keith, D, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 2336 Pinnacle Creek Dr				
City	State	Zip Code	Transaction ID : 9721151	
Germantown	TN	38138	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.67	
Name of Employer (for Individual) Campbell Clinic		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General Other (specify) ▼		, 250.02	]	
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name		
C. Adolph, Carl, Michael, , Jr, MD Mailing Address 1118 Persimmon Dr			Date of Receipt	
City	State	Zip Code	Transaction ID : 9721182	
Lancaster	PA	17601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual) Orthopedic Associates of Lancaster		pation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	I	Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional)	)		1083.34	

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

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the	l `_	neck on X 11a	ly or	ne) 11b		1	2	
				Detailed Summary Page		13		14	15		6	17
	y information copied from such Reports and St for commercial purposes, other than using the											5
$\setminus$	NAME OF COMMITTEE (In Full)						_					-
	Political Action Committee of the	e America	an	Association of Ortho	pa	edic S	Sur	geon	sPA	C of	AAO	S
Α.	Full Name of Individual (Last, First, Middle Initi Healey, John, H, , MD, FACS	ial) or Full O	Orgai	nization Name		Date o	f Re	ceipt				
	Mailing Address 1275 York Avenue Suite H-1017					<sup>M</sup> 06	/	D 06		y y 201	ү ү 8	
	City New York	State NY		Zip Code 10065					: 972118		riod	
	FEC ID number of contributing		-		_	Amoun			Receipt	inis Per	liou	_
	federal political committee.	С				Ļ.		-		10	00.00	
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		Μ	lemo	Item				
	Memorial Sloan Kettering Cancer Center	Orth	hopa	edic Surgeon								
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼			1000.00								
			7									
B	Full Name of Individual (Last, First, Middle Initi Heinle, Colin, C, , MD	ial) or Full O	Drgar	nization Name		Date o	f Bc	coint				
υ.	Mailing Address 170 North Pointe Rd							D		Y Y	Y Y	
						06 06 2018						
	City	State		Zip Code		Trans	sacti	on ID :	972119	0		
	Lancaster	PA		17601		Amoun	t of	Each I	Receipt	this Per	riod	
	FEC ID number of contributing federal political committee.	С								10	00.00	
	Name of Employer (for Individual) Orthopedic Associates of Lancaster		•	tion (for Individual) aedic Surgeon		M	lemo	Item				
	Receipt For:		-	ur-to-Date ▼								
	Primary General	33 - 3										
	Other (specify) <b>v</b>	L	,	1000.00								
С.	Full Name of Individual (Last, First, Middle Initi Marshall, Amanda, D, , MD	ial) or Full O	Orgai	nization Name		Date o	of Re	ceipt				
	Mailing Address 422 Tower Drive					M M	/	06		201		
	City	State		Zip Code		Trans	sact	ion ID	972125	51	_	
	San Antonio	ТХ		78232		Amoun	it of	Each I	Receipt	this Pe	riod	
	FEC ID number of contributing federal political committee.	С						y		2	250.00	
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)		N	lemo	ltem				
	San Antonio Orthopaedic Specialists	Orth	nopa	edic Surgeon								
	Receipt For:	Aggregate	Yea	ır-to-Date ▼								
	Other (specify)		40	250.00								
				,								
s	UBTOTAL of Receipts This Page (optional)							,	,	22	50.00	
т	OTAL This Period (last page this line number of	only)						-				

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only c 11a 13	one) 11b 11c 14 15	12 16 17
Any information copied from such Report or for commercial purposes, other than	orts and Statements may using the name and ac	y not be sold or used by any Idress of any political committe	person for the pu ee to solicit contri	irpose of solicitin	g contributions
NAME OF COMMITTEE (In Full) Political Action Committe	e of the America	n Association of Orth	nopaedic Su	rgeonsPA	C of AAOS
Full Name of Individual (Last, First,         A.       Connair, Michael, P, , MD	Middle Initial) or Full Or	ganization Name	Date of R	eceipt	
Mailing Address 24 Old Hartford Tur	npike		м м 06	/ D D / 1 06	2018
City Hamden	State CT	Zip Code 06517		tion ID : 972125 f Each Receipt t	
FEC ID number of contributing federal political committee.	C				250.00
Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Merr	no Item	
Receipt For: Primary General Other (specify) V	Aggregate	/ear-to-Date ▼ 1250.00	]		
Full Name of Individual (Last, First, Kamps, Bryan, Scott, , MD		ganization Name	Date of R	eceipt	
Mailing Address 3741 Monarch Dr N	E		06	/ D D / Y 06	2018
City Grand Rapids	State	Zip Code 49525		tion ID : 972125	
FEC ID number of contributing federal political committee.	С			f Each Receipt t	100.00
Name of Employer (for Individual) Spectrum Health Medical Group		pation (for Individual) opaedic Surgeon	Mem	no Item	
Receipt For: Primary General Other (specify) <b>v</b>	Aggregate	/ear-to-Date ▼ 600.00	]		
Full Name of Individual (Last, First, C. Clain, Michael, R, , MD	Middle Initial) or Full Or	ganization Name	Date of R	eceipt	
Mailing Address 9 Indian Head Rd			M M 06	/ D D / 1 09	2018
City Riverside	State CT	Zip Code 06878		tion ID: 972128 f Each Receipt t	
FEC ID number of contributing federal political committee.	C	С		5 7 7 5	84.00
Self Employed		pation (for Individual) paedic Surgeon	Mem	no Item	
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 504.00			
SUBTOTAL of Receipts This Page (or	tional)			<u>y</u> y	434.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER: PAGE 194 OF

SCHEDULE A (FEC Form 3X)	Use separate sc	
TEMIZED RECEIPTS	for each categor Detailed Summa	
		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
> Political Action Committee of t		n of Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Braaton, Paul, J, , MD Mailing Address 1335 Coffee Rd Ste 100	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 09 2018 Transaction ID : 9721289
Modesto	CA 95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individu Orthopaedic Surgeon	al) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	504.00
Full Name of Individual (Last, First, Middle B. Pushkarewicz, Michael, J, , MD, F		Date of Receipt
Mailing Address 1510 Braken Ave		06 12 2018
City Wilmington	State Zip Code DE 19808-4399	Transaction ID : 9722615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer (for Individual) First State Orthopaedics	Occupation (for Individu Orthopaedic Surgeon	al) Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼		252.00
Full Name of Individual (Last, First, Middle Truumees, Eeric, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1508 Windsor Rd		06 12 2018
City Austin	StateZip CodeTX78703	Transaction ID : 9723020           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Self Employed	Occupation (for Individu Orthopaedic Surgeon	al) Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	1000.00
SUBTOTAL of Receipts This Page (optional).		1126.00
TOTAL This Period (last page this line number	ər only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 196 OF 34
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		rthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Krueger, Chad, A, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 11 Seton Dr		06 13 2018
City Shrewsbury	StateZip CodeMA01545-5468	Transaction ID : 9723021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 748.00	
Full Name of Individual (Last, First, Middle I B. Austin, Matthew, , , MD		Date of Receipt
Mailing Address 840 Harriton Rd		06 13 2018
City Bryn Mawr	State Zip Code PA 19010-1813	Transaction ID : 9723023 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I C. Macey, Lance, R, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 128 Merrimack St		06 13 2018
City Hooksett	StateZip CodeNH03106	Transaction ID : 9723024           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		) 1334.00

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 197 OF 348
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           ✗ 11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the	ne name and address of any political committee	
/		
Full Name of Individual (Last, First, Middle In A. Ellis, Henry, Bone, , Jr, MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2945 Stanford Ave	State Zip Code	06 / 13 2018 Transaction ID : 9723025
Dallas	TX 75225-7802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Texas Scottish Rite Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	]
Full Name of Individual (Last, First, Middle Ir B. Marks, Michael, , , MD, MBA	nitial) or Full Organization Name	Date of Receipt
Mailing Address 24 Marine Ave		06 / Y Y Y Y Y 2018
City Westport	State Zip Code CT 06880	Transaction ID : 9723026
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle Ir C. Angel, Jeffery, D, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 180 Westwood Drive		06 / D D / Y Y Y Y Y 2018
City Batesville	StateZip CodeAR72501-9276	Transaction ID : 9723028           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) White River Health System	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00	]
SUBTOTAL of Receipts This Page (optional)	· ······	418.00
TOTAL This Period (last page this line numbe	r only)	

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 198 OF 348 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Hogan, MaCalus, Vinson, , MD	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 106 Field Brook Lane	State Zip Code	06 13 2018 Transaction ID : 9723029	
Gibsonia	PA 15044	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) University of Pittsburgh Medical Cente	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]	
Full Name of Individual (Last, First, Middle Ir <b>3.</b> Vizzi, Peter, D, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name J. Vizzi, Peter, D, , MD		
Mailing Address 318 Beverly Drive		06 13 2018	
City Lafayette	State Zip Code LA 70503	Transaction ID : 9723259 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]	
Full Name of Individual (Last, First, Middle Ir Lang, Gerald, J, , MD	hitial) or Full Organization Name	Date of Receipt	
Mailing Address 1309 Redan Drive		06 / 13 / Y Y Y Y 06 13	
City Verona	StateZip CodeWI53593	Transaction ID : 9723286 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer (for Individual) University of Wisconsin	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	]	
SUBTOTAL of Receipts This Page (optional)		1000.00	
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER:

PAGE 199 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		/ person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ort	hopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In         A. Casey, Steven, E, , MD         Mailing Address 711 Lawn Ave Ste 3         City         Sellersville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         PA       18960-1575         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt this Period Control Co
Full Name of Individual (Last, First, Middle In         B.       Nunley, James, Albert, , II, MD         Mailing Address       4709 Creekstone Drive Suite	Date of Receipt 06 13 2018	
City Durham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Duke University Receipt For: □ Primary □ General Other (specify) ▼	State NC     Zip Code 27703       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Transaction ID : 9723763         Amount of Each Receipt this Period         1000.00         Memo Item
Full Name of Individual (Last, First, Middle In         C.       Busch, Michael, T, , MD         Mailing Address 5445 Meridian Mark Rd Ste 2         City         Atlanta         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Childrens Orthopaedics of Atlanta         Receipt For:         Primary       General         Other (specify)		Date of Receipt 06 / 13 / 2018 Transaction ID : 9723764 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1500.00

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SCHEDULE A (FEC Form 3X)		[	Use separate schedule(s)	FOR LINE NUMBER: PAGE 200 OF 348
ITI	TEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements ma	y not be sold or used by any r	person for the purpose of soliciting contributions
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)	· ·		
/	Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
/	Full Name of Individual (Last, First, Middle Initia	al) or Full O	ganization Name	
Α.			<b>5</b>	Date of Receipt
	Mailing Address 655 Blakenham Ct			M M / D D / Y Y Y Y
	City	State	Zip Code	06 13 2018
	Alpharetta	GA	30022	Transaction ID : 9723765 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1000.00
	Name of Employer (for Individual)	Oppi	pation (for Individual)	Memo Item
	Northside Hospital		opaedic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General	, iggi egale		1
	Other (specify) <b>v</b>		1000.00	
	Full Name of Individual (Last, First, Middle Initia Bae, Donald, S, , MD	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 14 Jefferson Road			
				06 14 2018
	City	State	Zip Code	Transaction ID : 9724335
	Chestnut Hill	MA	02467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Children's Hosp Boston		upation (for Individual)	Memo Item
	Receipt For:		opaedic Surgeon	
	Primary General	Aggregate	Year-to-Date 🔻	-
	Other (specify) <b>v</b>		500.00	
	Full Name of Individual (Last, First, Middle Initia Harrison, Donnis, K, , MD	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 1211 Beach Blvd.			
				06 14 2018
	City	State	Zip Code	Transaction ID : 9724878
	Pascagoula	MS	39567	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
			pation (for Individual)	Memo Item
		1	opaedic Surgeon	
	Primary General	Aggregate	Year-to-Date <b>V</b>	_
	Other (specify)		1000.00	
				-
S	UBTOTAL of Receipts This Page (optional)			2500.00

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

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SCHEDULE A (FEC Form 3X)		()	Use separate schedule(s)	FOR LINE		PAGE 201 OF 348
TEMIZED RECEIPTS			for each category of the	(check only		110 12
			Detailed Summary Page	11a	11b	11c 12 15 16 17
Any information copie	ed from such Reports an	d Statements ma	ay not be sold or used by any p			
			ddress of any political committee			
	· ,					
Political Acti	on Committee of	the America	an Association of Orth	opaedic S	urgeons-	-PAC of AAOS
/ Full Name of Indiv	vidual (Last, First, Middle	Initial) or Full O	rganization Name			
	Hussain, Suleman, M, , MD		<b>3</b> <sup>1</sup>	Date of	Receipt	
Mailing Address 2	300 53rd Street Suite #10	00		M = M	/ D D	/ Y Y Y Y Y
City		State	Zip Code	06	16	2018
Bettendorf		IA	52804		action ID : 97	eipt this Period
FEC ID number of	f contributing			Anount		
federal political co	0	C				84.00
Name of Employe	r (for Individual)	Occi	upation (for Individual)		emo Item	
ORA	(ior mainadal)		nopaedic Surgeon			
Receipt For:		I	Year-to-Date ▼			
Primary	General	1.99.09410				
Other (speci	fy) <b>▼</b>		504.00			
Full Name of Indiv	<i>r</i> idual (Last, First, Middle	Initial) or Full O	reanization Namo			
B. Snyder, Matth		miliai) of Full O	nyamzalion name	Date of	Receipt	
	4912 Chopine Pass			M = M	/ D D	/ Y Y Y Y
				06	16	2018
City		State	Zip Code		action ID : 97	
Roanoke			46783-9308	Amount	of Each Rec	eipt this Period
FEC ID number or federal political co	0	С				85.00
Name of Employe The Orthopedic Ho	r (for Individual) spital of Lutheran He		upation (for Individual) nopaedic Surgeon		emo Item	
Receipt For:			1 0			
Primary	General	Aggregate	Year-to-Date ▼			
Other (speci	fy) ▼		510.00			
				_		
c. Grimm, Mattl	ridual (Last, First, Middle hew. R MD	Initial) or Full O	rganization Name	Date of	Receipt	
Mailing Address				MM	/ D D	/ Y Y Y Y
				06	16	2018
City Marrero		State LA	Zip Code 70072		action ID : 97	
			10012	Amount	of Each Rec	eipt this Period
FEC ID number or federal political co	0	С				84.00
Name of Employer (for Individual)					emo Item	,
		upation (for Individual) opaedic Surgeon		ento ilenti		
Receipt For:		I	Year-to-Date V			
Primary	General	Aggregate				
Other (specify)		504.00				
						253.00
SUBTOTAL of Rece	eipts This Page (optional)	)			y	233.00

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 202 OF
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16
			person for the purpose of soliciting contributions
\	n using the name and ad	doress of any political committee	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committe	ee of the America	an Association of Orth	nopaedic SurgeonsPAC of AAO
Full Name of Individual (Last, First, Middle Initial) or Full Linschoten, Niels, J, , MD		ganization Name	Date of Receipt
Mailing Address 11428 Center Cou	rt Blvd		M         M         /         D         D         /         Y
City	State	Zip Code	Transaction ID : 9727908
Baton Rouge	LA	70810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Self Employed	Orthe	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		504.00	
Other (specify) ▼		504.00	
Full Name of Individual (Last, First, B. Rungee, James, L, , MD	Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2802 Pavilion Pl			
			06 16 2018
City	State	Zip Code	Transaction ID : 9727911
Murfreesboro	TN	37129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Tennessee Orthopedic Alliance		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary     General       Other (specify) ▼		, 600.00	
Full Name of Individual (Last, First, C. Enright, William, , , MD	Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 3524 Euro Ln			,,
Maining Addiese 3524 Euro En			06 17 2018
City	State	Zip Code	Transaction ID : 9727949
De Pere	WI	54115-7201	Amount of Each Receipt this Period
			1000.00
		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (	optional)		▶ 1184.00

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

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

348 FOR LINE NUMBER: PAGE 203 OF (check only one) **X** 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ternes, John, P, , MD Date of Receipt Α. Mailing Address 3707 Mooreland Farms Rd 1 06 17 2018 City Zip Code State Transaction ID : 9727953 NC Charlotte 28226-5404 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raut, Sourendra, Sean, , MD Date of Receipt Mailing Address 6020 Falls Landing Drive 06 18 2018 City State Zip Code Transaction ID : 9728115 GA Cumming 30040-0265 Amount of Each Receipt this Period FEC ID number of contributing С 84.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Resurgens Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 504.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Pula, David, A, MD Date of Receipt Mailing Address 16 Evergreen Trail М M 06 18 2018 City Zip Code State Transaction ID : 9728116 NY **Orchard Park** 14127 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Excelsior Orthopaedics** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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

FOR LINE NUMBER:

PAGE 204 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initia         A.       Ekroth, Scott, Robert, , MD         Mailing Address       1758 Newberry Ave         City       Solon         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Physicians Clinic of Iowa	al) or Full Organization Name          State       Zip Code         IA       52333         C       Occupation (for Individual)         Orthopaedic Surgeon	Date of Receipt 06 18 2018 Transaction ID : 9728606 Amount of Each Receipt this Period 250.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Initia         B.       Shah, Roshan, P, , MD, JD         Mailing Address 610 West 110th Street	al) or Full Organization Name         State       Zip Code         NY       10025         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         504.00       504.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         Coles, Robert, E, , MD         Mailing Address 201 Lands End Rd         City         Morehead City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Carolinas Center For Surgery         Receipt For:         Primary       General         Other (specify)	al) or Full Organization Name          State       Zip Code         NC       28557         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         504.00       504.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	418.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
		Zip Code 98902	Date of Receipt 06 / 19 / 2018 Transaction ID : 9730815 Amount of Each Receipt this Period 84.00 Memo Item
Self Employed Receipt For: Primary General Other (specify) ▼		opaedic Surgeon Year-to-Date ▼ 504.00	]
Full Name of Individual (Last, First, Middle B. Shen, Wen, , , MD Mailing Address 33 Pond Hills Ct	Date of Receipt		
City Pleasant Valley FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Receipt For: Primary □ General Other (specify) ▼	Orth	Zip Code 12569 upation (for Individual) nopaedic Surgeon Year-to-Date V 500.00	Transaction ID : 9731093         Amount of Each Receipt this Period         250.00         Memo Item
C. Full Name of Individual (Last, First, Middle Owen, K, Kip, , MD Mailing Address 5111 N 10th St # 268	Initial) or Full O	rganization Name	Date of Receipt
McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			584.00

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SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 206 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of O	rthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Brown, Barrett, Shytles, , MD	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5626 Cedar Creek Dr		06 / D D / Y Y Y Y Y 20 2018
City Houston	StateZip CodeTX77056-2310	Transaction ID : 9731095 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Texas Orthopedic Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
Full Name of Individual (Last, First, Middle B. Sherbondy, Paul, Strawn, , MD	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 507 Beaumont Drive	06 21 2018	
City State College	State Zip Code PA 16801	Transaction ID : 9731751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	
Full Name of Individual (Last, First, Middle Chapman, Cary, B, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 51 Flagg Court		06 21 2018
City Staten Island	StateZip CodeNY10304	Transaction ID : 9731752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 504.00	
SUBTOTAL of Receipts This Page (optional	)	252.00
TOTAL This Period (last page this line num	ber only)	

FEC Schedule A (Form 3X) Rev. 06/2016

		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         Image: Transmission of the state of th
			person for the purpose of soliciting contributions et a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Cannada, Lisa, K, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 14357 Cottage Lake Road			06 21 2018
City Jacksonville	State FL	Zip Code 32224	Transaction ID : 9731753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) St Louis Univ School of Medicine		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	]
Full Name of Individual (Last, First, Middle B. Swenning, Todd, Allen, , MD		Organization Name	Date of Receipt
Mailing Address 41970 Rancho Manana Lar	ne		06 / D D / Y Y Y Y Y 06 21 2018
City	State	Zip Code	Transaction ID : 9731754
Rancho Mirage	CA	92270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle Chandler, David, R, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 165 Middle Plantation Ln			06 / D D / Y Y Y Y 06 21 2018
City Gulf Breeze	State FL	Zip Code 32561	Transaction ID : 9731755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	]
SUBTOTAL of Receipts This Page (optional).			258.00

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

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FOR LINE NUMBER: PAGE 207 OF

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 208 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committe	operson for the purpose of soliciting contributions te to solicit contributions from such committee.
/ Full Name of Individual (Last, First, Middle I		
Matthews, Daniel, E, , MD	·······	Date of Receipt
Mailing Address 134 Augusta Court		06 21 2018
City Fairhope	State Zip Code AL 36532	Transaction ID : 9732154
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) AOSM	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle I Kuzel, Bradley, Randall, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4040 Minnesota Avenue		06 06 2018
City	State Zip Code	Transaction ID : 9732165
Duluth FEC ID number of contributing	MN 55802	Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer (for Individual) Essentia Health	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	]
Full Name of Individual (Last, First, Middle I Oberste, David, Jason, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4504 Rockbridge Hollow		06 06 2018
City Tallahassee	StateZip CodeFL32309	Transaction ID : 9732166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Tallahassee Orthopedic Clinic III PL	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	· ······	2000.00
TOTAL This Period (last page this line numbe	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 209 OF

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(cneck only one)
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Init         Liss, Frederic, E, , MD         Mailing Address 554 Church Road         City         Malvern         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         The Rothman Institute         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occu Orth	rganization Name Zip Code 19355 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 5000.00	Date of Receipt
B.	Full Name of Individual (Last, First, Middle Init Chafey, David, Holmes, , III, MD Mailing Address 526 Wellesely Dr SE	ial) or Full Or	rganization Name	Date of Receipt
	City Albuquerque FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of New Mexico Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 87106-2318 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Transaction ID : 9732172         Amount of Each Receipt this Period         1000.00         Memo Item
С.	Full Name of Individual (Last, First, Middle Init Chimento, George, F, , MD Mailing Address 2405 Chester St City Metairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ochsner Medical Center Receipt For:	State LA C Occu Ortho	rganization Name Zip Code 70001 upation (for Individual) opaedic Surgeon Year-to-Date ▼	Date of Receipt 06 / 06 / 2018 Transaction ID : 9732173 Amount of Each Receipt this Period 500.00 Memo Item
F	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	4500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 210 OF 348	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir Palafox, Andrew, J, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 6000 Camino Alegre			M M / D D / Y Y Y Y 06 06 2018	
City	State	Zip Code	Transaction ID : 9732174	
El Paso	TX	79912	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
El Paso Orthopaedic Surgery Group	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			1	
Other (specify) <b>v</b>		1000.00		
Full Name of Individual (Last, First, Middle Ir <b>3. Green, Robert, Allen, , MD</b>	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 421 Cottage Grove Rd Ste B				
City	State	Zip Code	Transaction ID : 9732175	
Bloomfield	СТ	06002-3170	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual) St Francis Medical Group		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		1000.00	]	
Full Name of Individual (Last, First, Middle Ir C. Lachiewicz, Paul, F, , MD	hitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 417 Lyons Rd			06 19 2018	
City	State	Zip Code	Transaction ID : 9732180	
Chapel Hill	NC	27514	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	s a l			
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]	
SUBTOTAL of Receipts This Page (optional)			3000.00	

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 211 OF 34
ITEMIZED RECEIPTS		ose separate schedule(s) for each category of the Detailed Summary Page	(check only one)         Image: state s
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Corley, Fred, G, , MD	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 175 E Edgewood			06 19 2018
City San Antonio	State TX	Zip Code 78209	Transaction ID : 9732181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Univ TX Hith Sci Ctr	Ortho	ppaedic Surgeon	
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Other (specify)		500.00	
Full Name of Individual (Last, First, Middle In 3. Junglas, William, A, , MD	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 820 Los Molinos Way			M M / D D / Y Y Y Y
City	State	Zip Code	06 19 2018
Sacramento	CA	95864-5252	Transaction ID : 9732183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Mercy Medical Hospital		pation (for Individual) opaedic Surgeon	Memo Item
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Other (specify) ▼		300.00	]
Full Name of Individual (Last, First, Middle In C. Mariorenzi, Louis, J, , MD	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 84 Bay View Drive			06 19 2018
City	State	Zip Code	Transaction ID : 9732184
Jamestown	RI	02835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Orthopedic Associates		pation (for Individual) paedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	⁄ear-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional)			1600.00

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

FOR LINE NUMBER: PAGE 212 OF 348

ITEMIZED RECEIPTS			f	Jse separate schedule(s) or each category of the Detailed Summary Page	<u>_</u>	heck only one)       11a     11b     11c     12       13     14     15     16     17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Ortho	pa	edic SurgeonsPAC of AAOS		
Α.	Full Name of Individual (Last, First, Middle Initia Hall, Christian, Carson, , MD Mailing Address 870 Westover Lane	l) or Full O	rgai	nization Name		Date of Receipt		
	City	State		Zip Code	_	06 19 2018 Transaction ID : 9732187		
	York	PA		17403	_	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С				500.00		
	Name of Employer (for Individual)			tion (for Individual)		Memo Item		
	Wellspan Orthopedics	Orth	nopa	aedic Surgeon				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼				
	Other (specify) ▼		7	500.00				
в.	Full Name of Individual (Last, First, Middle Initia Van Olst, James, H, , MD	l) or Full O	rgai	nization Name		Date of Receipt		
	Mailing Address 725 9th Ave. #1504			,	06 19 2018			
	City	State		Zip Code		Transaction ID : 9732190		
	Seattle	WA 98104				Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С				250.00		
	Name of Employer (for Individual) Retired		•	tion (for Individual) aedic Surgeon		Memo Item		
	Receipt For:	Aggregate	Yea	ur-to-Date ▼				
	Other (specify) ▼		,	250.00				
C.	Full Name of Individual (Last, First, Middle Initia Freeman, Carl, R, , MD	l) or Full O	rgai	nization Name		Date of Receipt		
	Mailing Address 1671 Woodmere Drive					06 / D D / Y Y Y Y 06 19 2018		
	City Jacksonville	State FL		Zip Code 32210		Transaction ID : 9732191 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				1000.00		
Jacksonville Orthopaedic Institute Or			•	ion (for Individual) edic Surgeon	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1000.00				
s	UBTOTAL of Receipts This Page (optional)			•		1750.00		
т	OTAL This Period (last page this line number on	ıly)						

# SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 213 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir A. Whitfield, Peter, White, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 7 Hillwind Ct		06 / D D / Y Y Y Y Y 2018
City Greensboro	StateZip CodeNC27408	Transaction ID : 9732203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Cone Health Medical Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle Ir Russell, George, V, , Jr, MD	itial) or Full Organization Name	Date of Receipt
Mailing Address 102 Hawthorne Vale		M M / D D / Y Y Y Y 06 19 2018
City Ridgeland	State Zip Code MS 39157	Transaction ID : 9732238
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) Univ of Mississippi Med Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	]
Full Name of Individual (Last, First, Middle Ir Strauss, Eric, Jason, , MD	hitial) or Full Organization Name	Date of Receipt
Mailing Address 85 Penn Road		06 20 2018
City Scarsdale	StateZip CodeNY10583	Transaction ID : 9732247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) New York University	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional)	······	485.00
TOTAL This Period (last page this line number	r only)	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	he America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir         McGinley, Brian, J, , MD         Mailing Address 16 Caterham Ln         City         East Setauket         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Long Island Bone Joint LLP         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occu Orth	rganization Name Zip Code 11733 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle Ir B. Glogau, Alexander, I, , MD Mailing Address 5716 Seville Court	, 	rganization Name	Date of Receipt
City Plano FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ortho Texas Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 75093 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Transaction ID : 9732263         Amount of Each Receipt this Period         500.00         Memo Item
Full Name of Individual (Last, First, Middle Ir <b>C.</b> Binder, William, F, , MD Mailing Address 2421 Lema Dr City Lake Havasu City FEC ID number of contributing	State AZ	Zip Code 86406	Date of Receipt 06 20 2018 Transaction ID : 9732265 Amount of Each Receipt this Period 1000.00
federal political committee.         Name of Employer (for Individual)         Lakeside Orthopedic Institute         Receipt For:         Primary       General         Other (specify)	Ortho	apation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			2500.00

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FOR LINE NUMBER:

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions se to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         Morgan, Steven, Braxton, , MD         Mailing Address 1222 San Saba Ct         City         Allen         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         OrthoTexas Physicians & Surgeons         Receipt For:         Primary       General         Other (specify) ▼	State TX C	Zip Code 75013 upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Sohlberg, Rolf, C, , MD         Mailing Address 16743 Graef Circle         City         Lake Oswego         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Orthopedic & Fracture Specialists         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occ Ort	Zip Code 97035 Upation (for Individual) hopaedic Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Perry, Johnathan, Richard, , MI         Mailing Address 739 Meadows Drive S.         City         Richland         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Tri-City Orthopaedic Clinic         Receipt For:         Primary       General         Other (specify)	D State WA C Occ Ort	Drganization Name Zip Code 99352 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 750.00	Date of Receipt 06 / 20 / 2018 Transaction ID : 9732270 Amount of Each Receipt this Period 750.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			2250.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi         A.       Kakade, Gautam, , , FRCS, MD         Mailing Address 2030 NW 129th St         City         Clive         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Orthopedic and Sports Medicine Special         Receipt For:         Primary       General         Other (specify)	al) or Full Organization Name          State       Zip Code         IA       50325         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initi B. Mirrer, Franklin, , , MD Mailing Address 351 Elm Grove Ave	al) or Full Organization Name	Date of Receipt
City         Providence         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       RI     02906       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Transaction ID : 9732279         Amount of Each Receipt this Period         250.00         Memo Item
Full Name of Individual (Last, First, Middle Initi C. Johnson, Paul, G, , MD Mailing Address 18646 Vogel Farm Trail City Eden Prairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Park Nicollete Receipt For: Primary General Other (specify)	al) or Full Organization Name          State       Zip Code         MN       55347         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1500.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         Mahon, John, H, , MD         Mailing Address 8602 N Cardinal Dr         City         Phoenix         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Retired         Receipt For:         Primary       General         Other (specify) ▼	State AZ C Occ Orth	Zip Code 85028 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.00	Date of Receipt Date of Receip
Full Name of Individual (Last, First, Middle         B. Osier, Lois, Kathleen, , MD         Mailing Address OrthoCarolina         1915 Randolph Rd         City         Charlotte         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Ortho Carolina         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occ Orti	Zip Code 28207-1101 upation (for Individual) hopaedic Surgeon Year-to-Date V 250,00	Date of Receipt 06 20 2018 Transaction ID : 9732283 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle         C.       Mansfield, David, J, , MD         Mailing Address       773 Azalea PI         City       El Paso         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         El Paso Orthopaedic Surgery Group         Receipt For:         Primary       General         Other (specify)	State TX C	Zip Code 79922 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 704.00	Date of Receipt 06 22 2018 Transaction ID : 9732313 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl	,		584.00

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Szczech, Bartlomiej, , , MD Mailing Address 89 Intervale Way	1	rganization Name	Date of Receipt
	City	State NY	Zip Code	Transaction ID : 9732315
	Lake Placid		12946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	St Joseph's Hospital Med Ctr	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		600.00	
в.	Full Name of Individual (Last, First, Middle Initia Veitch, Andrew, John, , MD	l) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 13416 Desert Zinnia Ct NE	1-		06 / D / Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : 9732316
	Albuquerque	NM	87111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Self Employed		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Eckrich, Stephen, G J, , MD	l) or Full Oi	ganization Name	Date of Receipt
	Mailing Address 5511 Shooting Star Trail			06 / D D / Y Y Y Y 23 2018
	City Rapid City	State SD	Zip Code 57702	Transaction ID : 9732457
			57702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.50
	Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 501.00	
s	UBTOTAL of Receipts This Page (optional)		•	267.50
Т	OTAL This Period (last page this line number on	ıly)	••••••	

FOR LINE NUMBER:

PAGE 219 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
			berson for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Navarro, Ronald, Anthony, , MD         Mailing Address 18 Wide Loop Rd         City         Rolling Hills         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Kaiser Permanente South Bay         Receipt For:         Primary       General         Other (specify) ▼	State CA CC Occu	rganization Name Zip Code 90274-5234 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 504.00	Date of Receipt
Full Name of Individual (Last, First, Middle B. More, Robert, Cameron, , MD Mailing Address 8100 Wescott Drive Suite 101 City	State	Zip Code	Date of Receipt
Flemington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Hunterdon Orthopaedic Institute         Receipt For:         Primary       General         Other (specify) ▼	Orth	08822 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 504.00	Amount of Each Receipt this Period  84.00 Memo Item
Full Name of Individual (Last, First, Middle         C.       Scales, Darrell, Kevin, , MD         Mailing Address 2000 Tee Dr         City         Braselton         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	State GA C Occu Orth	rganization Name Zip Code 30517-4078 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 600.00	Date of Receipt 06 / 23 / 2018 Transaction ID : 9732460 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line number			268.00

FOR LINE NUMBER: PAGE 220 OF 348

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ✗       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements ma	y not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
Political Action Committee of	the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Moon, Daniel, K, , MD, MBA, M	e Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 4964 Akron St		06 23 Y Y Y Y Y 2018	
City Denver	State CO	Zip Code 80238-3742	Transaction ID : 9732461           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Washington University		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
B. Gottschalk, Michael, Brandon, , Mailing Address 4799 Olde Village Cv		rganization Name	Date of Receipt
City Atlanta	State GA	Zip Code 30338-5055	Transaction ID : 9732463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle C. Hartsock, Langdon, A, , MD	e Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 188 Tradd Street			06 / <sup>Y</sup> Y Y Y Y 24 2018
City Charleston	State SC	Zip Code 29401	Transaction ID : 9732466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Med Univ of SC		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	]
SUBTOTAL of Receipts This Page (optional	)		584.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X	() Use separate schedule(s)	FOR LINE NUMBER: PAGE 221 OF 348 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\mathbf{X}$ 11a         11b         11c         12           13         14         15         16         17		
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	nopaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle A. Malone, Stephen, L, , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 923 Westover Rd	State Zip Code	06 / 24 / 2018		
Wilmington	DE 19807	Transaction ID : 9732467 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) The Orthopaedic Spine Ctr PA	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	]		
Full Name of Individual (Last, First, Middle B. McCulloch, Patrick, T, , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 307 Buckingham Drive	Mailing Address 307 Buckingham Drive			
City Venetia	State Zip Code PA 15367	Transaction ID : 9732518 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	84.00		
Name of Employer (for Individual) Advanced Ortho & Rehab	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	]		
Full Name of Individual (Last, First, Middle Hire, Justin, , , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 8 Newton Court		06 / 25 / 2018		
City Fort Leonard Wood	StateZip CodeMO65473	Transaction ID : 9732520           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	42.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 252.00	]		
SUBTOTAL of Receipts This Page (optional	)	226.00		
TOTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 222 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
			13 14 15 16 1	
Any information copied from such Reports and or for commercial purposes, other than using t				
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Ortho	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I Espinoza, Luis, M, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 5 Savannah Ridge Lane			06 / Y Y Y Y Y 06 25 2018	
City	State	Zip Code	Transaction ID : 9732521	
Metairie	LA	70001	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
Self Employed	Orth	nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			1	
Other (specify) ▼		510.00	1	
Full Name of Individual (Last, First, Middle I 3. Blotter, Robert, H, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1414 W Fair Ave Ste 190				
City	State	Zip Code	06 04 2018 Transaction ID : 9733429	
Marquette	MI	49855-2693	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Advanced Center of Orthopedics	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		500.00	]	
Full Name of Individual (Last, First, Middle I C. Vessely, Michael, B, , MD	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 522 Second St			06 04 2018	
City	State	Zip Code	Transaction ID : 9733430	
Lake Oswego	OR	97034	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
Name of Employer (for Individual) Willamette Valley Medical Center-	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	]	
SUBTOTAL of Receipts This Page (optional)		•••••	419.00	

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

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ini         A.       Keeney, James, A, , MD         Mailing Address       1106 Shallow Ridge Circle         City       Columbia         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University Missouri Orthopaedic Instit         Receipt For:         Primary       General         Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         MO       65201         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       500.00	Date of Receipt
B. Sheehan, John, P, , MD Mailing Address 6621 Cuming St	itial) or Full Organization Name	Date of Receipt
City Omaha FEC ID number of contributing federal political committee.	State Zip Code NE 68132	Transaction ID : 9733433         Amount of Each Receipt this Period         84.00
Name of Employer (for Individual) Boys Town Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	]
C. Stewart, Gary, Wayne, , MD Mailing Address 612 Champions Dr	Date of Receipt	
City Mcdonough	State Zip Code GA 30253	Transaction ID : 9733435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Resurgens Orthopaedics Receipt For: Primary General Other (specify)	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		1334.00

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

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#### SCHEDULE A (FEC Form 3X) Г

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 224 OF 348 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using the	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I DiCaprio, Matthew, R, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2028 Dobie Lane City	State Zip Code	06 07 2018 Transaction ID : 9733436
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle I <b>B.</b> Lajam, Claudette, Malvina, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 30 Knollwood Dr		06 07 Y Y Y Y 2018
City Larchmont	State Zip Code NY 10538-1238	Transaction ID : 9733437 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer (for Individual) Hosp for Joint Disease	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name of Individual (Last, First, Middle I Cannada, Lisa, K, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14357 Cottage Lake Road		06 / Y Y Y Y Y 06 11 2018
City Jacksonville	State Zip Code FL 32224	Transaction ID : 9733439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) St Louis Univ School of Medicine	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 756.00	
SUBTOTAL of Receipts This Page (optional)	·	▶ 3334.00
TOTAL This Period (last page this line numbe	er only)	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	he Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In A. Shrock, Kevin, B, , MD Mailing Address 1414 SE 3rd Ave City Fort Lauderdale FEC ID number of contributing	State FL	Zip Code 33316	Date of Receipt 06 / 11 / 2018 Transaction ID : 9733440 Amount of Each Receipt this Period
federal political committee.          Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	250.00
Full Name of Individual (Last, First, Middle In         B. Levine, William, N, , MD         Mailing Address 220 Riverside Blvd         Apt 3N         City         New York         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Columbia University         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occ Orti	Zip Code 10069-1002	Date of Receipt
Full Name of Individual (Last, First, Middle In Davis, Daniel, E, , MD         Mailing Address 20 Brookside Rd         City         Wallingford         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Thomas Jefferson Univ Hosp         Receipt For:         Primary       General         Other (specify)	State PA C Occ Orth	Drganization Name Zip Code 19086-6208 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Date of Receipt 06 / 11 / 2018 Transaction ID : 9733452 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			1500.00

FOR LINE NUMBER: PAGE 226 OF 348

ITEMIZED RECEIPTS			Use separate sch for each category Detailed Summar	/ of the	(check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or us ddress of any politic	ed by any per al committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Associatior	n of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initi Young, Dale, Christopher, , MD	al) or Full O	rganization Name		Date of Receipt
	Mailing Address 10224 Cherokee Rd				06 / D D / Y Y Y Y 2018
	City Richmond	State VA	Zip Code 23235		Transaction ID : 9733456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) OrthoVirginia		upation (for Individua nopaedic Surgeon	al)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00	
в.	Full Name of Individual (Last, First, Middle Initi Levine, William, N, , MD	al) or Full O	rganization Name		Date of Receipt
	Mailing Address 220 Riverside Blvd Apt 3N				06 / D D / Y Y Y Y 06 2018
	City New York	State NY	Zip Code 10069-1002		Transaction ID : 9733484 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			2035.00
	Name of Employer (for Individual) Columbia University		upation (for Individua nopaedic Surgeon	al)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	ate Year-to-Date ▼ 3035.00		
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Culp, Brian, Matthew, , MD	al) or Full O	rganization Name		Date of Receipt
	Mailing Address 1805 Barclay Blvd				06 / 18 / Y Y Y Y 06 18
	City Princeton	State NJ	Zip Code 08540-5891		Transaction ID : 9733500 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
Name of Employer (for Individual) Princeton Orthopaedic Associates, P.A.		Occupation (for Individual) Orthopaedic Surgeon		al)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	250.00	
s	UBTOTAL of Receipts This Page (optional)				2535.00
т	OTAL This Period (last page this line number o	nly)		····· •	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X         11a         11b         11c         12         13         14         15         16         17	
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle A. Howell, James, T, , MD Mailing Address 4800 Quarry Dr City	Initial) or Full O	rganization Name	Date of Receipt 06 / 26 / 2018 Transaction ID : 9735156	
Conway FEC ID number of contributing federal political committee.	AR	72034	Amount of Each Receipt this Period	
Name of Employer (for Individual) Conway Orthopedic Sports Medicine Clin Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) iopaedic Surgeon Year-to-Date ▼ 500.00	Memo Item	
B. Howell, James, T, , MD Mailing Address 4800 Quarry Dr	Date of Receipt			
City Conway FEC ID number of contributing federal political committee.	State AR	Zip Code 72034	Transaction ID : 9735157         Amount of Each Receipt this Period         500.00	
Name of Employer (for Individual)         Conway Orthopedic Sports Medicine Clin         Receipt For:         Primary       General         Other (specify) ▼	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1000.00	Memo Item	
C. Kirol, Bernard, G, , MD Mailing Address 106 Buckthorn Circle	Date of Receipt			
City Elgin	State SC	Zip Code 29045	Transaction ID : 9735505       Amount of Each Receipt this Period	
federal political committee.	FEC ID number of contributing federal political committee.			
Name of Employer (for Individual) Midlands Orthopaedics, PA Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 450.00	Memo Item	
SUBTOTAL of Receipts This Page (optional)			1075.00	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       I
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and a	y not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In A. Hettrich, Carolyn, , , MD, MPH	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 100 Pearl Ln	-		06 / Y Y Y Y 06 27 2018
City Nicholasville	State KY	Zip Code 40356-9220	Transaction ID : 9735506           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) University of Iowa Sports Medicine Cen		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle In <b>B.</b> Reynolds, Kirk, Allen, , MD Mailing Address 316 N Ridge Road	rganization Name	Date of Receipt	
City	State	Zip Code	06 27 2018
Little Rock	AR	72207	Transaction ID : 9735507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Arkansas Specialty Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Middle In C. Thompson, Matthew, Michael, , N		rganization Name	Date of Receipt
Mailing Address 3727 Albemarle St NW			06 27 2018
City Washington	State DC	Zip Code 20016	Transaction ID : 9735508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Drisko, Fee & Parkins		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)			584.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initial) or Full A. Mitros, Stephen, F, , MD Mailing Address 51045 Erin Glen Dr		l) or Full Org	ganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : 9735509
	Granger	IN	46530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Mitros Orthopaedics	Ortho	paedic Surgeon	
	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	Primary General		505.00	
	Other (specify) <b>v</b>		505.00	
B	Full Name of Individual (Last, First, Middle Initia Cooper, Scott, Snow, , MD	l) or Full Org	ganization Name	Date of Receipt
	Mailing Address 407 NW A St	06 27 2018		
	City	State	Zip Code	Transaction ID : 9735510
	Bentonville	AR	72712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Mercy Clinic Orthopedics		pation (for Individual)	Memo Item
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		504.00	
с.	Full Name of Individual (Last, First, Middle Initia Giammattei, Frank, P, , MD	l) or Full Org	ganization Name	Date of Receipt
	Mailing Address 30 Woodbrook Rd	06 / D D / Y Y Y Y 28 2018		
	City	State	Zip Code	Transaction ID : 9736581
	Swarthmore	PA	19081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Premier Orthopaedic Associates		pation (for Individual) paedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ 504.00	
$\vdash$	UBTOTAL of Receipts This Page (optional)			253.00

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any p he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.       Gary, Joshua, Layne, , MD         Mailing Address 3726 Tangley Rd         City         Houston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Initial) or Full Organization Name          State       Zip Code         TX       77005         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         504.00       504.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle B. Easley, Mark, E, , MD Mailing Address Duke Medicine 4709 Creekstone Drive City	Initial) or Full Organization Name	Date of Receipt
Durham         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Duke Medicine         Receipt For:         Primary       General Other (specify) ▼	NC     27703-9822       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼       504.00	Transaction ID : 9736583         Amount of Each Receipt this Period         84.00         Memo Item
Full Name of Individual (Last, First, Middle C. Fontanetta, A, Philip, , MD Mailing Address 700 Hunt Ln City Manhasset FEC ID number of contributing federal political committee.	Initial) or Full Organization Name State NY I1030 C	Date of Receipt 06 / 28 / 2018 Transaction ID : 9736584 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         500.00	Memo Item
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	418.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 231 OF 348	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         13       14         15       16	
Any information copied from such Reports and or for commercial purposes, other than using t			e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle   Carolan, Gregory, Francis, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1806 Meadow Ridge Ct			M M / D D / Y Y Y Y 06 28 2018	
City Bethlehem	State PA	Zip Code 18015	Transaction ID : 9736585	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00	
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item	
St Luke's Ortho Surg Group	Orth	opaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Other (specify) ▼		504.00	]	
Full Name of Individual (Last, First, Middle I 5. Foster, W, Stanley, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 108 Valerie Dr	06 28 2018			
City	State	Zip Code		
Lafayette	LA	70508-6008	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		84.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date 🔻		
Other (specify) ▼		504.00	]	
Full Name of Individual (Last, First, Middle I . Torres, Daniel, , , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1488 Shelburne Ct			06 28 2018	
City	State	Zip Code	Transaction ID : 9736587	
Allentown	PA	18104	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	Occupation (for Individual) Orthopaedic Surgeon		85.00	
Name of Employer (for Individual) University of Texas Med Branch			Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]	
SUBTOTAL of Receipts This Page (optional).			253.00	

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 232 OF 348 (check only one)
	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any per he name and address of any political committee	
> Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle   Razi, Afshin, , , MD Mailing Address 2 Dogwood Rd	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code NY 11024	06 28 2018 Transaction ID : 9736588
Great Neck FEC ID number of contributing federal political committee.	NY 11024	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name of Individual (Last, First, Middle B. Evans, Von, L, , Jr, MD Mailing Address 215 Old Highway 1187	Initial) or Full Organization Name	Date of Receipt
City Burleson	State Zip Code TX 76028	06 28 2018 Transaction ID : 9736716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle ) Glaser, David, L, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 725 Cedar Ln	State Zip Code	06 28 2018 Transaction ID : 9736729
Villanova FEC ID number of contributing federal political committee.	PA 19085-2074	Amount of Each Receipt this Period
Name of Employer (for Individual) University of Pennsylvania	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	<b>▶</b>	1500.00
TOTAL This Period (last page this line number	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for ea	ich category of the ed Summary Page	x       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and St or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Ass	sociation of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi         Charen, Jeffrey, H, , MD         Mailing Address 205 May St Ste 202         City         Edison         FEC ID number of contributing federal political committee.	State Zip	Code 837-3267	Date of Receipt
Name of Employer (for Individual) Ortho Assoc of Central Jersey Receipt For: Primary General Other (specify) ▼	Occupation (f Orthopaedic Aggregate Year-to-E	Surgeon Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Initi         B. Bales, Chris, P, , MD         Mailing Address 4466 Panthera Leo Drive         City         Carmel         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Ortholndy         Receipt For:         Primary       General         Other (specify) ▼	State Zip IN 460	Code 074 for Individual) Surgeon	Date of Receipt
Full Name of Individual (Last, First, Middle Initi C. Brokaw, David, , , MD Mailing Address 8450 Northwest Blvd City Indianapolis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ortholndy Receipt For: Primary General Other (specify)		Code 278 for Individual) Surgeon	Date of Receipt 06 27 2018 Transaction ID : 9739268 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 234 OF 348		
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)		
Any information copied from such Reports and or for commercial purposes, other than using t			e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Dicke, Timothy, E, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 8450 Northwest Blvd	Mailing Address 8450 Northwest Blvd				
City	State	Zip Code	Transaction ID : 9739269		
Indianapolis	IN	46278	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item		
OrthoIndy	Orth	opaedic Surgeon			
Receipt For:	Aggregate	Year-to-Date 🔻			
Primary     General       Other (specify) ▼		1000.00	]		
Full Name of Individual (Last, First, Middle	Initial) or Full O	reanization Name	-		
B. Dietz, John, W, , MD	Initial) of Full O	rganization name	Date of Receipt		
Mailing Address 1212 Emerald Viking Court			06 27 2018		
City	State	Zip Code	Transaction ID : 9739270		
Westfield	IN	46074	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) OrthoIndy		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		1000.00	1		
Full Name of Individual (Last, First, Middle Dikos, Gregory, David, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1230 Viking Sapphire Ct			06 27 2018		
City	State	Zip Code	Transaction ID : 9739271		
Westfield	IN	46074-7636	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) OrthoIndy	Occupation (for Individual) Orthopaedic Surgeon		Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]		
SUBTOTAL of Receipts This Page (optional).			3000.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 235 OF 348 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t	I Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Gudeman, Scott, D, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3132 Golfveiw Dr	State Zip Code	06 27 2018 Transaction ID : 9739272
Greenwood	IN 46143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) OrthoIndy South	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle 3. Hellman, Edward, J, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12715 Norfolk Ln		M M / D D / Y Y Y Y Y 06 27 2018
City Carmel	StateZip CodeIN46032	Transaction ID : 9739273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Ortholndy	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle Jelen, Bradley, A, , DO	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3930 W 121st St		06 / Y Y Y Y 06 27 2018
City Zionsville	StateZip CodeIN46077	Transaction ID : 9739274           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Ortholndy	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	·····	3000.00
TOTAL This Period (last page this line number	ər only)	

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 236 OF 348
ITEMIZED RECEIPTS			Use separate schedule(s for each category of the	
			Detailed Summary Page	×         11a         11b         11c         12           13         14         15         16         17
Ar	y information copied from such Reports and St	atements ma	uay not be sold or used by a	any person for the purpose of soliciting contributions
				mittee to solicit contributions from such committee.
$\backslash$	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the	America	an Association of O	Orthopaedic SurgeonsPAC of AAOS
<u>/</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name	
Α.	Justice, Benjamin, Jay, , MD		<b>J</b>	Date of Receipt
	Mailing Address 4676 Pascagoula Run			M = M / D = D / Y = Y = Y
	City	State	Zip Code	06 27 2018
	Greenwood	IN	46143	Transaction ID : 9739275 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Ortholndy		nopaedic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name	
В.	Kaehr, David, M, , MD	,	<u> </u>	Date of Receipt
	Mailing Address 3942 Oakleaf Dr			
	City	State	Zip Code	06 27 2018
	Zionsville	IN	46077	Transaction ID : 9739276 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Ortholndy		hopaedic Surgeon	L
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1000.00	
	Other (specify) <b>v</b>		, 1000.00	
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name	
C.	Kendall, Corey, B, , MD			Date of Receipt
	Mailing Address 10060 Sanctuary Dr			06 27 2018
	City	State	Zip Code	Transaction ID : 9739277
	Brownsburg	IN	46112-7624	Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.	С		1000.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	OrthoIndy		opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		1000.00	0
			ap 1 ap 1 ac	
Γ				
s	UBTOTAL of Receipts This Page (optional)			> 3000.00
$\vdash$				

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 237 OF 348	
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Ortho	paedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Initial) Kolisek, Frank, R, , MD	or Full Organization Name	Date of Receipt	
Mailing Address 1260 Innovation Pkwy Ste 100		06 27 2018	
City Greenwood	State Zip Code IN 46143	Transaction ID : 9739278	
FEC ID number of contributing		Amount of Each Receipt this Period	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Ortholndy	Orthopaedic Surgeon		
Receipt For:	ggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00	]	
Full Name of Individual (Last, First, Middle Initial) Lavery, Matthew, Ryan, , MD	or Full Organization Name	Date of Receipt	
Mailing Address 4950 N Meridian St	06 27 2018		
City	State Zip Code	2018 Transaction ID : 9739279	
Indianapolis	IN 46208-2622	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		1000.00	
Name of Employer (for Individual) Ortholndy	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For:     A       Primary     General       Other (specify) ▼	ggregate Year-to-Date ▼ 1000.00	]	
Full Name of Individual (Last, First, Middle Initial)	or Full Organization Name	Date of Receipt	
Mailing Address 9250 Willowrun Dr		06 27 2018	
City Indianapolis	State Zip Code IN 46260	Transaction ID : 9739280 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		1000.00	
Name of Employer (for Individual) OrthoIndy	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: A	ggregate Year-to-Date ▼ 1000.00	1	

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

1.

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 238 OF 348	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           ✗ 11a         11b         11c         12           13         14         15         16         17	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committee the American Association of Orthe		
Full Name of Individual (Last, First, Middle Monesmith, Eric, A, , MD         Mailing Address 5726 Central Avenue         City         Indianapolis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Ortholndy         Receipt For:         Primary       General	Initial) or Full Organization Name          State       Zip Code         IN       46220         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaetic Surgeon         Aggregate Year-to-Date ▼	Date of Receipt 06 27 2018 Transaction ID : 9739281 Amount of Each Receipt this Period 1000.00 Memo Item	
Other (specify) ▼ Full Name of Individual (Last, First, Middle B. Patel, Mihir, Magan, , MD Mailing Address 1791 Hourglass Drive	1000.00 Initial) or Full Organization Name	Date of Receipt	
City Carmel FEC ID number of contributing federal political committee. Name of Employer (for Individual) OrthoIndy Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       IN     46032       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼	06     27     2018       Transaction ID : 9739282       Amount of Each Receipt this Period       1000.00       Memo Item	
Full Name of Individual (Last, First, Middle Schwartz, David, G, , MD Mailing Address 1879 Limehouse St City Carmel FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State     Zip Code       IN     46032       C     Occupation (for Individual)	Date of Receipt 06 27 2018 Transaction ID : 9739283 Amount of Each Receipt this Period 1000.00 Memo Item	
Ortholndy Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	3000.00	

FOR LINE NUMBER:

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ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	r information copied from such Reports and Stat or commercial purposes, other than using the n			person for the purpose of soliciting contributions
\ \	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initial Thieken, Michael, Thomas, , MD         Mailing Address 2461 Gwinnett St         City         Carmel         FEC ID number of contributing tederal political committee.         Name of Employer (for Individual)         Ortholndy         Receipt For:         Primary       General         Other (specify) ▼	State IN C	Drganization Name         Zip Code         46032         upation (for Individual)         hopaedic Surgeon         Year-to-Date ▼         1000.00	Date of Receipt
B	Full Name of Individual (Last, First, Middle Initial Weber, Timothy, G, , MD         Mailing Address 5275 N Meridian St         City         Indianapolis         FEC ID number of contributing tederal political committee.         Name of Employer (for Individual)         Ortholndy         Receipt For:         Primary       General         Other (specify) ▼	State IN C	Drganization Name         Zip Code         46208         supation (for Individual)         hopaedic Surgeon         Year-to-Date ▼         1000.00	Date of Receipt 06 27 2018 Transaction ID : 9739285 Amount of Each Receipt this Period 1000.00 Memo Item
<b>C.</b>	Full Name of Individual (Last, First, Middle Initial Whitaker, H, Jeffery, , MD         Mailing Address       9785 Soaring Hawk Cir         City       Zionsville         FEC ID number of contributing rederal political committee.         Name of Employer (for Individual)         Ortholndy         Receipt For:         Primary       General         Other (specify)	State IN C Occu Orth	Zip Code         46077         upation (for Individual)         nopaedic Surgeon         Year-to-Date ▼	Date of Receipt  Date of Receipt  O6 27 2018 Transaction ID : 9739286  Amount of Each Receipt this Period  1000.00 Memo Item
รเ	JBTOTAL of Receipts This Page (optional)			3000.00
тс	TAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 240 OF 348	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
Any information actived from such Departs	Ototomanta ii		13 14 15 16 1 <sup>1</sup>	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Ir A. Poulter, Gregory, T, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 11557 Ridge Valley Ct			M M / D D / Y Y Y Y Y 06 27 2018	
City	State	Zip Code	Transaction ID : 9739287	
Zionsville	IN	46077	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
Ortholndy		nopaedic Surgeon	-	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			1	
Other (specify)		1000.00	1	
Full Name of Individual (Last, First, Middle Ir B. Crichlow, Renn, J, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 12273 Bridgewater Rd				
City	State	Zip Code	06 27 2018	
Indianapolis	IN	46256	Transaction ID : 9739288	
			Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer (for Individual) OrthoIndy		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General Other (specify) ▼		, 500.00	]	
Full Name of Individual (Last, First, Middle Ir c. Falender, Robert, H, , MD	itial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1260 Innovation Pkwy Ste 10	00		06 27 2018	
City	State	Zip Code	Transaction ID : 9739289	
Greenwood	IN	46143-3602	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer (for Individual) OrthoIndy		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]	
SUBTOTAL of Receipts This Page (optional)			2000.00	

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

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 241 OF 348	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ✗ 11a       11b       11c       12         13       14       15       16       17	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee the American Association of Ortho	e to solicit contributions from such committee.	
Full Name of Individual (Last, First, Middle <b>A.</b> Fisher, David, A, , MD Mailing Address 351 Breakwater Dr	Initial) or Full Organization Name	Date of Receipt	
City Fishers	State Zip Code IN 46037	06     27     2018       Transaction ID : 9739290       Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00	
Name of Employer (for Individual)         Ortholndy         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item	
Full Name of Individual (Last, First, Middle Jackson, Gabriel, E, , MD Mailing Address 3555 West US Highway 36		Date of Receipt	
City Danville FEC ID number of contributing	State Zip Code IN 46122-9683	Transaction ID : 9739292 Amount of Each Receipt this Period	
federal political committee. Name of Employer (for Individual) Ortholndy	Occupation (for Individual) Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name of Individual (Last, First, Middle Myer, David, , , MD Mailing Address 6705 Stonegate Dr			
City Zionsville	State Zip Code IN 46077	06 27 2018 Transaction ID : 9739293 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer (for Individual) Orthoindy Receipt For: Primary General Other (specify)	Occupation (for Individual)           Orthopaedic Surgeon           Aggregate Year-to-Date ▼           500.00	Memo Item	
SUBTOTAL of Receipts This Page (optional)	·····	1500.00	
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 242 OF 3
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Pomeroy, Chris, , , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3212 Homestretch Dr	06 27 Y Y Y Y 06 27 2018		
City Carmel	State IN	Zip Code 46032-8822	Transaction ID : 9739297 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)		upation (for Individual)	Memo Item
OrthoIndy Receipt For: Primary General Other (specify) ▼		opaedic Surgeon Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle S. Scheid, D, Kevin, , MD	st, First, Middle Initial) or Full Organization Name		Date of Receipt
Mailing Address 7570 Morningside Dr			06 27 2018
City Indianapolis	State IN	Zip Code 46240-2859	Transaction ID : 9739298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Ortholndy		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle Vicar, Andrew, J, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8934 Dandy Creek Dr	r		06 27 2018
City Indianapolis	State IN	Zip Code 46234	Transaction ID : 9739299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	s a l		
Name of Employer (for Individual) OrthoIndy	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional).			1500.00

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

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
A.	Full Name of Individual (Last, First, Middle Initia DiLella, Mark, J, , DO Mailing Address 435 Blue Ridge Rd	l) or Full Oi	rganization Name	Date of Receipt
		06 27 2018		
	City	State	Zip Code	Transaction ID : 9739300
	Indianapolis	IN	46208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	OrthoIndy	Orth	opaedic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	]
в.	Full Name of Individual (Last, First, Middle Initia Coscia, Michael, F, , MD	Initial) or Full Organization Name		Date of Receipt
	Mailing Address 7200 Hull Rd			06 27 2018
	City	State	Zip Code	Transaction ID : 9739301
	Zionsville	IN	46077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) OrthoIndy		upation (for Individual) Iopaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Kollias, Stephen, L, , MD	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 11180 E 550 South	06 27 2018		
	City	State	Zip Code	Transaction ID : 9739302
	Zionsville	IN	46077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Ortholndy		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number or	ıly)	•••••••	

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FOR LINE NUMBER:

PAGE 244 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle           O'Neill, Kevin, Raymond, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1591 Prestwick Ln	-				
City Carmel	State IN	Zip Code 46032-9550	Transaction ID : 9739303           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) Orthoindy		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]		
B. Huler, Robert, J, , MD Mailing Address 8559 Silver Ridge Ct			Date of Receipt		
City	State	Zip Code	06 27 2018		
Indianapolis	IN	46278	Transaction ID : 9739304 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) OrthoIndy		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]		
Full Name of Individual (Last, First, Middle C. Williams, Heather, C, , MD	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 10428 High Grove Dr	Aailing Address 10428 High Grove Dr				
City Carmel	State IN	Zip Code 46032-7327	Transaction ID : 9739307 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) OrthoIndy	Occupation (for Individual) Orthopaedic Surgeon		Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]		
SUBTOTAL of Receipts This Page (optional)			750.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

PAGE 245 OF

348

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17	
Any information copied from such Reports and or for commercial purposes, other than using			e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
A. Verghese, George, B, , MD, FRCS Mailing Address 1385 E 3130 N Rd	Initial) or Full O	rganization Name	Date of Receipt 06 / 27 2018 Transaction ID : 9739364	
Chebanse FEC ID number of contributing federal political committee.	C	60922	Amount of Each Receipt this Period	
Name of Employer (for Individual) Verghese Orthopedics Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) iopaedic Surgeon Year-to-Date ▼ 250.00	Memo Item	
Full Name of Individual (Last, First, Middle         B.       Wood, Rory, D, , MD         Mailing Address 2315 Rosendale Rd	Initial) or Full O	rganization Name	Date of Receipt	
City Niskayuna FEC ID number of contributing federal political committee.	State NY	Zip Code 12309	Transaction ID : 9739366         Amount of Each Receipt this Period         250.00	
Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 250.00	Memo Item	
Full Name of Individual (Last, First, Middle C. Pizzutillo, Peter, D, , MD Mailing Address 926 Bowman Ave	Initial) or Full O	rganization Name	Date of Receipt	
City Wynnewood	State PA	Zip Code 19096	Transaction ID : 9739367           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	deral political committee.			
Name of Employer (for Individual) St Christopher's Hosp For Children Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Memo Item	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			750.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 246 OF 348		
ITEMIZED RECEIPTS		for each category of the	(check only one)		
		Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p			
or for commercial purposes, other than using th					
Political Action Committee of the second	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS		
/ Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name			
A. Rodriguez, Jose, E, , MD					
Mailing Address 315 Electra Dr	M = M / D = D / Y = Y = Y				
	State	Zip Code	06 27 2018		
City Houston	TX	77073	Transaction ID : 9739368		
	_		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
	0.000	upation (for Individual)	Memo Item		
Name of Employer (for Individual) Self Employed		lopaedic Surgeon			
Receipt For:	1	Year-to-Date ▼			
Primary General	Aggregale				
Other (specify) <b>v</b>		500.00			
B. Bucker, Brandon, , , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bucker, Brandon, MD				
Mailing Address 815 Main Street	Date of Receipt				
Apt A	06 27 2018				
City	State	Zip Code	Transaction ID : 9739380		
Lynchburg	VA	24504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
·					
Name of Employer (for Individual) Ortho Virginia		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For:	1				
Primary General	Aggregate	Year-to-Date ▼			
Other (specify) <b>v</b>		250.00			
Full Name of Individual (Last, First, Middle Ir C. Valadie, Arthur, L, , III, MD	nicial) or Full O	rganization Name	Date of Receipt		
Mailing Address 526 56th St			M M / D D / Y Y Y Y		
			06 27 2018		
City Holmes Beach	State FL	Zip Code 34217	Transaction ID : 9739382		
		34217	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
			Memo Item		
Name of Employer (for Individual) Coastal Orthopaedics		upation (for Individual) opaedic Surgeon			
Receipt For:		Year-to-Date V	—		
Primary General	Aggregate				
Other (specify)		250.00			
CURTOTAL of Descipts This Dame (anti-mail)			750.00		
SUBTOTAL of Receipts This Page (optional)					

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ✗       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Bigler, Gregory, T, , MD	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 9101 Alta Dr Unit 901	M M / D D / Y Y Y Y 06 27 2018		
City Las Vegas	State NV	Zip Code 89145-8538	Transaction ID : 9739408           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle II B. Tijmes, Jorge, E, , MD	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address PO Box 6209			M M / D D / Y Y Y Y 06 27 2018
City Mc Allen	State TX	Zip Code 78502-6209	Transaction ID : 9739414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Southern Bone and Joint Center		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle II Booth, Kevin, Charles, , MD	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1078 S Wedgewood Rd			06 27 2018
City San Ramon	State CA	Zip Code 94582	Transaction ID : 9739416           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) NCSI		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	]
SUBTOTAL of Receipts This Page (optional)			2250.00

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

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FOR LINE NUMBER: PAGE 247 OF

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 248 OF 348		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17		
	d Statements may not be sold or used by any point the name and address of any political committee			
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle Risko, Timothy, M, , MD	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 7902 Valcour Dr	ng Address 7902 Valcour Dr			
City Amarillo	StateZip CodeTX79119-6267	Transaction ID : 9739418 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Self Employed Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date ▼	_		
Other (specify) ▼	1000.00	]		
Full Name of Individual (Last, First, Middle B. O'Donovan, Terrence, M, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 615 Maid Marion Hill	06 27 2018			
City Sherwood Forest	State Zip Code MD 21405	Transaction ID : 9739419 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer (for Individual) Chesapeake Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]		
Full Name of Individual (Last, First, Middle C. Durham, Alfred, Ainsley, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 2954 Lockridge Rd	Mailing Address 2954 Lockridge Rd			
City Roanoke	StateZip CodeVA24014	Transaction ID : 9739420 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	200.00		
Name of Employer (for Individual) Lewis Gale Physicians	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	]		
SUBTOTAL of Receipts This Page (optional	)	1450.00		

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

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	Lise separate schodulo(a)	FOR LINE NUMBER: PAGE 249 OF 34		
	for each category of the	(check only one)		
	Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1		
atements mav	y not be sold or used by any r	person for the purpose of soliciting contributions		
		ee to solicit contributions from such committee.		
America	in Association of Orth	opaedic SurgeonsPAC of AAOS		
al) or Full Or	ganization Name			
Tait, Robert, J, , MD				
Mailing Address 10561 Jeffreys St Ste 230				
State	Zin Code	06 27 2018		
NV	89052-4268	Transaction ID : 9739423           Amount of Each Receipt this Period		
С		250.00		
Occu	nation (for Individual)	Memo Item		
	250.00			
al) or Full Or	nanization Name			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nordt, John, Charles, , III, MD				
Mailing Address 4720 Le Jeune Rd				
City State Zip Code				
		Transaction ID : 9739424		
	33140	Amount of Each Receipt this Period		
С		250.00		
		Memo Item		
	,			
Aygregate		-		
	, 250.00			
al) of Full Of	ganization Name	Date of Receipt		
		06 27 2018		
		Transaction ID : 9739425		
	21001	Amount of Each Receipt this Period		
С		1000.00		
	• • • •	Memo Item		
1				
Aggregate	rear-to-Date V			
	1500.00			
	, ,			
		15		
	America America al) or Full Or State NV C Occu Ortho Aggregate M Aggregate M	Detailed Summary Page         atements may not be sold or used by any parame and address of any political committee         American Association of Orth         al) or Full Organization Name         State       Zip Code         NV       89052-4268         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         Aggregate Year-to-Date       250.00         al) or Full Organization Name       C         Occupation (for Individual)       Orthopaedic Surgeon         Aggregate Year-to-Date       ▼         Qccupation (for Individual)       Orthopaedic Surgeon         Aggregate Year-to-Date       ▼         Qccupation (for Individual)       Orthopaedic Surgeon         Aggregate Year-to-Date       ▼         Image: State MD       Zip Code Ziso.00         al) or Full Organization Name       250.00         Aggregate Year-to-Date ▼       250.00         Aggregate Year-to-Date ▼       250.00		

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 250 OF 34
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information panied from such Departs and	Ototomorate	w not be cold or used by sever	13   14   15   16   17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of t	he America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Burks, Robert, T, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 590 Wakara Way	06 27 2018		
City	State	Zip Code	Transaction ID : 9739427
Salt Lake City	UT	84108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Self Employed	Orth	nopaedic Surgeon	
Receipt For:	Agareaate	Year-to-Date ▼	
Primary General	1.99.094.0		1
Other (specify) ▼		1000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lavoie, Stephane, , , MD			Date of Receipt
Mailing Address 101 Lake Harbor Drive	06 27 2018		
City	State	Zip Code	Transaction ID : 9739464
Deland	FL	32724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Florida Orthopedic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	1
Full Name of Individual (Last, First, Middle I C. Muldoon, Michael, P, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		
Mailing Address 1026 Santa Barbara St			Date of Receipt
City	State	Zip Code	Transaction ID : 9739465
San Diego	CA	92107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Orthopedic Medical Group of San Diego	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 750.00	]
SUBTOTAL of Receipts This Page (optional)			1500.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orthe	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Archdeacon, Michael, T, , MD Mailing Address 4538 Philnoll Dr	l) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : 9739466
	Cincinnati	ОН	45247-5079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	UC Dept of Orthopaedics	Orth	opaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name of Individual (Last, First, Middle Initia Austin, Matthew, , , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 840 Harriton Rd			06 27 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID : 9739467
	Bryn Mawr	PA	19010-1813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 2000.00	
С.	Full Name of Individual (Last, First, Middle Initia Adler, Gerard, G, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address N63W38375 Lac La Belle Dr	06 27 Y Y Y Y Y		
	City	State WI	Zip Code	Transaction ID : 9739468
	Oconomowoc	VVI	53066-1602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Aurora Wilkinson Med Clinic		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number on	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 252 OF 34		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)		
			13 14 15 16 1		
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of	of the America	an Association of Orth	nopaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Mide Salvati, Eduardo, Agustin, , MD	dle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 25 Sutton PI S Ph G	Aailing Address 25 Sutton PI S Ph G				
City	State	Zip Code	Transaction ID : 9739469		
New York	NY	10022-2459	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item		
Hosp for Special Surgery	Orth	opaedic Surgeon			
Receipt For:	Aggregate	Year-to-Date V			
Primary General					
Other (specify) <b>v</b>		1000.00			
Full Name of Individual (Last, First, Mide 3. Bindelglass, David, F, , MD	dle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 26 Drewbarrie Ln	Mailing Address 26 Drewbarrie Ln				
City	State	Zip Code	Transaction ID : 9739480		
Easton	СТ	06612	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) Orthopaedic Specialty Group		upation (for Individual) nopaedic Surgeon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		1000.00			
Full Name of Individual (Last, First, Mide C. Wollaeger, John, K, , MD	dle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1624 S High Point Rd			06 27 2018		
City	State	Zip Code	Transaction ID : 9739481		
Madison	WI	53719	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer (for Individual) UW Health Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼ 500.00			
Other (specify)			2500.00		
SUBTOTAL of Receipts This Page (option	nal)				

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

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SCHEDULE A (FEC Form 3X)				llee constate cohodulo(c)			UMBER:	PAGE 253 OF 348		
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the			(check only one)				
				Detailed Summary Page		11a 13	11b 14	11c 12 15 16 17		
Ar	y information copied from such Reports and St	atements ma	ay r	not be sold or used by any pe		-				
	for commercial purposes, other than using the									
$\backslash$	NAME OF COMMITTEE (In Full)	A	_							
	Political Action Committee of the	America	an	Association of Ortho	paed	ic Su	rgeons	sPAC of AAOS		
<u>/</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rga	nization Name						
Α.	Rink, Peter, C, , DO				D	ate of F	Receipt			
	Mailing Address 9 Woodview Way				L P	M	/ D D			
	City	State		Zip Code	- 4	06 <b>Franca</b>	27 tion ID :	2018		
	Davenport	IA		52807-3618				eceipt this Period		
	FEC ID number of contributing									
	federal political committee.	С						250.00		
	Name of Employer (for Individual)	Occi	IDA	tion (for Individual)	-	Men	no Item			
	ORA Orthopedics		·	aedic Surgeon	1.1					
	Receipt For:	Aggregate	Yea	ar-to-Date ▼						
	Primary General									
	Other (specify) ▼		7	250.00						
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rga	nization Name						
В.	Pearson, Steven, W, , MD				D	ate of F	Receipt			
	Mailing Address 1128 Nirvana Rd					M	/ D D			
	City	State		Zip Code		06	27	2018		
	Santa Barbara	CA		93101			tion ID:9	9739486 eceipt this Period		
	FEC ID number of contributing									
	federal political committee.	С			14			250.00		
	Name of Employer (for Individual)	Occi	upa	tion (for Individual)	-	Men	no Item			
	Self Employed	Orthopaedic Surgeon			1.1					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻						
	Primary General	· · · ·		250.00						
	Other (specify)	250.00								
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rga	nization Name						
C.	Caucci, David, J, , MD				D	ate of F	Receipt			
	Mailing Address 201 Stoney Creek Road				ΙP	06	/ D D 27	/ Y Y Y Y 2018		
	City	State		Zip Code	14	a la complete de la c	tion ID :			
	S Abington Twp	PA		18411				eceipt this Period		
	FEC ID number of contributing	С			ΙE			250.00		
	federal political committee.	U					,	250.00		
	Name of Employer (for Individual)	Οςςι	лра	tion (for Individual)	10	Men	no Item			
	Wayne Memorial Healthcare System	Orth	ора	aedic Surgeon						
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date 🔻						
	Other (specify)			500.00						
			7							
s	UBTOTAL of Receipts This Page (optional)			••••••	_ L			750.00		

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

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FOR LINE NUMBER:

PAGE 254 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       Image: Mark 11a       11a       11b       11c       12       13       14       15       16       17
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Initi         A. Chalal, Joseph, B, , MD         Mailing Address 1005 Brooks Lane         City         Delray Beach         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)	ial) or Full Organization Name          State       Zip Code         FL       33483         C       Occupation (for Individual)	Date of Receipt 06 / 27 / 2018 Transaction ID : 9739490 Amount of Each Receipt this Period 250.00 Memo Item
Preferred Orthopedics of the Palm Beac Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Initi         B.       Schmitz, Miguel, Antonio, , MD         Mailing Address       8624 E Maringo Dr	ial) or Full Organization Name	Date of Receipt
City Spokane FEC ID number of contributing federal political committee. Name of Employer (for Individual) Alpine Orthopaedic and Spine PC Receipt For: Primary General Other (specify) ▼	State     Zip Code       WA     99212       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date       500.00	Transaction ID : 9739491         Amount of Each Receipt this Period         500.00         Memo Item
Full Name of Individual (Last, First, Middle Initi C. Jiranek, William, A, , MD Mailing Address 4066 Old River Trail	al) or Full Organization Name	Date of Receipt
City Powhatan FEC ID number of contributing federal political committee. Name of Employer (for Individual) Duke University Receipt For: Primary General Other (specify)	State     Zip Code       VA     23139       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼       504.00	Transaction ID : 9744779         Amount of Each Receipt this Period         84.00         Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		834.00

FOR LINE NUMBER: PAGE 255 OF 348

		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	f the Americ	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Glusenkamp, Nathan, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9400 W Higgins Rd			M M / D D / Y Y Y Y 06 22 2018
City Rosemont	State IL	Zip Code 60018	Transaction ID : 9744780 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) AAOS		upation (for Individual) ector, Orthopaedic Registries	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
B. Besh, Basil, R, , MD Mailing Address 6135 Clubhouse Dr	e Initial) or Full C	organization Name	Date of Receipt
			06 25 2018
City Pleasanton	State CA	Zip Code 94566	Transaction ID : 9744781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 704.00	]
Full Name of Individual (Last, First, Middle C. Shaffer, William, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1221 MASSACHUSETTS #505			06 / 25 / Y Y Y Y 2018
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : 9745021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) AAOS		upation (for Individual) ce of Government Relations - Mec	dic Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optiona	l)		1134.00

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

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 256 OF 34           (check only one)         Image: Check only one in the image: Check on i
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
<ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li><b>A</b>. Damalas, Dino, , ,</li> <li>Mailing Address 9400 W Higgins Rd Ste 100</li> </ul>		rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : 9745022
Rosemont	IL	60018-4975	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
AAOS	Chie	ef Operating Officer	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		504.00	]
Full Name of Individual (Last, First, Middle Mejia, Alfonso, , , MD, MPH	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5332 South Shore Drive			
City	State	Zip Code	Transaction ID : 9745023
Chicago	I.C.	60615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Illinois Association of Orthopedic Sur		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		504.00	]
Full Name of Individual (Last, First, Middle C. Nelson, Thomas, E, , MD	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6435 Virginia Drive			
City Excelsior	State MN	Zip Code 55331	Transaction ID : 9745024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Orthopedic and Fracture Clinic		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]
SUBTOTAL of Receipts This Page (optional)	)		418.00

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

FOR LINE NUMBER: PAGE 257 OF 348

IT	EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	l `_	neck on 11a 13		e) 11b 14	11c 15	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Ortho	pa	edic S	Surg	geons	PA	C of	AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Prather, John, T, , MD Mailing Address 301 W Broughton St #4A	ll) or Full O	rgai	nization Name		Date c		ceipt	/ Y	Y	Y Y
	City	State		Zip Code	_	06 Trans	sactio	28 on ID : 9	9745025	2018 i	3
	Savannah FEC ID number of contributing	GA	-	31401	_	Amour	it of E	Each Re	eceipt th		
	federal political committee.	С				Ŀ.		<u>y</u>		28	50.00
	Name of Employer (for Individual) Self Employed			tion (for Individual) aedic Surgeon		N	lemo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 500.00							
— B	Full Name of Individual (Last, First, Middle Initia Iorio, Richard, , , MD	l) or Full O	rgai	nization Name		Date c	f Rec	ceipt			
Mailing Address 1 Indian Hill Road							/	28	/ Y	y 2018	YY
	City New Rochelle	State NY		Zip Code 10804	_			on ID : 9 Fach Be			iod
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 84.00					
	Name of Employer (for Individual) NYU Langone Medical Center		•	tion (for Individual) aedic Surgeon		N	lemo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 504.00							
с.	Full Name of Individual (Last, First, Middle Initia Rich, Jeff, , , MD	l) or Full O	rgai	nization Name		Date c	f Rec	ceipt			
	Mailing Address 10860 SW 88th St Ste 210					<sup>M</sup> 06	/	D D 29	/ Y	2018	Y Y
	City Miami	State FL		Zip Code 33176-2680				on ID : 9 Each Re			iod
	FEC ID number of contributing federal political committee.	C				<u> </u>		y		2	50.00
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon				N	lemo	ltem			
	Receipt For: Primary General Other (specify)	Primary General General									
s	UBTOTAL of Receipts This Page (optional)			····· •				,	,	58	34.00
т	OTAL This Period (last page this line number or	ıly)		<b>▶</b>				,	- T		-

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 258 OF 348 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions are to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		opaedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle I A. Sculco, Thomas, P, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 132 E 95th St	State Zip Code	04 / 04 / 2018 Transaction ID : 9779146		
New York City	NY 10128	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	0.00		
Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	X Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00		
Full Name of Individual (Last, First, Middle I B. Kim, Todd, Soung, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 936 Esmeralda Avenue		05 03 2018		
City San Francisco	State Zip Code CA 94110	Transaction ID : 9779147 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Peninsula Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00		
Full Name of Individual (Last, First, Middle I C. Johnson, Wayne, T, , MD	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 5838 Harbour View Blvd Ste	Mailing Address 5838 Harbour View Blvd Ste 100			
City Suffolk	State Zip Code VA 23435-2663	Transaction ID : 9779148 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Virginia Orthopaedic & Spine Specialis	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 0.00	Refund(s) on Schedule B Totaling \$1200.00 Th changes the YTD Total to \$0.00		
SUBTOTAL of Receipts This Page (optional).		0.00		
	ər only)			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17	
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	hopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Mide A. Rauh, Michael, A, , MD	dle Initial) or Full O	organization Name	Date of Receipt	
Mailing Address 46 Middlebury Rd			06 / D D / Y Y Y Y 06 02 2018	
City Orchard Park	State NY	Zip Code 14127	Transaction ID : 9779149 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		0.00	
Name of Employer (for Individual)		upation (for Individual)	X Memo Item	
UBMD Orthopaedics & Sports Medicine	Orth	nopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$2000.00	
Full Name of Individual (Last, First, Mide B. Baird, Robert, C, , III, MD	dle Initial) or Full O	organization Name	Date of Receipt	
Mailing Address 358 Charleston Court			06 / 07 / Y Y Y Y 2018	
City	State AL	Zip Code 36608	Transaction ID : 9779150	
Mobile FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
Name of Employer (for Individual) The Orthopaedic Group		upation (for Individual) hopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00	
Full Name of Individual (Last, First, Mido C. Kemp, Travis, Jay, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kemp Travis Jay MD			
Mailing Address 1398 E Versailles Ct				
City Boise	State ID	Zip Code 83706	Transaction ID : 9779151	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
Name of Employer (for Individual) Treasure Valley Hospital		upation (for Individual) lopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$2000.00	
SUBTOTAL of Receipts This Page (option	al)		• 0.00	
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Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the			(check only one)					
			Detailed Summary Page		11a 11b	11c <b>×</b> 15	12	17		
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	I ay not be sold or used by a address of any political com	any persanittee to	on for the purpose	of soliciting	contribu	tions		
$\square$	NAME OF COMMITTEE (In Full)						_			
$ \rangle$	Political Action Committee of th	e America	an Association of C	Orthop	aedic Surgeo	onsPA	C of AA	AOS		
<u>/</u>	Full Name of Individual (Last, First, Middle Ini		Organization Name							
Α.	American Association of Orthopaedic Su	Date of Receipt								
	Mailing Address 9400 W. Higgins				04 26 2018					
	City	State	Zip Code		Transaction I	D : 9675632				
	Rosemont	IL	60018		Amount of Eacl	h Receipt th	is Period			
	FEC ID number of contributing federal political committee.	С					3200.	61		
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 13483.33	3	Refund of bank for	ees from affi	liated org	anization		
_	Full Name of Individual (Last, First, Middle Ini									
В.	American Association of Orthopaed	ic Surgeon	าร		Date of Receip	t				
	Mailing Address 9400 W. Higgins	State Zip Code			05 25 2018					
	Rosemont	IL	60018		Transaction I Amount of Eacl					
	FEC ID number of contributing federal political committee.	C			2324.57					
	Name of Employer (for Individual)	of Employer (for Individual) Occupation (for Individual)								
	Receipt For:		-							
	Primary General Other (specify) ▼		Year-to-Date ▼ 15807.9	0	Refund of bank fe	ees from affi	liated orga	anization		
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name American Association of Orthopaedic Surgeons				Date of Receip	t				
	Mailing Address 9400 W. Higgins				06 / D / Y Y Y Y Y 22 / 2018					
	City Rosemont	State IL	Zip Code 60018		Transaction I					
	FEC ID number of contributing	_			Amount of Eacl	n Receipt tr	is Period	_		
	federal political committee.	С					1716.	75		
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Iter	n				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 17524.64		Refund of bank f	ees from aff	liated org	anization		
s	UBTOTAL of Receipts This Page (optional)			►	· · · ,	,	7241.9	93		
Т	OTAL This Period (last page this line number	only)		►			7241.	93		

FOR LINE NUMBER:

ITEMIZED RECEIPTS	for each categor Detailed Summa	y of the
		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association	n of Orthopaedic SurgeonsPAC of AAOS
A. Northern Trust Company Mailing Address 50 S La Salle St	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 30 2018 Transaction ID : 9677019
Chicago	IL 60603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.08
Name of Employer (for Individual)	Occupation (for Individu	al) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2252.09
Full Name of Individual (Last, First, Middle B. Northern Trust Company	nitial) or Full Organization Name	Date of Receipt
Mailing Address 50 S La Salle St		04 / D D / Y Y Y Y 2018
City Chicago	State Zip Code IL 60603	Transaction ID : 9677020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	772.86
Name of Employer (for Individual)	Occupation (for Individu	al) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2252.01 Interest earned on bank account
Full Name of Individual (Last, First, Middle C. Northern Trust Company	nitial) or Full Organization Name	Date of Receipt
Mailing Address 50 S La Salle St		05 31 2018
City Chicago	State Zip Code IL 60603	Transaction ID : 9711996
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individu	al) Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	3054.90 Interest earned on bank account
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number		

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FOR LINE NUMBER:

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ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       11a     11b       11a     11b       13     14       15     16       X     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements ma	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	paedic SurgeonsPAC of AAOS		
A.	Full Name of Individual (Last, First, Middle Initia Northern Trust Company	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 50 S La Salle St	State	Zip Code	05 / 01 / Y Y Y Y 05 / 01 2018
	Chicago	IL	60603	Transaction ID : 9711998 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		802.72
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3054.81	Interest earned on bank account
в.	Full Name of Individual (Last, First, Middle Initia Northern Trust Company	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 50 S La Salle St	06 30 Y Y Y Y Y 2018		
	City	State Zip Code		Transaction ID : 9745337
	Chicago	IL	60603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.08
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3828.79	Interest earned on bank account
с.	Full Name of Individual (Last, First, Middle Initia Northern Trust Company	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 50 S La Salle St			M M / D D / Y Y Y Y 06 01 2018
	City	State IL	Zip Code 60603	Transaction ID : 9745339
	Chicago	1	00003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		773.81
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3828.71	Interest earned on bank account
s	UBTOTAL of Receipts This Page (optional)			1576.61
	OTAL This Period (last page this line number or			2349.64

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

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

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

FOR LINE NUMBER:

(check only one) 11a 11b 11c 12 **X** 16 13 14 15 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name George Holding For Congress Inc. Α. Date of Receipt Mailing Address PO Box 97187 1 04 18 2018 City Zip Code State Transaction ID: 9666960 NC Raleigh 27624 Amount of Each Receipt this Period FEC ID number of contributing С 312.50 C00499236 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General X 312.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ryan Costello For Congress Date of Receipt Mailing Address PO Box 3154 05 2018 14 City State Zip Code Transaction ID : 9692943 West Chester PA 19381 Amount of Each Receipt this Period FEC ID number of contributing С 2812.50 C00554899 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: 2018 Aggregate Year-to-Date ▼ x General Primarv Other (specify) 2812.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hatch Election Committee Inc Date of Receipt Mailing Address PO Box 3986 MM 05 22 2018 City Zip Code State Transaction ID : 9699303 DC Washington 20027 Amount of Each Receipt this Period FEC ID number of contributing С 3350.00 C00104752 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General 3350.00 Other (specify) 6475.00 SUBTOTAL of Receipts This Page (optional).....

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348

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FOR LINE NUMBER:

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348

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)           11a         11b         11c         12           13         14         15         X         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Init Hatch Election Committee Inc Mailing Address PO Box 3986 City	ial) or Full O	zip Code	Date of Receipt
	Washington	DC	20027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0104752	4650.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Receipt For: 2018	Aggregate	Year-to-Date ▼ 8000.00	]
R	Full Name of Individual (Last, First, Middle Init Friends Of Elizabeth Esty	ial) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address PO Box 61			05 29 2018
	City Cheshire	State CT	Zip Code 06410	Transaction ID : 9706681
	FEC ID number of contributing federal political committee.		494203	Amount of Each Receipt this Period
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Ryan For Congress, Inc.	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address PO Box 1488			06 21 2018
	City Janesville	State WI	Zip Code 53547	Transaction ID : 9732311
	FEC ID number of contributing federal political committee.		0330894	Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	]
s	UBTOTAL of Receipts This Page (optional)			12150.00
Т	OTAL This Period (last page this line number of	only)		

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FOR LINE NUMBER:

PAGE 265 OF

ITEMIZED RECEIPTS	for each cate Detailed Sum	gory of the
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or I the name and address of any po	r used by any person for the purpose of soliciting contributions olitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Associati	ion of Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Pittenger For Congress Llc         Mailing Address PO Box 11207         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For: 2018         Primary       ✗ General         Other (specify) ▼	e Initial) or Full Organization Name State Zip Code NC 28220 C C00514513 Occupation (for Indivi Aggregate Year-to-Date ▼	Date of Receipt D / Y Y Y Y O6 / 21 / 2018 Transaction ID : 9732312 Amount of Each Receipt this Period 1000.00
Full Name of Individual (Last, First, Middl Mailing Address City	e Initial) or Full Organization Name	e Date of Receipt           Date of Receipt           Manual / Date / Yaryary           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	C Occupation (for Indiv Aggregate Year-to-Date	ridual) Memo Item
Full Name of Individual (Last, First, Middl Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	e Initial) or Full Organization Name         State       Zip Code         C         Occupation (for Indivi         Aggregate Year-to-Date ▼	Date of Receipt         M M / D D / Y Y Y Y         Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional	)	1000.00
TOTAL This Period (last page this line num	ber only)	19625.00

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)					<b>२</b> :			PA	GE	266 OF	348
	EMIZED DISBURSEMENTS	for each	category of the Summary Page		×	-	one) 22 28b		23 28c		26 29		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\backslash$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Political Action Committee of the	American	Association	of (	Drth	юра	aedic	Sur	geoi	ns-	-PA	Сс	of AAC	DS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse		nt		YY	
	Mailing Address 50 S La Salle St						04		0	3	/		18	
	City Chicago	State IL	Zip Code 60603				FEC	ldenti	ificatio	n Ni	umber		_	
	Purpose of Disbursement Bank fees deducted from account			C	01		С	ranc	action	ID .	0620	524		
	Candidate Name				egory /pe	/							this Pe	riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		<u>.</u>					Ban	k fees	-	640.96 ucted fro	m accou
	State: District:		<b>y</b> ) <b>v</b>				N	lemo	Item					
B.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse		nt			_
	Mailing Address 50 S La Salle St						04	M /		3	/ Y		)18	
	City Chicago	State IL	Zip Code 60603				FEC	ldenti	ificatio	n Nı	umber		_	
	Purpose of Disbursement Bank fees deducted from account		[	C	01		С	ransa	action	ID :	9638	527		
	Candidate Name				egory /pe	/	Amou	nt of	Each	Disl	burser	nent	this Pe	riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General				L			Ban	k fees		219.55 ucted fro	m accou
	State: District:	Other (spec	Siry)				N	1emo	Item					
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	emer	nt			_
	Mailing Address 50 S La Salle St						м 04	M /	0	D 4	/ Y		18 18	
	City Chicago	State IL	Zip Code 60603				FEC	Identi	ificatio	n Nı	umber		_	
	Purpose of Disbursement Bank fees deducted from account			C	01		С	rane	action	י חו	. 9638	528		
	Candidate Name				egory /pe	/							this Pe	riod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General General					lemo	ltem	Ban	k fees	ded	489.14 ucted fro	om accou
_	State: District:	_							nom					
s	UBTOTAL of Disbursements This Page (optional)							_			Ŧ		1349.65	
т	OTAL This Period (last page this line number onl	y)						_	,		,			

S	CHEDULE B (FEC Form 3X)			F	OR LI	NE	NUMBER	:		PA	GE	267 OF 348
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(0	heck o				_	_		
			Summary Page		<b>X</b> 2	1b 8a	22 28b	23 28c		26 29		27 30b
	ny information copied from such Reports and Stat for commercial purposes, other than using the n				any p	erso	on for the	purpose		olicitin		ontributions
$\square$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the	American	Association	of	Orth	opa	aedic S	Surgeo	ns	PA	C	of AAOS
A.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	f Disburs				YYY
	Mailing Address 50 S La Salle St						04		)4			018
	City Chicago	State IL	Zip Code 60603				_	entificatio	n N	umber		
	Purpose of Disbursement Bank fees deducted from account				001	1İ	С					
	Candidate Name			Cat	egory/	1		<b>ansactior</b> t of Each				t this Period
	Office Sought: House Disburs	ement For:		I	уре	_						548.94
	Senate President	Primary Other (spe	General cify) ▼				Me	mo Item	Bar	nk fees	dec	ducted from accoun
	State: District:						IVIC	ino item				
_	Full Name (Last, First, Middle Initial)						_					
в.	Northern Trust Company							f Disburse		nt		
	Mailing Address 50 S La Salle St						04	/ D	D 10	/ Y		018
	City Chicago	State IL	Zip Code 60603				FEC Id	entificatio	n N	umber		
	Purpose of Disbursement				-		С					·
	Bank fees deducted from account Candidate Name			Cat	001 egory/ ype	1		<b>insaction</b> t of Each				t this Period
	Office Sought: House Disburs	ement For:			урс	_						384.95
	Senate	Primary	General						Bar	nk fees	s dec	ducted from accoun
	State: District:	Other (spe	cify)				Me	mo Item				
C.	Full Name (Last, First, Middle Initial) Department of the Treasury-Inter	nal Rever	nue Service				Date o	f Disburse	eme	nt		
	Mailing Address 1500 Pennsylvania Avenue, NW						м м 04	/ D	р 6	/ Y		018
	City	State	Zip Code			+		optificati -				
	Washington	DC	20220				FEU 10	entificatio	n N	umper		
	Purpose of Disbursement Federal income tax on interest income					1	С					
	Candidate Name			Cat	001 egory/ ype			ansactior t of Each				t this Period
	Office Sought: House Disburs	ement For:			2 F	$\neg$				_		289.62
	Senate	Primary	General						Fee	deral ir	ncon	ne tax on interest
	President	Other (spe	cify) 🔻				Me	mo Item	inc	ome		
Г	State: District:						_		_	_	-	
8	SUBTOTAL of Disbursements This Page (optional	)			••••• •	-			-		-	1223.51
ין	<b>OTAL</b> This Period (last page this line number on	ly)			)	•				9		

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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		OR LINE					PA	GE	268 OF 348
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		heck onl X 21b 28a	y on	e) 22 28b	23 28c		26 29		27 30b
	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	of (	Orthop	bae	dic S	Surgeo	ns-	PA	Сc	of AAOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company					[	Date of	f Disburse	emei	nt	Y	YY
	Mailing Address 50 S La Salle St						04	1	7		20	18
	City Chicago Purpose of Disbursement	State IL	Zip Code 60603			1.0	EC Id	entificatio	n N	umber	_	-
	Bank fees deducted from account			0	01			Insaction	ID :	: 9663	039	
	Candidate Name				egory/ ype		Amount	t of Each	Dis	burser	nent	this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General Gify) ▼						Ban	k fees	ded	383.00 ucted from accour
	State: District:		<i>,</i> , ,				Me	mo Item				
B.	Full Name (Last, First, Middle Initial) Northern Trust Company					1	Date of	f Disburse	eme	nt	V	- Y - Y
	Mailing Address 50 S La Salle St						04		6	7		)18
	City Chicago Purpose of Disbursement	State IL	Zip Code 60603			1.10	EC Id	entificatio	n N	umber	_	_
	Bank fees deducted from account Candidate Name		[	Cate	001 egory/	1.7	Tra	nsaction t of Each				this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	13	ype				Ban	nk fees	ded	6.88 ucted from accour
	State: District:					1	Ivie	mo Item				
C.	Full Name (Last, First, Middle Initial) Northern Trust Company					1	Date of	f Disburse	emei	nt		Y Y
	Mailing Address 50 S La Salle St						04		4	/ 1		18
	City Chicago	State IL	Zip Code 60603			1.0		entificatio	n N	umber	_	_
	Purpose of Disbursement Bank fees deducted from account Candidate Name		[	-	01 egory/	1.1		insaction t of Each			-	this Period
	Office Sought: House Disburse	ement For: Primary	General	Ty	ype				D	-		252.11
	State: District:	Other (spec					Me	mo Item	⊳ar	IK IEES	ued	ucted from accou
s	UBTOTAL of Disbursements This Page (optional).				)						641.99	
Т	OTAL This Period (last page this line number only	y)			🕨			. , .		,		

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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				NUMBE	R:			PAC	GE 2	69 OF	348
ITI	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	×	-	one) 22 28	b	23 28c		26 29		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													s
$\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	of (	Drth	nopa	aedic	Sı	urgeoi	ns-	-PA	C of	AAC	s
-	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of	Disburse	emen	t	Ý	YY	
	Mailing Address 50 S La Salle St						0	4	2	3		201	8	
	City Chicago Purpose of Disbursement	State IL	Zip Code 60603				100	Ide	ntification	n Nu	mber		_	
	Bank fees deducted from account			0	01		С	Fran	saction	ID ·	96727	795		
	Candidate Name				egory /pe	/			of Each			nent t		od
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General Gify) ▼					Morr	no Item	Bank	fees	-	46.77 cted fror	m accou
	State: District:							vien	io item					
	Full Name (Last, First, Middle Initial) Northern Trust Company								Disburse	emen	t			
	Mailing Address 50 S La Salle St						м 0	<sup>™</sup>		D )1	/ Y	201		
	City Chicago Purpose of Disbursement	State IL	Zip Code 60603				100	lde	ntificatio	n Nu	mber		_	
	Bank fees deducted from account Candidate Name		[		01 egory				saction of Each				his Pori	od
		ement For:			pe					DISD			42.56	J
	State: District:	Primary Other (spec	Cify)					Merr	no Item	Bank	c fees	dedu	cted fro	m accou
	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of	Disburse	emen	t			
	Mailing Address 50 S La Salle St						™ 0	м 5	/ D 0	D 3	/ Y	ү 201	Y Y 8	
	City Chicago	State IL	Zip Code 60603				FEC	Ide	ntificatio	n Nu	mber		_	
	Purpose of Disbursement Bank fees deducted from account		[	0	01		С	Tran	saction	ID :	96792	221		
	Candidate Name				egory /pe	/	Amo	unt	of Each	Disb	oursen	nent t	his Peri	od
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General					400		Banl	< fees	-	98.64 cted fro	m accou
	State: District:							viell	no Item					
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional).						F		g=		-9-		687.97	

	CHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)				NUMBE	ER:			PAG	GE 2	270 OF	348
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	<b>X</b> 2		one) 22 28		23 28c		26 29		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	of (	Drth	ODa	aedio	: S	uraeo	ns-	-PA	Сo	f AAC	s
	Full Name (Last, First, Middle Initial)			_					- <b>J</b>					
Α.	Northern Trust Company						Date	e of	Disburse	-	nt	Y	V	
	Mailing Address 50 S La Salle St						C	95		3		20		
	City Chicago	State IL	Zip Code 60603				FEC	lde	entificatio	n Nu	umber			
	Purpose of Disbursement Bank fees deducted from account			0	01		С							
	Candidate Name			Cate	egory. /pe	/			nsaction of Each				this Per	iod
	Senate	Primary	General		/pc				-gr.	Banl	k fees	-	468.07 Icted fro	m accou
	State: District:	Other (spec	city) 🔻					Mer	no Item					
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	e of	Disburse	emer	nt			_
	Mailing Address 50 S La Salle St							™ )5		D )8	/ Y	20		
	City Chicago	State IL	Zip Code 60603				FEC	lde	entificatio	n Nu	umber	_		
	Purpose of Disbursement Bank fees deducted from account Candidate Name		[		01				nsaction					
					egory. /pe	/	Amc	ount	of Each	Dist	oursen	-		lod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General					_		Banl	k fees	1. A	625.44 Icted fro	m accou
	State: District:		, <b>,</b> ,					Mer	mo Item					
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	e of	Disburse	emer	nt			_
	Mailing Address 50 S La Salle St						M C	<sup>™</sup>		<sup>р</sup> 5	/ Y	20	18 18	
	City Chicago	State IL	Zip Code 60603				FEC	lde	entificatio	n Nu	umber			
	Purpose of Disbursement Bank fees deducted from account		- I	0	01	1	С							
	Candidate Name		L		egory. /pe	/			nsaction of Each			-	this Per	iod
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General							Ban	k fees	-	221.73 ucted fro	m accou
	State: District:	· · ·						wer	no Item					
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional).					_					-9-	1	315.24	

SCHEDULE B (FEC	-		arate schedule(s)			NUMBE	R:		PAG	E 271 OF 348
ITEMIZED DISBURS	EMENTS	for each	category of the Summary Page	(cl	neck only 21b 28a	/ one) 22 28b	23 28c		26 29	27 30b
Any information copied from so or for commercial purposes, of					any pers	on for th	e purpose		liciting	contributions
NAME OF COMMITTEE (In Political Action Cor		American	Association	of C	Orthop	aedic	Surgeo	ns	PAC	C of AAOS
Full Name (Last, First, Mide A. Northern Trust Cor	,					Date	of Disburs	ement	t / Y	YYYY
Mailing Address 50 S La Sa	lle St					05		03		2018
City Chicago Purpose of Disbursement		State IL	Zip Code 60603				Identificatio	on Nu	mber	
Bank fees deducted from a	ccount			0	01	C	ransaction	ו ID : י	96972 <sup>,</sup>	19
Candidate Name					egory/ /pe					ent this Period
Office Sought: Hou Sen		Sement For: Primary Other (spe	General Gify) ▼					Bank	fees d	157.88 leducted from accou
State: District:			<i></i>				lemo Item			
Full Name (Last, First, Mide B. Northern Trust Cor	,						of Disburs		t	
Mailing Address 50 S La Sa	alle St					05		22	/ Y	2018
City Chicago Purpose of Disbursement		State IL	Zip Code 60603	_		FEC	Identificatio	on Nu	mber	
Bank fees deducted from a Candidate Name				Cate	01 egory/	Т	ransactior			33 ent this Period
Office Sought: Hou		sement For: Primary Other (spe	General	- 13	/pe			Bank	fees o	210.25 deducted from accou
State: District:							lemo Item			
Full Name (Last, First, Mide C. Northern Trust Cor	,					Date	of Disburs	_		
Mailing Address 50 S La Sa	lle St					05		D 31	/ Y	2018
City Chicago		State IL	Zip Code 60603				Identificatio	on Nu	mber	
Purpose of Disbursement Bank fees deducted from a Candidate Name	ccount		[		01		ransaction			95 ent this Period
					egory/ /pe			0130	uisein	
Office Sought: Hou Sen Pres		sement For: Primary Other (spe	General cify) ▼				lemo Item	Bank	fees o	286.10 deducted from accou
State: District:										
SUBTOTAL of Disbursements	This Page (optiona	)			····· <b>&gt;</b>				-9-	654.23
TOTAL This Period (last page	e this line number or	nly)			····· <b>Þ</b>				,	

CHEDULE	B (FEC Form	3X)			F	OR LINE	E NU	MBER:			PA	GE 272 OF	348
<b>FEMIZED</b> D	<b>ISBURSEMENT</b>	S		rate schedule(s) category of the	(C	heck on	-				1	<u> </u>	
				Summary Page		× 21b 28a		22 28b	23 28c		26 29	27 30b	
	ppied from such Reports purposes, other than us												
\ \	/MITTEE (In Full)												
<sup>&gt;</sup> Political A	ction Committee	of the Ar	merican	Association	of (	Drthop	bae	edic S	Surgeo	ns-	-PA	C of AAC	DS
,	t, First, Middle Initial) rust Company								f Disburse				
Mailing Address	50 S La Salle St							06	/ D	)5	/ Y	2018	
City Chicago		S	itate IL	Zip Code 60603				FEC Id	entificatio	n N	umber		
Purpose of Disk Bank fees dedu	oursement ucted from account				0	01		С		_			
Candidate Nam	e			L		egory/ /pe			<b>insaction</b> t of Each		-	999 ment this Per	riod
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State:	President District:		Other (spec	cify) ▼				Ме	mo Item	oan	r iees	deducted fro	
	t, First, Middle Initial) Frust Company							Date of	f Disburse	emei	nt		
Mailing Address	50 S La Salle St							м м 06	/ D	D 05	/ Y	2018 Y	
City Chicago		S	itate IL	Zip Code 60603				FEC Id	entificatio	n N			
Purpose of Disk Bank fees ded Candidate Nam	ucted from account			[		001 egory/	1.1		<b>insaction</b> t of Each			000 nent this Per	riod
Office Sought:	House	Disbursem	ent For:		Ţ	/pe	1					241.89	Π.
-	Senate		Primary	General				_		Ban	k fees	deducted fro	m acc
State:	District:		Other (spec	city)				Ме	mo Item				
	t, First, Middle Initial)							Date of	f Disburse	emei	nt		
Mailing Address	50 S La Salle St							м м 06	/ D (	D )4	/ Y	2018	
City		S	itate	Zip Code				FEC Id	entificatio	n N	umber		
Chicago Purpose of Dist	oursement		IL	60603			1	С		-			
	ucted from account			[	-	01 egory/	1.1	Tra	ansaction			001 nent this Per	riod
Office Courts	House	Diskurst				/pe						140.23	
Office Sought:	House Senate President		nent For: Primary Other (spec	General cify) ▼				Ме	mo Item	Bar	ik fees	deducted fro	om acc
State:	District:						<u> </u>	_			_		_

SCHEDULE B (FEC Form 3X)		arate schedule(s)			NUMBER	1:		PAG	E 273 OF 348
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(cl	neck only 21b 28a	/ one) 22 28b	23 28c		26 29	27 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the				any pers	on for the	purpose	of sol	iciting	contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American	Association	of C	Drthop	aedic	Surgeo	ns	PAC	C of AAOS
Full Name (Last, First, Middle Initial) A. Northern Trust Company					Date o	of Disburse	ement	Y	Y Y Y
Mailing Address 50 S La Salle St					06	C	)5		2018
City Chicago Purpose of Disbursement	State IL	Zip Code 60603				dentificatio	n Nur	nber	
Bank fees deducted from account		1	0	01	С	ansaction		7120	02
Candidate Name				egory/ /pe					ent this Period
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General cify) ▼				emo Item	Bank	fees o	263.21 leducted from accou
State: District:						enno item			
Full Name (Last, First, Middle Initial) B. Northern Trust Company						of Disburse		_	
Mailing Address 50 S La Salle St					06		D /	Y	2018
City Chicago Purpose of Disbursement	State IL	Zip Code 60603			FEC I	dentificatio	n Nur	nber	
Bank fees deducted from account		[		01 gory/	Tr	ansaction nt of Each			<b>76</b> ent this Period
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General	Ту	/pe			Bank	fees o	59.51 deducted from accou
State: District:		- ,,			M	emo Item			
Full Name (Last, First, Middle Initial) C. Northern Trust Company					Date o	of Disburse	ement		
Mailing Address 50 S La Salle St					M 06		)7	Y	2018
City Chicago	State IL	Zip Code 60603				dentificatio	n Nur	nber	
Purpose of Disbursement Bank fees deducted from account Candidate Name		[	-	01		ansaction			
				egory/ /pe	Amour		DISDI	JISeIII	ent this Period
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General cify) ▼					Bank	fees	201.44 deducted from accou
State: District:						emo Item			
SUBTOTAL of Disbursements This Page (optiona	I)			••••• •				7	524.16
TOTAL This Period (last page this line number o	nly)			····· <b>Þ</b>					

SCHEDULE B (FEC Form 3X)					NUMBEF	R:		PAG	E 274 OF 348		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch	eck only							
		Summary Page		✗ 21b 28a	22 28b	23 28c		26 29	27 		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				any pers	on for the	e purpose	of soli	citing	contributions		
NAME OF COMMITTEE (In Full)											
Political Action Committee of the	American	Association	of C	Orthop	aedic	Surgeo	nsl	PAC	of AAOS		
Full Name (Last, First, Middle Initial) A. Northern Trust Company					Date	of Disburs			YYYY		
Mailing Address 50 S La Salle St					06		D /		2018		
City Chicago	State IL	Zip Code 60603			FEC I	dentificatio	n Nun	nber			
Purpose of Disbursement Bank fees deducted from account			00	01	С	ransactior		7000			
Candidate Name				gory/ pe					ent this Period		
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General					Bank	, fees d	27.50 educted from accou		
State: District:		Giry) V			M	emo Item					
Full Name (Last, First, Middle Initial) B. Northern Trust Company						of Disburse					
Mailing Address 50 S La Salle St					06		19	Ŷ	2018		
City Chicago	State IL	Zip Code 60603			FEC I	dentificatio	n Nun	nber			
Purpose of Disbursement Bank fees deducted from account		[	0	01	С	ansaction	ID : 9	73216	2		
Candidate Name				gory/ pe			-		ent this Period		
Office Sought: House Disbur Senate President	sement For: Primary Other (spec	General					Bank	, fees d	307.03 educted from accou		
State: District:					M	emo Item					
Full Name (Last, First, Middle Initial) C. Northern Trust Company					Date	of Disburse					
Mailing Address 50 S La Salle St					06		29	Ŷ	2018		
City Chicago	State IL	Zip Code 60603			FEC I	dentificatio	n Nun	nber			
Purpose of Disbursement Bank fees deducted from account			00	01	С	ransactior		7/52	10		
Candidate Name		L		gory/ pe					ent this Period		
Senate	sement For: Primary	General		<u>.</u>	L.		Bank	fees c	284.38 leducted from accou		
State: District:	Other (spe	ситу) 🔻			М	emo Item					
SUBTOTAL of Disbursements This Page (optiona	I)			····· <b>&gt;</b>	618.91						
TOTAL This Period (last page this line number of	וy)			····· <b>Þ</b>		. ,		,	7587.62		

S	CHEDULE B (FEC Form 3X)			F	OR I	INF	NUMBER:	PAGE 275 OF 348
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck		one)	26 27
		Detailed	Summary Page			215 28a	28b 28c	29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\square$	NAME OF COMMITTEE (In Full)							
	Political Action Committee of the	American	Associatio	n of (	Orth	nop	aedic Surgeons-	PAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Jim Banks For Congress, Inc.						Date of Disburseme	
	Mailing Address PO Box 11431						04 / D D 16	2018
	City Fort Wayne	State IN	Zip Code 46858				FEC Identification N	umber
	Purpose of Disbursement		40030	_			C C00577999	
				C	011		Transaction ID	9664865
	Candidate Name			Cat	egory	//		bursement this Period
	Banks, James, , ,			Т	ype			4000.00
	Office Sought:     X     House     Disburse       Senate     X	ement For: 2	2018 General					4000.00
	State: IN District: 03	Other (spe	cify) ▼				Memo Item	
	Full Name (Last, First, Middle Initial)							
Β.	Pascrell For Congress						Date of Disburseme	nt
	Mailing Address Pob 100						04 / D D D 20	2018
	City	State	Zip Code				FEC Identification N	umber
	Teaneck Purpose of Disbursement	NJ	07666					
	Fulpose of Disbuisement			(	011		C C00313510	
	Candidate Name				egory		Transaction ID :	9669335 bursement this Period
	Pascrell, William, , , Jr.				ype	″	Amount of Each Dis	
		ement For:	2018					1000.00
		Primary	General					,
	State: NJ District: 09	Other (spec	cify)				Memo Item	
_	Full Name (Last, First, Middle Initial)						Date of Disburseme	ot
0.	David Scott For Congress							
	Mailing Address P.O. Box 960821						04 20	2018
	City	State	Zip Code				FEC Identification N	umber
	Riverdale Purpose of Disbursement	GA	30296	_			C C00369801	
				C	)11		Transaction ID	0660226
	Candidate Name			Cat	egory	//		bursement this Period
	Scott, David, , ,				ype			
		ement For: 2						1000.00
	Senate President	Primary Other (spe	General				-	
	State: GA District: 13		city) 🔻				Memo Item	
								6000.00
$\vdash^{s}$	<b>UBTOTAL</b> of Disbursements This Page (optional)							
т	OTAL This Period (last page this line number only	/)					L,	,

SCHEDULE B (FEC Form 3X)			FOF		NUMBER: PAGE 276 OF 348
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		eck only	y one)
		Summary Page		21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the n				ny pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)					
Political Action Committee of the	Americar	n Association	of O	rthop	aedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) <b>A. Yarmuth For Congress</b>					Date of Disbursement
Mailing Address 1815 Brownsboro Road, Suite 1	01				04 20 2018
City Louisville	State KY	Zip Code 40206			FEC Identification Number
Purpose of Disbursement			011	1	C C00419630
Candidate Name			Cateq	- L	Transaction ID : 9669845 Amount of Each Disbursement this Period
Yarmuth, John, , ,			Тур		
	sement For: <b>x</b> Primary	2018 General			1500.00
State: KY District: 03	Other (spe	ecify) ▼			Memo Item
Full Name (Last, First, Middle Initial)					
B. Devin Nunes Campaign Committ	ee				Date of Disbursement
Mailing Address PO Box 6545					04 20 2018
City Visalia	State CA	Zip Code 93290			FEC Identification Number
Purpose of Disbursement		93290	01	1	С С00370056
Candidate Name			Categ		Transaction ID : 9669906 Amount of Each Disbursement this Period
Nunes, Devin, , ,			Тур	-	Amount of Lacif Disbursement this Period
	sement For:	2018			1000.00
Senate	Primary	General			
State: CA District: 22	Other (spe	еспу)			Memo Item
Full Name (Last, First, Middle Initial) C. Lucille Roybal-Allard For Congres	SS				Date of Disbursement
Mailing Address 6 E Street, Se					04 20 Y Y Y Y 2018
City	State	Zip Code			FEC Identification Number
Washington Purpose of Disbursement	DC	20003			
Fulfose of Disbulsement			011	1	C C00259143
Candidate Name Roybal-Allard, Lucille, , Rep.,			Categ Typ	ory/	Transaction ID : 9669907 Amount of Each Disbursement this Period
	sement For:	2018	- 76		2000.00
Senate President	<ul> <li>Primary</li> <li>Other (specified)</li> </ul>	General ecify) ▼			Memo Item
State: CA District: 40					
SUBTOTAL of Disbursements This Page (optional	)			►	4500.00
TOTAL This Period (last page this line number or	ıly)			▶	, ,

SCHEDULE B (FEC Form 3X)			FC	RLI		JMBER:			P	AGE	277 OF 348
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		neck o	only o	nly one) p 22 X 23 a a 28b 28c a					7.07
		Summary Page			1b 8a				26		27 30b
Any information copied from such Reports and State	ements may	not be sold or use	ed by a								
or for commercial purposes, other than using the na	ame and add	ress of any politic	al com	mittee	e to s	olicit cor	ntributio	ons	from su	ich c	ommittee.
NAME OF COMMITTEE (In Full)											
Political Action Committee of the A	Americar	Association	of C	Drtho	opae	edic S	Surge	or	ısP/		of AAOS
Full Name (Last, First, Middle Initial)						Date of	Dishu	rsei	ment		
A. Walter Jones Committee										V V	YY
Mailing Address PO Box 3962						04		20			018
City	State	Zip Code				FEC Ide	entifica	tion	Numbe	er	
Greenville Purpose of Disbursement	NC	27836			_	0					-
Purpose of Disbursement			01	11	111	•	C0030	1.	- 1		
Candidate Name			<u> </u>		41.				ID:966		t this Dariad
Jones, Walter, , ,				gory/ pe		Amount	. ∪i ⊏a			-men	t this Period
	ement For:	2018							1.40		2000.00
Senate	_	General									
State: NC District: 03	Other (spe	cify) 🔻				Me	mo Ite	m			
Full Name (Last, First, Middle Initial)											
B. Continuing America's Strength an	d Securit	tv				Date of	Disbu	rsei	ment		
		- <b>)</b>				M M	/ 1	)	D /	Y Y	YY
Mailing Address 1006 Pendleton Street						04		20		2	018
City	State	Zip Code				FEC Ide	entifica	tion	Numbe	er	
Alexandria Purpose of Disbursement	VA	22314			_	$\mathbf{C}$	C0049	000	0		-
Bill Cassidy's LPAC			0	11		U	C0048	1.	1.00		
Candidate Name			Cate	gory/	11.				I <b>D : 966</b> Disburse		t this Period
Continuing America's Strength an		ty		pe							
	ement For:					L					2500.00
President	Primary	General						E	Bill Cass	idy's	LPAC
State: District:	Other (spe	cry)				Me	mo Ite	m			
Full Name (Last, First, Middle Initial)											
C. Klobuchar For Minnesota						Date of	Disbu	rsei	ment		
Mailing Address PO Box 4146					_	м м 04	/ [	20			018
	Ctota	Zin Code								_	
City St Paul	State MN	Zip Code 55104				FEC Ide	entifica	tion	Numbe	er	
Purpose of Disbursement	1		_	-		С	C0043	135	3		
			01	11		-	insacti	on	ID : 966	9910	
Candidate Name			Cate	gory/							t this Period
Klobuchar, Amy, , ,			Ту	ре							1000.00
La Sonato	ement For:	2018 General					-				1000.00
President	Other (spe					<b>—</b>					
State: MN District:		-, -			Memo Item						
						_		-			
SUBTOTAL of Disbursements This Page (optional)				Þ	····· ▶					5500.00	
	)										
TOTAL This Period (last page this line number only	y)			🕨	•		, j				

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 278 OF 348					
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a						
	y information copied from such Reports and State for commercial purposes, other than using the na									
$\setminus$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the A	American	Association	of Orthop	baedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Keystone America PAC	Date of Disbursement								
	Mailing Address PO Box 58746				04 20 / YIYIY 2018					
	City	State	Zip Code		FEC Identification Number					
	Philadelphia Purpose of Disbursement Casey's LPAC	PA	19102	011	C C00439992					
	Candidate Name			Category/	Transaction ID : 9669911 Amount of Each Disbursement this Period					
	Keystone America PAC			Туре						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Casey's LPAC Memo Item					
	Full Name (Last, First, Middle Initial)									
В.			Date of Disbursement							
	Mailing Address 406 Virginia Ave	04 20 2018								
	City Alexandria		FEC Identification Number							
	Purpose of Disbursement Barrasso's LPAC	011	C C00442368							
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Common Values PAC Office Sought: House Disburse	ment For:			2500.00					
	Senate	Primary	General		Barrasso's LPAC					
	State: District:	Other (spe	cify)		Memo Item					
C.	Full Name (Last, First, Middle Initial) Hurd For Congress				Date of Disbursement					
	Mailing Address PO Box 761029				04 / D D / Y Y Y Y Y 20 2018					
	City San Antonio	State TX	Zip Code 78245		FEC Identification Number					
	Purpose of Disbursement				C C00545467					
	Candidate Name Hurd, Will, , Rep.,	011 Category/ Type	Transaction ID : 9669913 Amount of Each Disbursement this Period							
	Office Sought: X House Disburse	1000.00								
	Senate President	Memo Item								
_	State: TX District: 23									
s	UBTOTAL of Disbursements This Page (optional).			••••••	4500.00					
Т	OTAL This Period (last page this line number only	/)		••••••	, _ , _ ,					

S	CHEDULE B (FEC Form 3X)			FOR LINI	E NUMBER: PAGE 279 OF 348
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check or	ily one)
_		Detailed	Summary Page	288	a 28b 28c 29 30b
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politic	ed by any per al committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	Political Action Committee of the A	American	Association	of Ortho	paedic SurgeonsPAC of AAOS
A.	Full Name (Last, First, Middle Initial) Friends Of Dave Joyce	Date of Disbursement			
	Mailing Address 320 Kenarden Drive				M _ M / D _ D / Y Y Y Y Y 04 20 2018
	City	State OH	Zip Code		FEC Identification Number
	Cleveland Purpose of Disbursement		44143		0 000507457
				011	C C00527457
	Candidate Name				Transaction ID : 9669915
	Joyce, Dave, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ement For: 2 Primary	2018 General	, F -	2500.00
	State: OH District: 14	Other (spe	cify) ▼		Memo Item
_	Full Name (Last, First, Middle Initial)				
Β.	Angerholzer Broz Consulting	Date of Disbursement			
	Mailing Address 499 S Capitol St. SW Suite 422	04 20 2018			
	City Washington	State DC	Zip Code 20003		FEC Identification Number
	Purpose of Disbursement	C C00166504			
	Candidate Name			011	Transaction ID : 9669918
	Visclosky, Peter, , ,			Category/ Type	Amount of Each Disbursement this Period
		ment For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	350.00
	Senate	Primary	<b>x</b> General		
	State: IN District: 01	Other (spec			Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Building and Restoring the Americ	an Drea	m PAC		Date of Disbursement
	Mailing Address PO BOX 30844				05 / 01 / Y Y Y Y 05 01
	City BETHESDA	State MD	Zip Code 20824		FEC Identification Number
	Purpose of Disbursement Wenstrup LPAC	WD	20024	011	C C00590356
	Candidate Name	Transaction ID : 9677107 Amount of Each Disbursement this Period			
	Building and Restoring the Americ Office Sought: House Disburse				
	Senate	General			
	President	Primary Other (spe			Wenstrup LPAC
	State: District:				Memo Item
s	UBTOTAL of Disbursements This Page (optional).			••••••	4850.00
Т	OTAL This Period (last page this line number only	/)		•••••	, ,

SC	CHEDULE B (FEC Form 3X)		FC	DR L	NE N	UMBER:			PAGE 280 OF 348			
IT	EMIZED DISBURSEMENTS	Use sepa for each	(ch		· -	y one) 22 🗶 23 🗌 26 🗌					707	
			Summary Page			21b 28a	22 		23 28c	26	-	27 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				any j	persor	n for the	purpo	se o	f soliciti		ontributions
$\backslash$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	American	Association	n of C	Drth	opa	edic S	urg	eor	sPA		of AAOS
Α.	Full Name (Last, First, Middle Initial) Diana Degette For Congress							Disb	urser		V	YYY
	Mailing Address P.O. Box 61337						05	/	01			018
	City	State	Zip Code				FEC Ide	entific	ation	Numbe	r	
	Denver	CO	80206								-	-
	Purpose of Disbursement			0,	11		С	C003	1163	9		
	Candidate Name									ID:967		this Deried
	DeGette, Diana, , Rep.,			Cate Ty	gory. pe	′	Amount	ULE	acni	Sisparse	men	t this Period
		ment For: 2 Primary	2018 X General									2000.00
	State: CO District: 01	Other (spec	·				Me	mo Ite	em			
_	Full Name (Last, First, Middle Initial)											
В.	Bilirakis For Congress		Date of	Disb		_	V V	YY				
	Mailing Address PO Box 606		05		01			018				
	City	State	State Zip Code FL 34688					entific	ation	Numbe	r	_
	Tarpon Springs Purpose of Disbursement				С	C004(	0853	4				
	Candidate Name			011 Category/ Type						D : 967		
	Bilirakis, Gus, , ,						Amount	of Ea	ach I	Disburse	emen	t this Period
		ment For:	2018				2500.00					
	Senate	Primary	General									
	State: FL District: 12	Other (spec					Me	mo Ite	əm			
	Full Name (Last, First, Middle Initial)						Date of	Dieb	uree	ment		
<b>.</b>	Nancy Pelosi For Congress							,			Y	YY
	Mailing Address 700 13th Street, Nw Suite 600						05		01			018
	City Washington	State DC	Zip Code 20005				FEC Ide	entific	ation	Numbe	r	
	Purpose of Disbursement			_			С	C002	1351	2		
	Candidate Name	0 <sup>.</sup> Cate	11 gory	/	Tra			ID : 967 Disburse		t this Period		
		Pelosi, Nancy, , Rep., Type										2500.00
							2500.00					
	President	Other (spec										
	State: CA District: 12		(iliy)				Mei	mo Ite	em			
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т	OTAL This Period (last page this line number only	/)			1	•	Γ.	,		. ,		

S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 281 OF 348					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl	r one)					
			Summary Page	21D 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na									
$\setminus$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the A	American	Association	of Orthop	baedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Friends Of Neal Dunn	Date of Disbursement								
	Mailing Address PO Box 16088				05 01 2018					
	City Panama City	State FL	Zip Code 32406		FEC Identification Number					
	Panama City Purpose of Disbursement	1 6	52400		C C00582304					
				011	Transaction ID : 9677112					
				Category/	Amount of Each Disbursement this Period					
	Dunn, Neal, , , MD FACS Office Sought:	ment For: 2	2019	Туре	1500.00					
	Senate	Primary	X General							
	State: FL District: 02	Other (spec	city) 🔻		Memo Item					
D	Full Name (Last, First, Middle Initial)				Data of Dishursement					
D.	Friends Of Raja For Congress				Date of Disbursement					
	Mailing Address PO Box 681202	Aailing Address PO Box 681202								
	City	State IL	Zip Code 60168		FEC Identification Number					
	Schaumburg Purpose of Disbursement	C C00575092								
				011	Transaction ID : 9677113					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Krishnamoorthi, Raja, , Rep., Office Sought:	ment For:	201.0	Туре	1500.00					
	Office Sought: X House Disburse	Primary	2018 X General							
	President	Other (spec			Memo Item					
	State: IL District: 08									
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address 499 S. Capitol St. SW Suit 420				05 01 2018					
	City Washington	State DC	Zip Code 20003		FEC Identification Number					
	Purpose of Disbursement Sasse's LPAC			011	C C00571802					
	Candidate Name	Transaction ID : 9677114 Amount of Each Disbursement this Period								
	Sasse PAC	Amount of Each Dispursement this Period								
	Office Sought: House Disburse		5000.00							
	Senate	Primary	General		Sasse's LPAC					
	State: District:	Other (spec	сіту) 🔻		Memo Item					
s	UBTOTAL of Disbursements This Page (optional).			····· ►	8000.00					
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S	CHEDULE B (FEC Form 3X)				י פר		IUMBER:	PAGE 282 OF 348					
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)						
			Summary Page			21b 28a	22 <b>X</b> 23 28b 28c	26 27 29 30b					
	ny information copied from such Reports and State for commercial purposes, other than using the nati				any	persor	n for the purpose of	of soliciting contributions					
$\backslash$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	American	Association	of (	Jrth	nopa	edic Surgeor	nsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Donovan For Congress						Date of Disburse	ment					
	Mailing Address PO Box 60530						05 / D						
	City Staten Island	State NY	Zip Code 10306				FEC Identification	n Number					
	Purpose of Disbursement			-	_		C C0057186	69					
				0	)11		Transaction	ID : 9677115					
	Candidate Name Donovan, Daniel, M., Rep., Jr.				egory ype	//	Amount of Each Disbursement this Period						
	Office Sought: X House Disburse	ment For: 2		13	ype			2000.00					
	Senate X President	Primary Other (spec	General cify) ▼				Memo Item						
	State:         NY         District:         11           Full Name (Last, First, Middle Initial)												
В.	Pittenger For Congress Llc		Date of Disbursement										
	Mailing Address PO Box 11207		05 / D										
	City Charlotte	State NC	Zip Code 28220				FEC Identification	n Number					
	Purpose of Disbursement		C C0051451	3									
	Candidate Name			011 Category/ Type			Transaction ID : 9677121						
	Pittenger, Robert, , Rep.,						Amount of Each Disbursement this Period						
	с <u>к</u>	1	2018				1000.00						
	Senate President	Primary Other (spec	General										
	State: NC District: 09		Siry)				Memo Item						
C.	Full Name (Last, First, Middle Initial) Martha Roby For Congress						Date of Disburse	ment					
							M M / D 05 0						
	Mailing Address PO Box 195	-					05 0	2010					
	City Montgomery	State AL	Zip Code 36101				FEC Identification	n Number					
	Purpose of Disbursement			_	_		C C0046214	43					
	Candidate Name			ID : 9677123									
	Roby, Martha, , ,				egory ype	//	Amount of Each	Disbursement this Period					
		ment For: 2	2018					1000.00					
	Senate x	Primary	General										
	State: AL District: 02	Other (spec	uny) ▼				Memo Item						
Γ						I							
s	<b>UBTOTAL</b> of Disbursements This Page (optional).							4000.00					
т	OTAL This Period (last page this line number only	/)											

S	CHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 283 OF 348					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on	/ one)					
			Summary Page	21b 28a						
	ny information copied from such Reports and State for commercial purposes, other than using the na			d by any per	son for the purpose of soliciting contributions					
$\backslash$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the A	American	Association	of Ortho	paedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address P.O. Box 10735				05 01 _2018 _					
	City Peoria	State IL	Zip Code 61612		FEC Identification Number					
	Purpose of Disbursement	IL	01012	_	C C00575050					
				011	Transaction ID : 9677124					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Lahood, Darin, , , Office Sought: x House Disburse	ment For: 2	2018	Туре	2500.00					
	Senate Setup	Primary	General							
	State: IL District: 18	Other (spec	cify) 🔻		Memo Item					
_	Full Name (Last, First, Middle Initial)									
В.	Morgan Griffith For Congress	Date of Disbursement								
	Mailing Address, DO Dec 201									
	Mailing Address PO Box 361	05 01 2018								
	City	State VA	Zip Code 24068		FEC Identification Number					
	Christiansburg Purpose of Disbursement	C C00477240								
		011			Transaction ID : 9677126					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Griffith, Morgan, , , Office Sought:	ment For: 2	2019	Туре						
		Primary	General							
	President	Other (spec			Memo Item					
	State: VA District: 09 Full Name (Last, First, Middle Initial)									
C.	AMI PAC				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address PO Box 582496				05 01 2018					
	City	State	Zip Code		FEC Identification Number					
	Elk Grove Purpose of Disbursement	CA	95758		C. C00561779					
	Ami Bera LPAC	C C00561779 Transaction ID : 9677131								
	Candidate Name AMI PAC	Category/								
	Office Sought: House Disburse	2500.00								
	Senate	Primary	General		Ami Bera LPAC					
	President	Other (spec	cify) 🔻		Memo Item					
_	State: District:									
s	UBTOTAL of Disbursements This Page (optional).			····· •	6000.00					
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SCHEDULE B (FEC Form 3X)			FC	DR LI	NE N	IUMBER:		P	AGE	284 OF 348
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NAME OF COMMITTEE (In Full)	۸			-ايدر	<b>.</b>				^ ^	
Political Action Committee of the	Americar	Association		Jrth	opa	aedic S	urgeo	nsP		of AAOS
Full Name (Last, First, Middle Initial) A. Paul Tonko For Congress						Date of	Disburse	ement		
						MM	/ D	D /	Y	YYY
Mailing Address 911 Central Avenue # 221						05	(	)1	2	2018
City	State	Zip Code				FEC Ide	ntificatio	n Numb	er	
Albany Purpose of Disbursement	NY 12206					0				-
			0'	11	11	-	2004500			
Candidate Name								Disburs		t this Period
Tonko, Paul, , ,				egory/ /pe		Amount	u ⊑acn	มรมนเร	emen	
	ement For:	2018	,	~	$\neg$				_	1000.00
Senate	_	General					,			
State: NY District: 20	Other (spe	ecify) 🔻				Mer	no Item			
Full Name (Last, First, Middle Initial)										
B. Coffman for Congress Inc.						Date of	Disburs	ement		
						M M	/ D	D /		Y Y
Mailing Address 9249 South Broadway Blvd. #200-501	#200-501							01	2	2018
City Highlanda Banch	CityStateZip CodeHighlands RanchCO80129						ntificatio	n Numb	er	
Highlands Ranch Purpose of Disbursement								06		-
	0	11	11	U U	004410		7400	_		
Candidate Name			Cate	gory/	11			Disburs		t this Period
Coffman, Mike, , ,		Туре								
	_	ment For: 2018 Primary <b>X</b> General Other (specify)				5000.0				
Senate President						_				
State: CO District: 06	Other (spe	city)				Men	no Item			
Full Name (Last, First, Middle Initial)										
C. Comstock For Congress						Date of	Disburse	ement		
Mailing Address PO Box 831					_	M M 05	/ D	D / )1		2018
						00				
City	State	Zip Code				FEC Ide	ntificatio	n Numb	er	
Mc Lean	VA	22101								-
Purpose of Disbursement			0,	11	11		2005542	- 1 - 1	_	
Candidate Name				-				Disburs		t this Period
Comstock, Barbara, J., Rep.,				egory/ /pe		Anount		Lisbuis	Sinci	
	ement For:	2018				L			_	1000.00
Senate	Primary	🗶 General								
Stato: VA District: 40	Other (spe	ecify) 🔻				Mer	no Item			
State: VA District: 10										
SUBTOTAL of Disbursements This Page (optional)				►	•					7000.00
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S	CHEDULE B (FEC Form 3X)				י פר		NUMBER:	PAGE 285 OF 348					
	EMIZED DISBURSEMENTS	Use sepa for each		heck	c only	one)							
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	for commercial purposes, other than using the na												
$\left  \right $	NAME OF COMMITTEE (In Full)												
$\square$	Political Action Committee of the A	American	Association	of (	Orth	hopa	aedic Surgeons-	-PAC of AAOS					
Δ	Full Name (Last, First, Middle Initial)						Date of Disbursement						
<i>1</i> 7.	Barbara Lee For Congress												
	Mailing Address 333 Hegenberger Rd, Ste 369						05 01 2018						
	City	State	Zip Code				FEC Identification Nu	umber					
	Oakland Purpose of Disbursement	CA	94621				0 000004700						
				0	011		C C00331769	0677435					
	Candidate Name			Cate	egory	v/	Transaction ID : Amount of Each Disl	: 9677135 bursement this Period					
	Lee, Barbara, , Rep.,				ype	, ·							
		ement For: 2						2500.00					
	Senate <b>x</b> President	Primary Other (spec	General Gifv) ▼										
	State: CA District: 13		j/ <b>v</b>				Memo Item						
_	Full Name (Last, First, Middle Initial)												
В.	4MA PAC		Date of Disbursement										
	Mailing Address PO Box 590-464		05 01	2018									
	City	State	Zip Code			$\rightarrow$							
	Newton		FEC Identification Nu	umber									
	Purpose of Disbursement Kennedy's LPAC		C C00543504										
	Candidate Name												
	4MA PAC			Category/ Type			Amount of Each Disl	bursement this Period					
		ement For:		(1	770	-+	1000.00						
	Senate	Primary	General				Ken	nedy's LPAC					
	President	Other (spec	cify)				Memo Item						
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Republic Strategies, LLC						Date of Disbursemer	nt					
							M M / D D	/ Y Y Y Y					
	Mailing Address 216 Woodland Terrace						05 01	2018					
	City	State	Zip Code				FEC Identification Nu	umber					
	Alexandria Purpose of Disbursement	VA	22302	_			C C00379735						
				0	)11			9677232					
	Candidate Name			Cate	egory	y/	Transaction ID : 9677232 Amount of Each Disbursement this Period						
	Cole, Thomas, , ,				ype			750.00					
	Office Sought: X House Disbursement For: 2018 Senate V Primary General						750.00						
	President → Other (specify) ▼												
_	State: OK District: 04						Memo Item						
								1050.00					
S	SUBTOTAL of Disbursements This Page (optional).							4250.00					
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S	CHEDULE B (FEC Form 3X)		FC	OR LINE NUMBER:						PAGE 286 OF 348			
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	ny information copied from such Reports and State for commercial purposes, other than using the na				any	perso	on for the	purpos	se c	of solid	citing	conti	ributions
$\setminus$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	American	Association	n of C	Orth	nopa	aedic S	Surge	eor	nsF	PAC	; of	AAOS
A.	Full Name (Last, First, Middle Initial) Republic Strategies, LLC						Date of						
	Mailing Address 216 Woodland Terrace							/	0 <sup>.</sup>		Ŷ	2018	B
	City	State						entifica	atior	n Num	ber		
	Alexandria Purpose of Disbursement	VA 22302											-
	Fulpose of Disbursement			0	11		С	C0043	352	24	_		
	Candidate Name							nsacti					nis Period
	Hunter, Duncan, , ,				egory ype	″	Amoun	. ∪i ⊑a		טמפוים	50116	דוו נו	IS FEIIDU
		ement For: 2 Primary	2018 X General				L.				7	75	50.00
	State: CA District: 50	Other (spe	cify) ▼				Me	mo Ite	m				
_	Full Name (Last, First, Middle Initial)												
В.	John S Fund						Date of	f Disbu	irse	ment			
	Mailing Address P.O. Box 853								0		Y	y 201	Y Y 8
	City	State	Zip Code				FEC Id	ontifica	tion	Num	bor		
	Washington	IL	62025-0853				С	entinca	alioi	i Null	Dei	_	_
	Purpose of Disbursement Shimkus LPAC 011							C0039	083	51			
	Candidate Name						Transaction ID : 9677236						
	John S Fund	Category/ Type					Amount of Each Disbursement this Peric					his Period	
		ment For:			1,900							500	00.00
	Senate	Primary				Shimkus LPAC					- 40-		
	President	Other (spe	cify)				Me	mo Ite	m				
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Adam Kinzinger Future 1st Comm	ittee					Date of	f Disbu	irse	ment			
	Mailing Address PO Box 2381						05	/	0,		Y	۲ 2018	Y Y B
	City	State	Zip Code			$\rightarrow$	FEC Id	entifica	atior	n Num	ber		
	Ottawa Purpose of Disbursement	IL	61350				C			-	-	-	
	Kinzinger LPAC			0	11		C						
	Candidate Name			Cate	egory	//		ansacti t of Ea		-	-	-	nis Period
	Office Sought: House Disburse	Office Sought: House Disbursement For:									_	250	00.00
	Senate	General				Kinzinger LPAC							
	President	Other (spe	cify) 🔻				Me	mo Ite					
_	State: District:						_						
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т	OTAL This Period (last page this line number only	/)						. ,			,		

S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 287 OF 348					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or	v one)					
			Summary Page	21						
	y information copied from such Reports and State for commercial purposes, other than using the na			d by any pe	rson for the purpose of soliciting contributions					
$\backslash$	NAME OF COMMITTEE (In Full)		_							
	Political Action Committee of the A	American	Association	of Ortho	paedic SurgeonsPAC of AAOS					
A.	Full Name (Last, First, Middle Initial) Hoosiers For Rokita, Inc.	Date of Disbursement								
	Mailing Address 5868 E 71st Street Suite E-202	05 01 2018								
	City	State IN	Zip Code		FEC Identification Number					
	Indianapolis Purpose of Disbursement	IIN	46220		C C00476192					
				011	Transaction ID : 9677348					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Rokita, Todd, , ,	mont E-	2040	Туре	2500.00					
	× Senate	ement For: 2 Primary	🗶 General							
	State: IN District:	Other (spe	cify) 🔻		Memo Item					
-	Full Name (Last, First, Middle Initial)									
в.	Feinstein For Senate				Date of Disbursement					
	Mailing Address 1212 S Victory Blvd	05 01 Y Y Y Y Y 2018								
	City	State CA	Zip Code 91502		FEC Identification Number					
	Burbank Purpose of Disbursement	C C00315176								
				011	Transaction ID : 9677350					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Feinstein, Dianne, , ,       Office Sought:     House       Disburse	ement For:	2018	Туре	2500.00					
	x Senate	1	General							
	President	Other (spe	cify)		Memo Item					
	State: CA District: Full Name (Last, First, Middle Initial)				<u> </u>					
C.	Friends Of Dave Joyce				Date of Disbursement					
	Mailing Address 320 Kenarden Drive	05 01 2018								
	City	State	Zip Code		FEC Identification Number					
	Cleveland Purpose of Disbursement	ОН	44143		C C00527457					
		Transaction ID : 9677351								
	Candidate Name	Category/	Amount of Each Disbursement this Period							
	Joyce, Dave, , Rep.,	4500.00								
	Office Sought: K House Disburse Senate	1500.00								
	President X	Primary Other (spe	General cify) ▼							
	State: OH District: 14				Memo Item					
s	UBTOTAL of Disbursements This Page (optional).			••••••	6500.00					
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 288 OF 348					
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(check only 21b 28a	v one) 22 X 23 26 27 28b 28c 29 30b					
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NAME OF COMMITTEE (In Full) Political Action Committee of the	America	n Associatior	n of Orthop	aedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial) A. Friends Of Dave Joyce				Date of Disbursement					
Mailing Address 320 Kenarden Drive				05 01 2018					
City Cleveland	State OH	Zip Code 44143		FEC Identification Number					
Purpose of Disbursement			011	C C00527457 Transaction ID : 9677352					
Joyce, Dave, , Rep.,	sement For:	2018	Category/ Type	Amount of Each Disbursement this Period 1000.00					
Senate President	Primary Other (spe	<b>x</b> General		Memo Item					
State:       OH       District:       14         Full Name (Last, First, Middle Initial)         B. Kustoff For Congress		Date of Disbursement							
Mailing Address 1661 Aaron Brenner Dr Ste 300	05 01 2018								
City Memphis Purpose of Disbursement	011	FEC Identification Number							
	sement For:		Category/ Type	Transaction ID : 9677353 Amount of Each Disbursement this Period					
Senate President State: TN District: 08	Y Primary Other (spe	ecify)		Memo Item					
Full Name (Last, First, Middle Initial) C. Jeff Duncan For Congress				Date of Disbursement					
Mailing Address PO Box 845				05 01 Y Y Y Y 2018					
City Laurens	State SC	Zip Code 29360		FEC Identification Number					
Purpose of Disbursement Candidate Name Duncan, Jeff, , Rep.,			011 Category/ Type	C C00460550 Transaction ID : 9677354 Amount of Each Disbursement this Period					
Sonato	sement For: Primary Other (spe	General		2500.00 Memo Item					
SUBTOTAL of Disbursements This Page (optiona TOTAL This Period (last page this line number of				4500.00					
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SCHEDULE B (FEC Form 3X)					OR I	INE	NUMBER:	PAGE 289 OF 348					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		heck		one)	26 27					
		Detailed	Summary Page		$\mid \mid$	28a	28b 28c	29 30b					
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$\setminus$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the	American	Association	n of (	Orth	nopa	aedic Surgeons-	-PAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Mo Brooks For Congress						Date of Disbursement						
	Mailing Address 7610 Foxfire Dr.						FEC Identification Number						
	City Huntsville	State AL	Zip Code 35802										
	Purpose of Disbursement		55602	_	_		C C00464149						
				C	011		Transaction ID :	9677355					
	Candidate Name				egory	//		bursement this Period					
	Brooks, Mo, , Rep., Office Sought: x House Disburse	ement For:	2018	T	ype	-		2500.00					
	Senate		General				<u> </u>	-ga					
	State: AL District: 05	Other (spe	cify) ▼				Memo Item						
_	Full Name (Last, First, Middle Initial)												
В.	Smucker for Congress						Date of Disbursement						
	Mailing Address 548 Steel Way			05 / D D 10	2018								
	City	State PA	Zip Code 17601				FEC Identification Nu	umber					
	Lancaster Purpose of Disbursement												
		C	011	11	C C00599464 Transaction ID : 9691059								
	Candidate Name				egory	/	Amount of Each Disbursement this Period						
	Smucker, Lloyd, , , Office Sought: K House Disburse	ement For:	2019	T	ype		2000.00						
		Primary	2018 General				2000.00						
	President	Other (spe					Memo Item						
	State: PA District: 11	-											
C.	Full Name (Last, First, Middle Initial) John Lewis For Congress						Date of Disbursemer	nt					
							M M / D D	/ Y Y Y Y					
	Mailing Address PO Box 2323						05 10	2018					
	City Atlanta	State GA	Zip Code 30301				FEC Identification Nu	umber					
	Purpose of Disbursement		30301		_		C C00202416						
	-			C	011		Transaction ID :	: 9691060					
	Candidate Name Lewis, John, , Rep.,				egory	/	Amount of Each Disbursement this Period						
				1	ype	-		1500.00					
	Senate	Primary	General					40					
	President	Other (spe	cify) 🔻				Memo Item						
	State: GA District: 05												
s	UBTOTAL of Disbursements This Page (optional)							6000.00					
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SCHEDULE B (	FEC Form 3X)			FOR LINE	NUMBER: PAGE 290 OF 348					
ITEMIZED DISBL	JRSEMENTS		arate schedule(s) category of the	(check only	/ one)					
			Summary Page	21b	22 <b>X</b> 23 26 27 28b 28c 29 30b					
					on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTI	EE (In Full)									
		American	Association	of Orthop	aedic SurgeonsPAC of AAOS					
Full Name (Last, First A. Cole For Cong	· /				Date of Disbursement					
Mailing Address P.O.	Box 722256				05 / 10 / Y Y Y Y Y 05 10					
City Norman		State OK	Zip Code 73070		FEC Identification Number					
Purpose of Disbursem	nent			011	С С00379735					
Candidate Name				Category/	Transaction ID : 9691061 Amount of Each Disbursement this Period					
Cole, Thomas, Office Sought:		ement For: 2	2018	Туре	5000.00					
	Senate	Primary	X General							
State: OK Dis	trict: 04	Other (spe	city) 🔻		Memo Item					
Full Name (Last, First B. Cole For Cong					Date of Disbursement					
Mailing Address P.O.					05 10 2018					
	B0X 722256				03 10 2010					
City Norman		State OK	Zip Code 73070		FEC Identification Number					
Purpose of Disbursem	ient	011	C C00379735							
Candidate Name				Category/	Transaction ID : 9691062 Amount of Each Disbursement this Period					
Cole, Thomas,				Туре	2250.00					
Office Sought:	House Disburse	ement For: ; Primary	2018 General		2250.00					
State: OK Dis	President trict: 04	Other (spec	cify)		Memo Item					
Full Name (Last, First					Dete of Diskurgement					
c. Handel For Co	ngress, Inc.				Date of Disbursement					
Mailing Address 4010	Old Milton Pkwy				05 10 2018					
City Alpharetta		State GA	Zip Code 30005		FEC Identification Number					
Purpose of Disbursem	nent	1		011	C C00633362					
Candidate Name Handel, Karen		Category/ Type	Transaction ID : 9691063 Amount of Each Disbursement this Period							
Office Sought:	House Disburse	סקני	500.00							
	Senate X President	Primary Other (spe	General cify) ▼		Memo Item					
State: GA Dis	trict: 06									
SUBTOTAL of Disburse	ments This Page (optional)			••••••	7750.00					
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 291 OF 348					
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or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Political Action Committee of the	Americar	n Association	of Orthopa	aedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial)				Date of Disbursement					
A. Handel For Congress, Inc.									
Mailing Address 4010 Old Milton Pkwy									
City	State	Zip Code		FEC Identification Number					
Alpharetta	GA	30005							
Purpose of Disbursement			011	C C00633362					
Candidate Name				Transaction ID : 9691064					
Handel, Karen, , ,			Category/ Type	Amount of Each Disbursement this Period					
	ement For:	2018		1500.00					
Senate	Primary	<b>x</b> General							
State: GA District: 06	Other (spe	ecify) 🔻		Memo Item					
State: GA District: 06 Full Name (Last, First, Middle Initial)									
B. Mullin For Congress				Date of Disbursement					
- Wallin of Congress									
Mailing Address PO Box 3681		05 10 2018							
City	State	Zip Code		FEC Identification Number					
Muskogee Purpose of Disbursement	Muskogee         OK         74402           Purpose of Disbursement								
	011	C C00498345							
Candidate Name			Category/	Transaction ID : 9691065 Amount of Each Disbursement this Period					
Mullin, Markwayne, , Rep.,			Type						
	ement For:			1000.00					
Senate x	_	General							
State: OK District: 02	Other (spe	ecity)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Austin Scott For Congress Inc				Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address PO Box 2530				05 10 2018					
City	State	Zip Code		EEC Identification Number					
Tifton	GA	31793		FEC Identification Number					
Purpose of Disbursement				C C00482737					
Candidate Name			011	Transaction ID : 9691066 Amount of Each Disbursement this Period					
Scott, Austin, , ,	Ca								
	ement For:	2018	Туре 1000						
Senate	Primary	X General							
President	Other (spe	ecify) 🔻		Memo Item					
State: GA District: 08				<u> </u>					
				3500.00					
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SCHEDULE B (FEC Form 3X)						INE N	NUMBER:	PAGE 292 OF 348					
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			Summary Page		$\mid \mid$	21b 28a	22 <b>X</b> 23 28b 28c	26 27 29 30b					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_		_	_					
$\square$	Political Action Committee of the A	American	Association	n of (	Ortl	hopa	aedic Surgeon	sPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc						Date of Disbursement						
	Mailing Address PO Box 2530						05 10						
	City	State	Zip Code				FEC Identification Number						
	Tifton Purpose of Disbursement	GA 31793											
				0	)11		C C0048273	7					
	Candidate Name			less.			Transaction I	<b>D : 9691067</b> Disbursement this Period					
	Scott, Austin, , ,				egory ype	y/	Amount of Each L						
		ement For: 2 Primary	2018 General		-			1500.00					
	State: GA District: 08	Other (spec					Memo Item						
	Full Name (Last, First, Middle Initial)												
Β.	Crowley For Congress				Date of Disbursen								
	Mailing Address 84-56 Grand Avenue		05 / 10										
	City		FEC Identification	Number									
	Elmhurst Purpose of Disbursement	_	_		C C00338954	4							
	Candidate Name			C	011		Transaction ID : 9691228 Amount of Each Disbursement this Period						
	Crowley, Joseph, , Rep.,				egory	y/							
		ment For:	2018	Туре			1000.00						
	Senate X	1	General										
	State: NY District: 14	Other (spec	cify)				Memo Item						
_	Full Name (Last, First, Middle Initial)						Data of Dishurra	nont					
0.	Kurt Schrader For Congress						Date of Disbursen						
	Mailing Address PO Box 3314						05 / 10						
	City Oregon City	State OR	Zip Code 97045				FEC Identification	Number					
	Purpose of Disbursement			_	_		C C0044690	6					
				0	)11		Transaction I	and the second sec					
	Candidate Name				egory	y/	Amount of Each Disbursement this Period						
	Schrader, Kurt, , ,	Ţ	ype		2500.00								
	Office Sought: K House Disburse Senate	ement For: 2 Primary	2018 X General					2000.00					
	President												
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S	CHEDULE B (FEC Form 3X)			F	OR I		UMBER:				PAGE	293 OF 348		
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	ny information copied from such Reports and State for commercial purposes, other than using the na													
$  \setminus$	NAME OF COMMITTEE (In Full)		A		<b>~</b>					_				
	Political Action Committee of the	American	Association	of (	Ort	nopa	aedic S	burg	jeor	וS⊦	'AC	of AAUS		
Α.	Full Name (Last, First, Middle Initial) Andy Barr For Congress, Inc.						Date of Disbursement							
	Andy Barr of Congress, inc.						M M	1	D	D /	Y	Y Y Y		
	Mailing Address PO Box 2059		05 10 2018											
	City	State	Zip Code				FEC Identification Number							
	Lexington Purpose of Disbursement	KY	40588					•			-	-		
				C	)11			C004		_				
	Candidate Name				egor	×/				<b>ID : 96</b> Dishur		l nt this Period		
	Barr, Andy, , ,				egor ype	y/	Anoun		aon	JISDUI	Joinel			
	Office Sought: X House Disburse	ement For:					L.					2500.00		
	President		Primary General Other (specify)											
	State: KY District: 06	」、、					INIE INIE	mo It	lem					
P	Full Name (Last, First, Middle Initial)		Deta											
В.	People For Patty Murray								oursei					
	Mailing Address PO Box 3662		05	/	D 1(			2018						
	City	State WA	Zip Code 98124				FEC Id	entific	cation	Num	oer			
	Seattle Purpose of Disbursement			-				-						
		Signifiant					C C00257642							
	Candidate Name			Cate	egor	v/	Transaction ID : 9691235 Amount of Each Disbursement this Period							
	Murray, Patty, , ,				ype	<i>.</i>								
		ement For:												
	X     Senate     X       President     X	Primary Other (spe	General											
	State: WA District:						Me	mo It	tem					
~	Full Name (Last, First, Middle Initial)						Data st			ment				
С.	Jason Smith For Congress						Date of	, so						
	Mailing Address PO Box 1324						05	/	D 10			2018		
	City	State	Zip Code				FEC Id	entific	cation	Num	oer			
	Cape Girardeau Purpose of Disbursement	MO	63702					0007	4400	<u>```</u>		-		
				C	)11			C005		_				
	Candidate Name					V/				<b>ID : 96</b> Disbur				
	Smith, Jason, , ,				egor ype	y'	Amount of Each Disbursement this Period							
		ement For:					1000.00							
	Senate x	Primary	General				, , , , , , , , , , , , , , , , , , , ,							
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 294 OF 348					
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	y information copied from such Reports and State for commercial purposes, other than using the na									
$\backslash$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the A	Americar	Association	of Orthopa	aedic SurgeonsPAC of AAOS					
	Full Name (Last, First, Middle Initial)									
Α.	Brady For Congress				Date of Disbursement					
	Mailing Address PO Box 8277				05 / 10 / Y Y Y Y 2018					
	City	State TX	Zip Code		FEC Identification Number					
	The Woodlands Purpose of Disbursement		77387		0 000014040					
				011	C C00311043					
	Candidate Name			Category/	Transaction ID : 9691237 Amount of Each Disbursement this Period					
	Brady, Kevin, , ,			Type						
		ement For:			2500.00					
	Senate x	Primary Other (spe	General							
	State: TX District: 08		ony) v		Memo Item					
	Full Name (Last, First, Middle Initial)									
Β.	Katherine Clark For Congress				Date of Disbursement					
	Mailing Address DO D. (20									
	Mailing Address PO Box 159				05 10 2018					
	City	State MA	Zip Code 02478		FEC Identification Number					
	Belmont Purpose of Disbursement									
		011	C C00541888							
	Candidate Name			Category/	Transaction ID : 9691238 Amount of Each Disbursement this Period					
	Clark, Katherine, M, Rep.,			Type	Amount of Each Disburschieft this Feriod					
	Office Sought: 🗶 House Disburse	ement For:	2018		1000.00					
	Senate 🗶	-	General							
	State: MA District: 05	Other (spe	City)		Memo Item					
	Full Name (Last, First, Middle Initial)									
C.	Olson For Congress Committee				Date of Disbursement					
	Mailing Address PO Box 16381				05 10 2018					
	Maining Address FO BUX 10301				10 2010					
	City	State	Zip Code		FEC Identification Number					
	Sugar Land Purpose of Disbursement	ТХ	77496							
	Tupose of Disbursement			011	С соо437913					
	Candidate Name			Category/	Transaction ID : 9691239 Amount of Each Disbursement this Period					
	Olson, Pete, , ,	Type								
	Office Sought: X House Disburse		1500.00							
	Senate x	Primary	General		-					
	State: TX District: 22	Other (spe	city) 🔻		Memo Item					
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	hy information copied from such Reports and State for commercial purposes, other than using the na													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)				<b>~</b>					_			<b>~</b> ~	
	Political Action Committee of the A	American	Association	n of (	Orth	nopa	aedic S	Surg	geor	ısŀ	AC	ot AA	05	
۵	Full Name (Last, First, Middle Initial)						Date of		hureo	mont				
<i>.</i>	Lou Correa For Congress							1919	D		V	YY		
	Mailing Address P.O. Box 2229						05 10 2018							
	City	State Zip Code					FEC Identification Number							
	San Marcos Purpose of Disbursement	CA	92079					0.0.5			-	-		
				C	011		U	-	57830		_			
	Candidate Name			1. Alt 1.						ID:9		<b>10</b> ent this Pe	ariod	
	Correa, J. Luis, , ,				egory ype	y/	Anount		_0011	JISDU	Joint		u	
		ment For: 2	2018									2500.00		
	Senate	Primary	<b>x</b> General					,			,			
		□ President □ Other (specify) ▼ District: 46						mo l	tem					
_	Full Name (Last, First, Middle Initial)													
В.	Friends Of Mia Love		Date of	Disl	burse	ment								
							M = M / D = D / Y = Y = Y							
	Mailing Address PO Box 255		05		1	0		2018						
	City	State UT	Zip Code				FEC Ide	entifi	catior	n Num	ber			
	Riverton Purpose of Disbursement	01	84065	_			С	COOL	50577	<b>76</b>				
	Candidate Name			Cate	egory	y/	Transaction ID : 9691241 Amount of Each Disbursement this Period						eriod	
	Love, Mia, , Rep.,				ype								1	
		ement For:					1000.00							
	Senate <b>x</b> President	Primary Other (spec	General											
	State: UT District: 04		uny <i>)</i>				Me	mo l	tem					
_	Full Name (Last, First, Middle Initial)													
C.	Van Drew for Congress						Date of	Disl	burse	ment				
	Mailing Address PO Box 671						м м 05	/	D 1(		Y	2018		
	Walling Address PO BOX 6/1						05				-	2010		
	City	State	Zip Code				FEC Ide	entifi	catior	n Num	ber			
	Cape May Court House Purpose of Disbursement	NJ	08210					-			-			
					011				66186	1.0				
	Candidate Name				-					ID:9 Dishu			ariod	
	Van Drew, Jeff, , ,				egory ype	y/	Amount of Each Disbursement this Period							
									5000.00	)				
	Senate x	Primary	General				_							
	State: NJ District: 02						Me	mo l	tem					
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		Detailed	Summary Page		28		3 26 27 8c 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\setminus$	NAME OF COMMITTEE (In Full)										
	Political Action Committee of the A	American	Association	n of O	rtho	paedic Surg	eonsPAC of AAOS				
Α.	Full Name (Last, First, Middle Initial) Greg McCauley for Congress					Date of Disb	Date of Disbursement				
	Mailing Address 510 Kennett Pike					05					
	City Chadds Ford	State PA	Zip Code 19317			FEC Identific	ation Number				
	Purpose of Disbursement						68400				
				01	1	C C006	tion ID : 9691258				
	Candidate Name			Categ		Amount of Ea	ach Disbursement this Period				
	McCauley, Gregory, , , Office Sought: x House Disburse	ment For: 2	2018	Тур	be		2500.00				
	Senate Sought. X President	Primary Other (spec	General				<u> </u>				
	State: PA District: 06		(ilig)			Memo Ite	em				
_	Full Name (Last, First, Middle Initial)										
В.	Texans for Jake Ellzey					Date of Disb	ursement				
	Mailing Address PO BOX 225	05	10 2018								
	City	State TX	Zip Code 75165			FEC Identific	ation Number				
	WAXAHACHIE Purpose of Disbursement										
		01	1	C C0066	and the second sec						
	Candidate Name			Categ	norv/		ion ID : 9691259 ach Disbursement this Period				
	Ellzey, Jake, , ,			Тур							
		ment For:					1500.00				
	Senate <b>x</b> President		General			_					
_	State: TX District: 06	Other (spec	cny)			Memo Ite	em				
C.	Full Name (Last, First, Middle Initial) Dr. John Joyce for Congress					Date of Disb	ursement				
						M M /	D D / Y Y Y Y				
	Mailing Address 50 S PROVIDENCE ROAD					05	102018				
	City	State	Zip Code			FEC Identific	ation Number				
	MEDIA Purpose of Disbursement	PA	19063			<b>C</b> C006	74259				
				01	1						
	Candidate Name	gory/		Transaction ID : 9691262 Amount of Each Disbursement this Period							
	Joyce, John, , ,	be be									
	Office Sought: X House Disburse		2500.00								
	Senate x	Primary Other (anal	General								
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S	CHEDULE B (FEC Form 3X)				י פר		NUMBER:	PAGE 297 OF 348					
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	ny information copied from such Reports and State for commercial purposes, other than using the na												
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		A		<u> </u>								
	Political Action Committee of the A	American	Association	1 Of (	Jrth	nopa	aedic Surgeons	PAC of AAUS					
Δ	Full Name (Last, First, Middle Initial)						Date of Disburseme						
А.	Friends Of Sherrod Brown												
	Mailing Address PO Box 15293						05 17 2018						
	City	State	Zip Code				FEC Identification Number						
	Washington Purpose of Disbursement	DC	20003				0						
				0	011		C C00264697						
	Candidate Name			Cate	egory		Transaction ID Amount of Each Dis	: 9695004 sbursement this Period					
	Brown, Sherrod, , Sen.,				ype	y'	. unsum of Each Die						
		Sought: House Disbursement For: 2018						1500.00					
	XSenatePrimaryXGeneralPresidentOther (specify)												
	State: OH District:		uny) ▼				Memo Item						
Full Name (Last, First, Middle Initial)													
В.	Democratic National Committee		Date of Disbursement										
	Mailing Address 100.0.0.1.1.1.0.						M M / D D						
	Mailing Address 430 S Capitol Street SE 2nd Floor	21.1		05 17	2018								
	City Washington	State DC	Zip Code 20003				FEC Identification N	lumber					
	Purpose of Disbursement	_		FEC Identification Number									
	2018 Dues						Transaction ID : 9695006						
	Candidate Name				egory	//	Amount of Each Disbursement this Period						
	Democratic National Committee	ement For:		Ţ	уре								
	Senate	Primary	General										
	President	Other (spe											
_	State: District:						Memo Item						
~	Full Name (Last, First, Middle Initial)												
Ú.	Mike Johnson For Louisiana						Date of Disburseme						
	Mailing Address 2900 Clearview Pkwy					-	05 17	2018					
	Suite 206												
	City Metairie	State LA	Zip Code 70006				FEC Identification N	lumber					
	Purpose of Disbursement		10000	_	_		C C00608695						
				0	)11		Transaction ID	: 9695007					
	Candidate Name				egory	y/	Amount of Each Disbursement this Period						
	Johnson, Mike, , Rep.,	mont Fam		Type 5000 0									
	Sanata	ement For: 2	2018 General					5000.00					
	President	Other (spe					Marria Harri						
	State: LA District: 04	]	., .				Memo Item						
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$\backslash$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	American	Association	of C	Ortho	paedic Sur	geonsPAC of AAOS					
A.	Full Name (Last, First, Middle Initial)					Date of Di	Date of Disbursement					
	Mailing Address PO Box 1639					05	05 / 17 / 2018					
	City Bethany	State OK	Zip Code 73008			FEC Identi	fication Number					
	Purpose of Disbursement Lankford's LPAC			0	11		0492058 action ID : 9695008					
	Candidate Name				egory/ /pe		Each Disbursement this Period					
	Office Sought: House Disburse Senate	ment For: Primary	General		-	1	2500.00 Lankford's LPAC					
	State: District:	Other (spec	cify) ▼			Memo						
в.	Full Name (Last, First, Middle Initial) Vote to Elect Republicans Now PA	AC (VER	N PAC)			Date of Di	sbursement					
	Mailing Address P.O. Box 48928	////////	D D / Y Y Y Y 17 2018									
		State	Zip Code			0.5	17 2010					
	City Sarasota	FEC Identi	fication Number									
	Purpose of Disbursement Vern Buchanan LPAC	11		Transaction ID : 9695009								
	Candidate Name Vote to Elect Republicans Now PA		gory/	-	Each Disbursement this Period							
	•	ment For:		Ty	vpe		2000.00					
	Senate	Primary	General				Vern Buchanan LPAC					
	State: District:	Other (spec	cify)			Memo	Item					
<u>с.</u>	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress					Date of Di	sbursement					
	Mailing Address P. O. Box 48928					M / 05	D D / Y Y Y Y 17 2018					
	City	State	Zip Code									
	Sarasota	FL	34230			FEC Identi	fication Number					
	Purpose of Disbursement					<b>C</b> C0	0412759					
	Candidate Name Buchanan, Vern, , ,	11 gory/ /pe		action ID : 9695012 Each Disbursement this Period								
		ment For: 2	2018	.,			1000.00					
	Senate President	Primary     x     General       Other (specify)     ▼					Item					
	State: FL District: 16											
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	y information copied from such Reports and State for commercial purposes, other than using the na				any	persor	n for the pu	irpose	of solicit		ontributions			
$\setminus$	NAME OF COMMITTEE (In Full)													
$\square$	Political Action Committee of the A	American	Association	n of C	Drth	iopa	edic Su	rgeo	nsP	٩C	of AAOS			
A.	Full Name (Last, First, Middle Initial) Yoder For Congress, Inc						Date of Disbursement							
	Mailing Address PO Box 26742							05 17 2018						
	City	State	Zip Code				FEC Identification Number							
	Overland Park	KS	66225							_	-			
	Purpose of Disbursement			0	11	11	C c	004723	65					
	Candidate Name			less.					ID : 969					
	Yoder, Kevin, , ,				egory /pe	/	Amount o	I Each	DISDUrS	emen	t this Period			
		ement For: 2	2018 X General	- ,	/						2000.00			
	State: KS District: 03	President Other (specify)												
	Full Name (Last, First, Middle Initial)													
Β.	Yoder For Congress, Inc				Date of D		ement	Y	YYY					
	Mailing Address PO Box 26742			05		7	2	2018						
	City	State KS	Zip Code 66225				FEC Iden	tificatio	n Numb	ər				
	Overland Park Purpose of Disbursement			_	C co	04723	85		-					
			0	)11		C C00472365 Transaction ID : 9695017 Amount of Each Disbursement this Period								
	Candidate Name			Cate	gory	/								
	Yoder, Kevin, , ,				/pe									
		ment For:					L	-			500.00			
	Senate	Primary	General				_							
	State: KS District: 03	Other (spe	city)				Mem	o Item						
C.	Full Name (Last, First, Middle Initial) Hudson For Congress						Date of D	isburse	ement					
	Mailing Address PO Box 5053						M M 05	/ D	D / 7		2018			
	City	State	Zip Code				FEC Iden	tificatio	n Numb	ər				
	Concord Purpose of Disbursement	NC	28027						~~	-	-			
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	Candidate Name Hudson, Richard, L., Rep., Jr.	Cate	egory /pe	/	Transaction ID: 9695018 Amount of Each Disbursement this Period									
									1500.00					
	Senate	Primary	X General					-9-						
	President	Other (specify)					Memo Item							
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Detailed Summary Page         210         22         23					(check onl	y one)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         Polltical Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initia)         A. Gallego For Arizona         Mailing Address PO Box 1710         City         Purpose of Diabursement         Office Sought:         Y and transe (Last, First, Middle Initia)         B. Gallego, Ruben, , Rep.,         Other (specify)         Office Sought:         Y and transe         Y and transe (Last, First, Middle Initia)         B. Gallego, Ruben, , Rep.,         Other (specify)         Other (specify)         Y and transe (Last, First, Middle Initia)         B. Gallego, Ruben, , Rep.,         Other (specify)         City         Phonix         Propose of Diabursement         City         Phonix         President         State: A2         Disbursement         Candidate Name         Candidate Name         Candidate Name         Candidate Name         Candidate Name				0,							
ar 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 SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) A. Gallego For Arizona Mailing Address PO Box 1710 City Phoenix A Z BS001 Purpose of Diabursement Candidate Name Cather for, Rep., Discursement Candidate Name Cather for, Rep., City Phoenix A Z BS001 Purpose of Diabursement Candidate Name Cather for, Rep., City Phoenix A Z BS001 Purpose of Diabursement Cather for, Rep., City Phoenix A Z BS001 City Benate Candidate Name Can	Ar	y information copied from such Reports and State	ments may r	not be sold or use							
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         A. Gallego For Arizona         Mailing Address PO Box 1710         City         Propose of Disbursement         Callego, Ruben, Rep.,         Office Sought:       Y House         Performance         Callego, Ruben, Rep.,         Office Sought:       Y House         Disbursement         Conditionation         Conditionation         State:       AZ         State:       AZ         Disbursement       For Arizona         Propose of Disbursement       Disbursement For: 2018         Y House       Disbursement For: 2018         Y House       Disbursement For: 2018         Propose of Disbursement       Construction         City       State:         Purpose of Disbursement       Construction         City       President         State:       AZ		for commercial purposes, other than using the nar									
Full Name (Last, First, Middle Initial)         A. Gallego For Arizona         Mailing Address PO Box 1710         City         Purpose of Disbursement         Candidate Name         Candidate Name         Gallego, Ruben, , Rep.,         Office Sought:       State         A Ballego For Arizona         Prepose of Disbursement         Candidate Name         Gallego, Ruben, , Rep.,         Office Sought:       State:         A Ballego For Arizona         B Gallego For Arizona         Mailing Address PO Box 1710         City         Full Name (Last, First, Middle Initial)         B Gallego, Ruben, , Rep.,         Office Sought:       Y House         Phoenix       Az         Zip Code         Aziate:       Az         Office Sought:       Y House         Disbursement for:       2018         Category/       Transaction D : 9995020         Annoward Rame       Office Sought:         Y House       Disbursement For:         State:       Az         Bisto:       Transaction D : 9995020         Condidate Name       Other (speecty)         State:       Az<	$\left \right\rangle$	. ,	morioon	Accesiction		andia Surgeone DAC of AAOC					
A. Gallego For Arizona       Date of Disbursement         Mailing Address PO Box 1710       City         City       Phoenix         Purpose of Disbursement       011         Candidate Name       011         Category       Transaction ID: 9695019         Amount of Each Disbursement For: 2018       Amount of Each Disbursement for: 2018         City       President         City       State:         Purpose of Disbursement       011         City       State:         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Category       7         Office Sought:       X House         Purpose of Disbursement       011         Category       Transaction D: 9695020         Amount of Each Disbursement       011         Category       Tra		Folitical Action Committee of the P	American	ASSOCIATION		baedic SurgeonsPAC of AAOS					
Gallegy F 01 All 2018         Mailing Address PO Box 1710         City         Phoenix         Propose of Disbursement         Office Sought:       x House         Disbursement         Office Sought:       x House         Disbursement For:       2018         Office Sought:       x House         Disbursement For:       2018         Office Sought:       x House         Disbursement For:       2018         Gallego For Arizona       Date of Disbursement         Mailing Address PO Box 1710       Other (specify)         City       State:         Phoenix       Az         Propose of Disbursement       Cort of an and and and and and and and and and	~					Dete of Dishumomout					
Mailing Address PO Box 1710       05       17       2018         City       State       Zip Code       85001       FEC Identification Number         Purpose of Disbursement       011       Catigory       Transaction ID : 9695013         Candidate Name       Disbursement For: 2018       Mount of Each Disbursement his Period         Office Sought:       Y House       President       1000.00         State:       AZ       District:       07       107       2018         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement       05       17       2018         City       State:       AZ       Bison:       011       05       17       2018         City       State:       AZ       Bison:       011       05       17       2018         City       State:       AZ       Bison:       011       Category       Transaction ID : 969502       Amount of Each Disbursement his Period         Candidate Name       Distursement For:       2018       EC Identification Number       C       Coos58627       Transaction ID : 969502         Category       Distursement For:       2018       Eco do Disbursement his Period       011       Category       Seco.00       Mount	А.	Gallego For Arizona									
Phonix       AZ       85001         Purpose of Diabursement       011       CoodsBacz         Candidate Name       Category/ Type       CoodsBacz         Office Sought:       X       House       Disbursement For: 2018         Periode       Senate       X       Primary       General         Pite Name       Disbursement For: 2018       Memo Item         State:       AZ       Disbursement For: 2018       Memo Item         State:       AZ       Disbursement       Office Sought:       X         President       Office Sought:       X       House       Disbursement For: 2018         Phoenix       AZ       Zip Code       BSO01       Date of Disbursement         Pripose of Disbursement       Other (specify)       Tarsasction ID : 9695020       Tarsasction ID : 9695020         Callego, Ruben, , Rep.,       Disbursement For: 2018       Primary       General       Office Sought:       Y       House         Office Sought:       X       House       Disbursement For: 2018       Memo Item       Memo Item         Callego, Ruben, , Rep.,       Disbursement For: 2018       Memo Item       Senate       Senate       Senate       Senate       Senate       Senate       Senate       Senate		Mailing Address PO Box 1710									
Purpose of Disbursement       011         Candidate Name       011         Gallego, Ruben,, Rep.,       Disbursement For: 2018         Office Sought:       Y House         President       0ther (specify)         State:       AZ         Disbursement       0ther (specify)         Full Name (Last, First, Middle Initial)         B. Gallego For Arizona         Mailing Address       PO Box 1710         City       Phonix         Purpose of Disbursement       011         Candidate Name       011         Category/       Transaction ID : 995920         Amount of Each Disbursement       011         Category/       Transaction ID : 995920         Amount of Each Disbursement this Period       011         Category/       Transaction ID : 995920         Amount of Each Disbursement this Period       011         Category/       Transaction ID : 995920         Mailing Address PO Box 50       011         City       State:       AZ <td></td> <td>-</td> <td></td> <td>· ·</td> <td></td> <td>FEC Identification Number</td>		-		· ·		FEC Identification Number					
Candidate Name       011         Gallego, Ruben, , Rep.,       Disbursement For: 2018         Office Sought:       X House         President       Other (specify)         State:       AZ         Disbursement       Other (specify)         B. Gallego For Arizona       Date of Disbursement         Mailing Address       PO Box 1710         City       State:       AZ         Phoenix       AZ         Candidate Name       Office Sought:         President       Disbursement For: 2018         Office Sought:       House         President       Disbursement For: 2018         State:       AZ         Disbursement       Other (specify)         M			AL	85001		<b>C</b> C00558627					
Candidate Name       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       Y House Senate       Disbursement For: 2018 Primary General Other (specify) ▼       Amount of Each Disbursement this Period         State:       AZ       District: 07       Memo Item         Full Name (Last, First, Middle Initia)       B.       Gallego For Arizona       Date of Disbursement         City Purpose of Disbursement       Other (specify)       State       Zip Code 85001       PEC Identification Number         Candidate Name Gallego, Ruben, , Rep.,       Other (specify)       Y eneral       Other (specify)         Office Sought:       X House Senate       Disbursement For: 2018       Peneral         Office Sought:       X House Senate       Disbursement For: 2018       Memo Item         State:       AZ       Disbursement       Memo Item         Purpose of Disbursement       Other (specify)       Memo Item         State:       AZ       State       Zip Code Ballwin         Mailing Address PO Box 50       Memo Item       Date of Disbursement this Period         City Ballwin       Mailing Address PO Box 50       FEC Identification Number       Codes5846         Candidate Name Wagner, Ann, , Rep., President       Disbursement For: 2018 President       Disbursement For: 2018 President					011						
Office Sought:											
Senate       Prisident       Y Primary       General         President       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       B. Gallego For Arizona       Date of Disbursement         Mailing Address PO Box 1710       Date of Disbursement       Date of Disbursement         City       State       Zip Code         Phoenix       AZ       Zip Code         Az       Stote       Code         Candidate Name       Callego, Ruben, , Rep.,       Disbursement For: 2018         Office Sought:       Y House       Disbursement For: 2018         President       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       Senate       Disbursement For: 2018         Primary       X General       Other (specify)         State:       AZ       District: 07         Full Name (Last, First, Middle Initial)       Date of Disbursement         Candidate Name       Callegory         Purpose of Disbursement       Other (specify)         Wagner, Ann, , Rep.,       Disbursement For: 2018         Primary       General         Office Sought:       Y House         Balterin       Disbursement Fo			ment For: 2	2018	туре	1000.00					
State:       AZ       District:       07       Memo item         Full Name (Last, First, Middle Initial)       B. Gallego For Arizona       Date of Disbursement         Mailing Address:       PO Box 1710       05       17       2018         City       Phoenix       AZ       85001       FEC Identification Number         Purpose of Disbursement       011       Category/ Type       Category/ Type       Coopseize27         Office Sought:       X       House       Disbursement For: 2018       Condition Number         State:       AZ       Disbursement For: 2018       Memo item         State:       AZ       Disbursement For: 2018       Memo item         State:       AZ       Disbursement For: 2018       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         C.       Ann Wagner For Congress       Date of Disbursement       Date of Disbursement         Mailing Address: PO Box 50       City       Sanate       Primary       Category/ Type         Office Sought:       X       House       Disbursement For: 2018       FEC Identification Number         Category/ Type       Office Sought:       X       House       Disbursement For: 2018       Transaction ID			1								
Full Name (Last, First, Middle Initial)         B. Gallego For Arizona         Mailing Address PO Box 1710         City         Phoenix         Purpose of Disbursement         Candidate Name         Gallego, Ruben, , Rep.,         Office Sought:       X         Az       Disbursement For: 2018         Office Sought:       X         Human Katter Name         Candidate Name         Candidate Name         District:       07         President         District:       07         Full Name (Last, First, Middle Initial)         C. Ann Wagner For Congress         Mailing Address PO Box 50         City         Ballwin         Purpose of Disbursement         Candidate Name         President <t< td=""><td></td><td></td><td>Other (spec</td><td>cify) 🔻</td><td></td><td>Memo Item</td></t<>			Other (spec	cify) 🔻		Memo Item					
B. Gallego For Arizona       Date of Disbursement         Mailing Address PO Box 1710       City         Office Sought:       State       Zip Code         Az       85001         Purpose of Disbursement       O11         Candidate Name       O11         Candidate Name       O11         Candidate Name       Disbursement For: 2018         Office Sought:       X       House         President       Disbursement For: 2018         State:       AZ       Disbursement For: 2018         President       Other (specify)         Kalling Address PO Box 50       Memo Item         City       State       Zip Code         Mailing Address PO Box 50       Mo         City       State       Mo         Purpose of Disbursement       O11         Candidate Name       O11         Wagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       Disbursement For: 2018         State:       Mo       Disbursement For: 2018         Office Sought:       Y House       Disbursement For: 2018         State:       Mo       Disbursement For: 2018         Office Sought:       Y House       Disbursement For: 2018	_	•:									
Mailing Address PO Box 1710       05       17       2018         City       State       Zip Code       85001       FEC Identification Number         Purpose of Disbursement       011       Category/       Transaction ID : 9695020         Candidate Name       011       Category/       Transaction ID : 9695020         Candidate Name       011       Category/       3650.00         Office Sought:       x       House       Disbursement For: 2018       Memo Item         State:       AZ       District: 07       Memo Item       Memo Item         Full Name (Last, First, Middle Initial)       C       Ann Wagner For Congress       Date of Disbursement         Mailing Address PO Box 50       City       State       Zip Code       63022       FEC Identification Number         City       State       Mo       63022       FEC Identification Number       Category/         Office Sought:       x       House       Disbursement For: 2018       FEC Identification Number       Code         Galidate Name       011       Category/       Transaction ID : 9695021       Amount of Each Disbursement this Period         Office Sought:       x       House       Disbursement For: 2018       Memo Item         State:       Mo	В.					Date of Disbursement					
City       State       Zip Code         Phoenix       AZ       85001         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Callego, Ruben, , Rep.,       011         Office Sought:       X       House         President       Disbursement For: 2018       Amount of Each Disbursement His Period         State:       AZ       District:: 07       Memo Item         Full Name (Last, First, Middle Initial)       C       Ann Wagner For Congress       Date of Disbursement         Mailing Address PO Box 50       0       11       FEC Identification Number         City       State       Zip Code       63022         Purpose of Disbursement       011       Category/       Transaction ID : 9695021         Amount of Each Disbursement For: 2018       FEC Identification Number       C Co0495846         Transaction ID : 9695021       Amount of Each Disbursement this Period       10100.00         Office Sought:       X       House       Disbursement For: 2018       Memo Item         State:       Mo       Disbursement For: 2018       Memo Item       1000.00         State:       Mo       Disbursement For: 2018       Memo Item <t< td=""><td></td><td>Mailing Address DO D (740</td><td></td></t<>		Mailing Address DO D (740									
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Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Callego, Ruben, , Rep.,       Disbursement For: 2018         Office Sought:       Image: President         President       Other (specify)         State:       Az         District:       07         Full Name (Last, First, Middle Initial)       Other (specify)         City       State         Ballwin       Model Sought:         Purpose of Disbursement       011         Candidate Name       011         Wagner, Ann, , Rep.,       011         Office Sought:       Yeresident         Mailing Address PO Box 50       011         City       State         Ballwin       Model Souge         Purpose of Disbursement       011         Candidate Name       011         Wagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       Yeresident         State:       Mo         District:       02		-				FEC Identification Number					
Candidate Name       011         Gallego, Ruben, , Rep.,       Disbursement For: 2018         Office Sought:       Image: Az district:       07         State:       AZ district:       07         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         City       State       Zip Code         Ballwin       Mo       63022         Purpose of Disbursement       011         Candidate Name       011         Wagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       Y House         State:       Mo         Baltwin       Disbursement For: 2018         Candidate Name       011         Wagner, Ann, , Rep.,       011         Office Sought:       Y House         Senate       Primary         President       Other (specify)         State:       Mo         Disbursement For:       2018         Mailing Address PO Box 50       011         Category/       Transaction ID : 9695021         Amount of Each Disbursement For:       2018         President       Other (specify)         Memo Item       1000.00			C C00558627								
Candidate Name       Category/ Type       Amount of Each Disbursement this Period         Office Sought:			011								
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Senate   President   State:   AZ   District:   07     Full Name (Last, First, Middle Initial)   C. Ann Wagner For Congress   Mailing Address PO Box 50   City   Ballwin   Purpose of Disbursement   Candidate Name   Wagner, Ann, , Rep.,   Office Sought:   Y House   Disbursement For:   2018   Primary   Condicate Name   Wagner, Ann, , Rep.,   Office Sought:   Y House   Disbursement For:   2018   Primary   Condicate Name   Wagner, Ann, , Rep.,   Office Sought:   Y House   Disbursement For:   2018   Primary   Memo Item			ment For:	2018	туре	3650.00					
State:       AZ       District:       07         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Ann Wagner For Congress       Date of Disbursement         Mailing Address PO Box 50       05         City       State       Zip Code         Ballwin       MO       63022         Purpose of Disbursement       011         Candidate Name       011         Vagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       House         President       Other (specify)         State:       MO         District:       02		Senate	Primary	<b>x</b> General							
Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Ann Wagner For Congress       Date of Disbursement         Mailing Address PO Box 50       05 / 17 / 2018         City       State       Zip Code         Ballwin       MO       63022         Purpose of Disbursement       011         Candidate Name       011         Wagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       I House         President       Other (specify)         State:       MO         District:       02			Other (spec	cify)		Memo Item					
C. Ann Wagner For Congress       Date of Disbursement         Mailing Address PO Box 50       Disbursement         City       State       Zip Code         Ballwin       MO       63022         Purpose of Disbursement       011         Candidate Name       011         Wagner, Ann, , Rep.,       011         Office Sought:       X         House       Disbursement For: 2018         Senate       Primary         President       Other (specify)         State:       MO         District:       02		•••									
Mailing Address PO Box 50       05       17       2018         City       State       Zip Code       63022       FEC Identification Number         Purpose of Disbursement       011       Category/       Cod495846       Transaction ID : 9695021         Candidate Name       011       Category/       Cod495846       Transaction ID : 9695021         Wagner, Ann, , Rep.,       011       Category/       Transaction ID : 9695021         Office Sought: <ul> <li> /li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></ul>	C.	• • • • •				Date of Disbursement					
City       State       Zip Code         Ballwin       MO       63022         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Wagner, Ann, , Rep.,       011         Office Sought:       House         Disbursement For:       2018         President       Other (specify)         State:       MO		Mailing Address PO Box 50									
Ballwin       MO       63022         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Wagner, Ann, , Rep.,       Disbursement For: 2018         Office Sought:       ¥         President       Other (specify) ▼         State:       MO         MO       63022											
Purpose of Disbursement       011         Candidate Name       011         Candidate Name       Category/ Type         Office Sought:       x         House       Disbursement For: 2018         Senate       Primary         President       Other (specify)         State:       MO		-				FEC Identification Number					
Candidate Name       011         Candidate Name       Category/ Type         Office Sought:			NO	03022		<b>C</b> C00495846					
Wagner, Ann, , Rep.,     Category/ Type       Office Sought:     x       Senate     Primary       President     Other (specify)       State:     MO					011						
Office Sought:				Amount of Each Disbursement this Period							
State:     MO     District:     02			ment For: 2	2018	-74	1000.00					
State: MO District: 02											
			Other (spec	uny) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional)											
	s	<b>UBTOTAL</b> of Disbursements This Page (optional).			•••••	5650.00					
TOTAL This Period (last page this line number only)	т	OTAL This Period (last page this line number only	·)		••••••						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 301 OF 348			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a	y one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may me and add	not be sold or use ress of any politica	ed by any pers al committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican	Association	of Orthop	paedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Ralph Abraham For Congress				Date of Disbursement			
Mailing Address P.O. Box 14062				05 17 _2018			
Monroe	State LA	Zip Code 71207		FEC Identification Number			
Purpose of Disbursement Candidate Name			011	C C00563940 Transaction ID : 9695022			
Abraham, Ralph, , , Jr.	ment For:	2018	Category/ Type	Amount of Each Disbursement this Period 1000.00			
Senate X President	Primary Other (spe	General		Memo Item			
Full Name (Last, First, Middle Initial) B. Ralph Abraham For Congress				Date of Disbursement			
Mailing Address P.O. Box 14062	State	Zip Code		05 17 2018			
Monroe Purpose of Disbursement	LA 71207			FEC Identification Number C C00563940 Transaction ID : 9695023			
Abraham, Ralph, , , Jr.	ment For:	2018 X General	Category/ Type	Amount of Each Disbursement this Period			
State: LA District: 05	Other (spe			Memo Item			
Full Name (Last, First, Middle Initial) C. Believe in Life Liberty Yourself				Date of Disbursement			
Mailing Address 3246 E Ridgeview St				05 17 2018			
Springfield	State MO	Zip Code 65804		FEC Identification Number			
Purpose of Disbursement Billy Long PAC Candidate Name Believe in Life Liberty Yourself			011 Category/ Type	C C00559146 Transaction ID : 9695024 Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼		Billy Long PAC			
SUBTOTAL of Disbursements This Page (optional)			····· ►	6500.00			
TOTAL This Period (last page this line number only	)		•••••				

S	CHEDULE B (FEC Form 3X)			FC	)B I I		NUMBER: PAGE 302 OF 3	348				
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			Summary Page			21b 28a						
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	NAME OF COMMITTEE (In Full)		areas of any pointe	ar con	IIIIII	eic						
	Political Action Committee of the	America	n Associatior	n of C	Drth	ор	paedic SurgeonsPAC of AAOS	5				
A.	Full Name (Last, First, Middle Initial) Bill Flores For Congress						Date of Disbursement					
	Mailing Address PO Box 6207					05 17 2018						
	City	State	Zip Code				FEC Identification Number					
	Bryan Purpose of Disbursement	ТХ	77805									
	rupose or Disbuisement			0	11	1	C C00472241					
	Candidate Name			Cate	gory/	,	Transaction ID : 9695025 Amount of Each Disbursement this Period	d				
	Flores, Bill, , ,				/pe							
		ement For:					500.00					
	Senate President	Primary Other (spe	General									
	State: TX District: 17		eeny) V				Memo Item					
_	Full Name (Last, First, Middle Initial)											
Β.	Bill PAC						Date of Disbursement					
							M M / D D / Y Y Y Y					
	Mailing Address 412 S Capitol St						05 17 2018					
	City Washington	State DC	Zip Code 20003				FEC Identification Number					
	Purpose of Disbursement		20003	_	_		C C00527275					
	Bill Flores LPAC			0	11		Transaction ID : 9695028					
	Candidate Name			Category/		,	Amount of Each Disbursement this Period					
	Bill PAC			Туре			1000.00					
	Office Sought: House Disburse Senate	ement For: Primary	General									
	President	Other (spe					Bill Flores LPAC					
	State: District:		,,				Memo Item					
	Full Name (Last, First, Middle Initial)											
C.	National Republican Senatorial Co	ommittee	9				Date of Disbursement					
	Mailing Address 425 Second Street NE						05 / 17 / 2018					
	City	State	Zip Code				FEC Identification Number					
	Washington	DC	20002									
	Purpose of Disbursement 2018 Legal Fund			0	11	1	C C00027466					
	Candidate Name			1. A	-		Transaction ID : 9695030 Amount of Each Disbursement this Period	Ч				
	National Republican Senatorial C	ommitte	e		egory/ /pe		Anount of Each Dispursement this relifu					
	•	ement For:					15000.00					
	Senate	Primary	General				2018 Legal Fund					
	State: District:	Other (spe	ecify) 🔻			Memo Item						
								-				
s	UBTOTAL of Disbursements This Page (optional)				)		16500.00					
т	OTAL This Period (last page this line number onl	y)			)							

S	CHEDULE B (FEC Form 3X)				OR I	INF	NUMBER: PAGE 303 OF 3	348				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck	only 21b	y one) 22 <b>X</b> 23 26 27					
_						28a	28b 28c 29 30b					
	ny information copied from such Reports and State for commercial purposes, other than using the na											
$\square$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the	American	Association	n of (	Orth	nop	aedic SurgeonsPAC of AAOS	3				
Α.	Full Name (Last, First, Middle Initial) Billy Long For Congress						Date of Disbursement					
	Mailing Address 3246 E Ridgeview St						05 / 17 / Y Y Y Y 2018					
	City Springfield	State MO	Zip Code 65804				FEC Identification Number					
	Purpose of Disbursement		03004	_		_	<b>C</b> C00460063					
				0	)11		Transaction ID : 9695032					
	Candidate Name			Cate	egory	/	Amount of Each Disbursement this Period	d				
	Long, Billy, , ,				ype			п.				
	Office Sought: X House Disburse	ement For: ; Primary	2018 X General									
	State: MO District: 07	Other (spe	cify) ▼				Memo Item					
_	Full Name (Last, First, Middle Initial)											
Β.	Giving Us Security PAC						Date of Disbursement					
	Mailing Address P.O. Box 2485		M M / D D / Y Y Y Y 05 17 2018									
		-										
	City Springfield	State VA	Zip Code 22152				FEC Identification Number					
	Purpose of Disbursement	•77	22132	_	_		<b>C</b> C00531517					
	Bilirakis' LPAC			C	011	Transaction ID : 9695033						
	Candidate Name	Category					Amount of Each Disbursement this Period					
	Giving Us Security PAC			T	уре		5000.00	Т.				
	Office Sought: House Disburse	ement For:	Conorol				5000.00					
	President	Primary Other (spe	cify) General				Bilirakis' LPAC					
	State: District:						Memo Item					
~	Full Name (Last, First, Middle Initial)						Data of Diaburgement					
С.	Rothfus For Congress						Date of Disbursement					
	Mailing Address PO Box 435						05 / 17 / 2018					
	City	State	Zip Code				FEC Identification Number					
	Sewickley Purpose of Disbursement	PA	15143				0 000007005					
	Turpose of Disbursement			0	)11		C C00497115					
	Candidate Name				egory		Transaction ID : 9695034					
	Rothfus, Keith, , Rep.,				ype	/	Amount of Each Disbursement this Period					
		ement For:	2018				3500.00					
	Senate	Primary	General									
	State: PA District: 12	Other (spe	city) 🔻				Memo Item					
	oraco. FA District. 12							_				
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S	CHEDULE B (FEC Form 3X)			FC	DR LIN	NE NUMBER: PAGE 304 OF 348					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		neck c	only one) 1b 22 <b>X</b> 23 26 27					
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	y information copied from such Reports and State for commercial purposes, other than using the na										
$\setminus$	NAME OF COMMITTEE (In Full)										
	Political Action Committee of the A	American	Association	n of C	Ortho	opaedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Tom Reed For Congress					Date of Disbursement					
	Mailing Address PO Box 10847					05 / 23 / Y Y Y Y 2018					
	City Rochester	State NY	Zip Code 14610			FEC Identification Number					
	Purpose of Disbursement		14010	_	_	C C00464032					
				0	11	Transaction ID : 9699469					
	Candidate Name			Cate	gory/						
	Reed, Tom, , ,				/pe						
	Senate	ment For:	X General			2500.00					
	State: NY District: 23	Other (spe	cify) 🔻			Memo Item					
<b>D</b>	Full Name (Last, First, Middle Initial)										
в.	Meadows For Congress					Date of Disbursement					
	Mailing Address PO Box 811					05 23 2018					
	City	State	Zip Code			FEC Identification Number					
	Hendersonville	NC	28793								
	Purpose of Disbursement			0	11	C C00503094					
	Candidate Name			la de	1	Transaction ID : 9699470					
	Meadows, Mark, , Rep.,	Category/ Type				Amount of Each Disbursement this Period					
		ment For:	2018		·	1500.00					
	Senate	Primary	🗙 General								
	State: NC District: 11	Other (spe	cify)			Memo Item					
C	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen					Date of Disbursement					
0.	Fliends OI Elik Paulsen										
	Mailing Address P.O. Box 44369 250 Prairie Center Drive					05 23 2018					
	City	State	Zip Code			FEC Identification Number					
	Eden Prairie Purpose of Disbursement	MN	55344								
	Fulpose of Disbursement			0	11	C C00439661					
	Candidate Name					Transaction ID : 9699471					
	Paulsen, Erik, , ,				egory/ /pe	Amount of Each Disbursement this Period					
	Office Sought: 🖌 House Disburse	ment For:	2018			1000.00					
	Senate 🗶	Primary	General								
	State: MN District: 22	Other (spe	cify) 🔻			Memo Item					
	State: MN District: 03										
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SCHEDULE B (FEC Form 3X)				DR LI	NE N	NUMBER:		PAGE 305 OF 348				
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or for commercial purposes, other than using the nar	me and addr	ress of any politica	al com	any p mitte	e to	solicit contri	butions	s from su	ing co ich c	ommittee.		
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Political Action Committee of the A	merican	Association	n of C	Jrth	opa	aedic Su	rgeo	nsP/	4C (			
Full Name (Last, First, Middle Initial) A. Thom Tillis Committee				Date of Disbursement								
					M M / D D / Y Y Y Y							
Mailing Address PO Box 97396	State Zip Code					05 23 2018						
5						FEC Iden	ificatio	n Numbe	ər			
Raleigh	NC	27624								-		
Purpose of Disbursement			0,	11	۱ ۲	U	05457					
Candidate Name								ID: 969		t this Period		
Tillis, Thom, , ,				egory/ /pe		Amount 0	Laun	DISDUIS	emen			
	ment For: 2	2018	,		$\neg$		-			2500.00		
× Senate ×	Primary	General					,	7				
State: NC District:	Other (spec	cify) 🔻				Memo	Item					
Full Name (Last, First, Middle Initial)												
B. Doing Right - Results, Action, Unit	y, Leade	ership PAC				Date of Disbursement						
Mailing Address P.O.D. Arca					_	05 23 2018						
Mailing Address P.O. Box 3433				05	2	3	2	018				
,	State CA	Zip Code		_		FEC Iden	ificatio	n Numbe	ər			
Palm Desert Purpose of Disbursement	CA 92261 011						05600	71		-		
Raul Luiz LPAC						C C00569871						
Candidate Name			Cate	gory/		Transaction ID : 9699473 Amount of Each Disbursement this Perio						
Doing Right - Results, Action, Unity, I		ip PAC		/pe								
	ment For:					2150.00						
Senate	Primary	General				Raul Luiz LPAC						
State: District:	Other (spec	лу)				Memo	Item					
Full Name (Last, First, Middle Initial)												
C. Dr. Raul Ruiz For Congress						Date of D						
Mailing Address PO Box 3433						05	2			018		
City	State	Zip Code			+	FEC Iden	ificatio	n Numbe	ər			
Palm Desert	CA	92261								-		
Purpose of Disbursement			0.	11	<b>1</b>	C co	05025	75		_		
Candidate Name				11				ID : 969				
Ruiz, Raul, , ,				egory/ /pe		Amount o	Each	DISDURS	emen	t this Period		
	ment For: 2	-	2500.00									
Senate	Primary	x General										
President	Other (spec	cify) 🔻	Memo Item									
State: CA District: 36												
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)			-			7.07	
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	ny information copied from such Reports and State for commercial purposes, other than using the na				any	perso	n for the		pose		solicit		ontributions	
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	American	Association	n of (	Orth	hopa	aedic	Sur	geo	ns	sP		of AAOS	
A.	Full Name (Last, First, Middle Initial) Votetipton.Com								Date of Disbursement					
	Mailing Address PO Box 1582					05 23 2018								
	City Cortez	State CO			FEC I	dentif	ficatio	n I	Numb	ər				
	Purpose of Disbursement	00	81321			_	С	COC	)4707	57			- T	
				0	)11			1.00	1		): 969	0475		
	Candidate Name			Cate	egory	y/							t this Period	
	Tipton, Scott, , ,				ype	, 	<b></b>			-	-		2500.00	1
	Office Sought:     X     House     Disburse       Senate     X       President     X	ement For: 2 Primary Other (spe	General						<u> </u>	_		_	2500.00	
	State: CO District: 03		oliy) v				M	emo	Item					
В.	Full Name (Last, First, Middle Initial) Victory in November Election PAC	(VINE PAC)					Date o	_	sburse		_	Y Y	YY	
	Mailing Address 607 14th Street NW Suite 800						05		2	23		2	018	
	City Washington	State DC	Zip Code 20005				FEC I	dentif	ficatio	n I	Numb	ər	_	
	Purpose of Disbursement Mike Thompson LPAC Candidate Name	C (VINE PAC)			)11		C C00378695 Transaction ID : 9699476 Amount of Each Disbursement this Period							
	Victory in November Election PAC				egory ype	y/						_		
	•				yhe		3000.00				1			
	Senate	Primary	General				Mike Thompson LPAC						1	
	State: District:	Other (spec	cify)				М	emo						
C.	Full Name (Last, First, Middle Initial)						Date o	of Dis	sburse	em	ent			
	Mailing Address PO BOX 26141						05	1 /	2	23	/		018	
	City Alexandria	State VA	Zip Code 22313				FEC I	dentif	ficatio	n I	Numb	ər	_	
	Purpose of Disbursement Roger Marshall LPAC			0	)11	٦	С	anes	ection	۰ IF	) • 960	0477		
	Candidate Name				egory ype	y/	Transaction ID : 9699477 Amount of Each Disbursement this Period 2500.00							
		ement For:												
	State: District:	Primary Other (spe	General cify) ▼				М	emo	Item	R	oger N	larsha	all LPAC	
	District.						_	_	_		_	_		1
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	- I	heck	only	one)					
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	for commercial purposes, other than using the na											
$\left[ \right]$	NAME OF COMMITTEE (In Full)											
$\square$	Political Action Committee of the A	American	Association	of C	Orth	nopa	aedic Surgeons	PAC of AAOS				
Δ	Full Name (Last, First, Middle Initial)						Date of Disburseme	ent				
л.	Mike Thompson For Congress											
	Mailing Address 5429 Madison Avenue						05 23 2018					
	City	State	Zip Code			T	FEC Identification N	lumber				
	Sacramento Purpose of Disbursement	CA	95841									
				0	11	1	C C00326363					
	Candidate Name				-		Transaction ID	: 9699479 sbursement this Period				
	Thompson, Mike, , Rep.,				egory ype		Amount of Each Dis					
	Office Sought: K House Disburse	ement For: 2		-				2000.00				
	Senate Prosident	Primary Other (app)	General									
	State: CA District: 05	Other (spe	uny) ▼				Memo Item					
_	Full Name (Last, First, Middle Initial)											
В.	Balderson for Congress						Date of Disbursement					
	Mailing Address PO BOX 2302						05 23 2018					
	City ZANESVILLE	State OH	Zip Code 43702-2302				FEC Identification N	lumber				
	Purpose of Disbursement		+3702-2302	_	_	-	<b>C</b> C00662650					
				0	)11		Transaction ID	: 9699480				
	Candidate Name				egory	/	Amount of Each Disbursement this Period					
	Balderson, Troy, , Mr., Office Sought: x House Disburse	ement For:	2019	Ту	ype		1500.00					
	Office Sought: K House Disburse	Primary	General				1500.00					
	President	Other (spec					Memo Item					
_	State: OH District: 12											
c	Full Name (Last, First, Middle Initial)						Date of Disburseme					
С.	The Eye of the Tiger PAC											
	Mailing Address P.O. Box 2485						05 23	2018				
	City	State	Zip Code				FEC Identification N	lumber				
	Springfield Purpose of Disbursement	VA	22152				C 000467494					
	Steve Scalise LPAC			0	11		C C00467431	. 0600.481				
	Candidate Name		Cate	egory	/	Transaction ID : 9699481 Amount of Each Disbursement this Period						
	The Eye of the Tiger PAC				ype							
	Ŭ	ement For: Primary	General				2500.00					
	Senate President	General cify) ▼					eve Scalise LPAC					
	State: District:		city) V				Memo Item					
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SCHEDULE B (FEC Form 3X)					INE N	IUMBER: PAGE 308 OF 348						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(cł		only only of	one) 22		3	<u>26</u>		7 07	
		Summary Page			21b 28a	22 	<b>X</b> 2	3 8c	26		27 30b	
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NAME OF COMMITTEE (In Full)		iess of any politica	ai com	mmue		Solicit COL	muul		nom st	ICT C		
Political Action Committee of the A	merican	Association		)rth	0000	odic C	ura	anr			of AAOS	
	American			<u> </u>			uiye		1317			
Full Name (Last, First, Middle Initial) A. Mike Johnson For Louisiana						Date of	Disbu	urse	ment			
Mailing Address 2900 Clearview Pkwy Suite 206						05 23 2018						
City Metairie	State LA	Zip Code 70006				FEC Ide	entifica	ation	Numbe	er		
Purpose of Disbursement	LA	70006		_	C	C0060		)E		-		
			0	11		U	C0060	1	- 1			
Candidate Name			Cate	gorv	/				ID:969 Disburse		t this Period	
Johnson, Mike, , Rep.,				/pe								
	ment For:										5000.00	
President	Primary Other (and	General				_						
State: LA District: 04	Other (spe	city) 🔻				Mer	mo Ite	em				
Full Name (Last, First, Middle Initial)												
B. Brian Higgins For Congress						Date of	Disbu	urse	ment			
						M M	/	D			Y Y	
Mailing Address P.O. Box 28			05		23	3	2	2018				
City	State NY		FEC Ide	entifica	ation	Numbe	er					
Buffalo Purpose of Disbursement	INT	_	С	C0040	102	1		-				
		011					C C00401034 Transaction ID : 9699483					
Candidate Name			Cate	aorv	/	Amount of Each Disbursement this Period					t this Period	
Higgins, Brian, M., Rep.,				vpe j			-					
	ment For:					1000.00						
President	Primary Other (spe	General										
State: NY District: 26	Other (spe	city)				Memo Item						
Full Name (Last, First, Middle Initial)												
C. Himes For Congress						Date of						
Mailing Address 857 Post Road, #312						05		23			018	
City	State	Zip Code				FEC Ide	ontific	ation	Numbe	r		
Fairfield	СТ	06824					Sintinot		- Numbe	,,	-	
Purpose of Disbursement		0	11	11	С	C0043	3419	91				
Candidate Name				-					ID : 969			
Himes, Jim, A., Rep.,			Cate Ty	egory /pe	/	Amount		acri	Dispuise	emen	t this Period	
	ment For:	2018	,								5000.00	
Senate 🗶	Primary	General					7					
President	Other (spe	cify) 🔻				Mer	mo Ite	em				
State: CT District: 04						-						
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	ny information copied from such Reports and State for commercial purposes, other than using the nati										
$\setminus$	NAME OF COMMITTEE (In Full)										
	Political Action Committee of the A	American	Association	of O	rthop	aedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen					Date of Disbursement					
	Mailing Address PO Box 326					05 / D D / Y Y Y Y 23 / 2018					
	City Everett	State WA	Zip Code 98206			FEC Identification Number					
	Purpose of Disbursement			011	1	C C00345546 Transaction ID : 9699485					
	Candidate Name			Categ		Amount of Each Disbursement this Period					
		ment For: 2	2018	Тур	e	2500.00					
	State: WA District: 02	Primary Other (spe		Memo Item							
_	Full Name (Last, First, Middle Initial)										
В.	Sean Patrick Maloney For Congre	SS				Date of Disbursement					
	Mailing Address PO Box 270					05 23 2018					
	City	State NY	Zip Code			FEC Identification Number					
	Newburgh Purpose of Disbursement		12550	01	1	C C00512426					
	Candidate Name			Categ	- H	Transaction ID : 9699487 Amount of Each Disbursement this Period					
	Maloney, Sean, , ,			Тур							
		ment For: ; Primary	2018 General			2500.00					
	State: NY District: 18	Other (spec				Memo Item					
	Full Name (Last, First, Middle Initial) Moulton For Congress					Date of Disbursement					
•						M M / D D / Y Y Y Y					
	Mailing Address PO Box 2013					05 23 2018					
	City Salem	State MA	Zip Code 01970			FEC Identification Number					
	Purpose of Disbursement		01070	_	_	C C00547240					
	Candidate Name Moulton, Seth, , Rep.,			011 Categ Typ	ory/	Transaction ID : 9699488 Amount of Each Disbursement this Period					
		ment For: 2	2018	iyp		2500.00					
	Senate <b>x</b> President	Primary Other (spe	General cify) ▼			Memo Item					
_	State: MA District: 06										
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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 310 OF 348				
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$\backslash$	NAME OF COMMITTEE (In Full)								
$\Big\rangle$	Political Action Committee of the A	Americar	Association	of Orthopa	aedic SurgeonsPAC of AAOS				
A.	Full Name (Last, First, Middle Initial) Perlmutter For Congress				Date of Disbursement				
	Mailing Address 3440 Youngfield Street #264								
	City	State	Zip Code		FEC Identification Number				
	Wheat Ridge	CO	80033						
	Purpose of Disbursement			011	C C00410639				
	Candidate Name			011	Transaction ID: 9699489				
				Category/	Amount of Each Disbursement this Period				
	Perlmutter, Edwin, , Rep., Office Sought: <b>x</b> House Disburse	ement For:	2019	Туре	2500.00				
	Senate	1	General						
	State: CO District: 07	Other (spe			Memo Item				
	Full Name (Last, First, Middle Initial)								
B.	Scott Peters For Congress				Date of Disbursement				
	Mailing Address PO Box 22074		_		05 23 2018				
	City	State	Zip Code		FEC Identification Number				
	San Diego Purpose of Disbursement	CA	92192						
				011	C C00503110				
	Candidate Name			Category/	Transaction ID : 9699490				
	Peters, Scott, Harvey, Rep.,			Type	Amount of Each Disbursement this Period				
		ement For:	2018		5000.00				
	Senate	Primary	🗙 General						
	State: CA District: 52	Other (spe	cify)		Memo Item				
	Full Name (Last, First, Middle Initial)								
C.	Duncan D. Hunter For Congress				Date of Disbursement				
	Mailing Address PO Box 1545				05 / D D / Y Y Y Y 23 / 2018				
	City	State	Zip Code		FEC Identification Number				
	El Cajon	CA	92022						
	Purpose of Disbursement				C C00433524				
	Candidate Name			011	Transaction ID : 9699493				
	Hunter, Duncan, , ,			Category/	Amount of Each Disbursement this Period				
		ement For:	2018	Туре	1000.00				
	Senate	Primary	General						
	President	Other (spe			Memo Item				
	State: CA District: 50	J							
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	ny information copied from such Reports and State for commercial purposes, other than using the na									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the A	American	Association	of Orthop	aedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Peace Through Strength PAC				Date of Disbursement					
	Mailing Address 499 S. Capitol St. SW Suite 420		1		05 23 2018					
	City Washington	State DC	Zip Code 20003		FEC Identification Number					
	Purpose of Disbursement Duncan Hunter LPAC			011	C C00377010					
	Candidate Name			Category/	Transaction ID : 9699494 Amount of Each Disbursement this Period					
	Peace Through Strength PAC			Type						
	Office Sought: House Disburse Senate	ment For: Primary	General		4000.00					
	President	Other (spec			Duncan Hunter LPAC					
	State: District: Full Name (Last, First, Middle Initial)									
В.	Pete Aguilar For Congress				Date of Disbursement					
	Mailing Address PO Box 10954				05 / 23 / 2018					
	City	State	Zip Code		FEC Identification Number					
	San Bernardino Purpose of Disbursement	CA	92423	011	C C00510461					
	Candidate Name			Category/	Transaction ID : 9699495 Amount of Each Disbursement this Period					
	Aguilar, Pete, , Rep., Office Sought: <b>x</b> House Disburse	mant Fam.		Туре						
		ment For: 2 Primary	2018 General		4000.00					
	State: CA District: 31	Other (spec	cify)		Memo Item					
_	Full Name (Last, First, Middle Initial)				Data of Disburgement					
С.	Friends Of Don Beyer				Date of Disbursement					
	Mailing Address 1751 Potomac Greens Drive				05 23 2018					
	City	State	Zip Code		FEC Identification Number					
	Alexandria Purpose of Disbursement	VA	22314		C C00555888					
				011	Transaction ID : 9699496					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Beyer, Don, , , Jr. Office Sought: x House Disburse	ment For: 2	2018	Туре	3000.00					
	Senate	Primary	<b>x</b> General							
	State: VA District: 08	Other (spec	cify) 🔻		Memo Item					
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			Summary Page			210 28a	22 <b>X</b> 23	26 27 29 30b					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_										
	Political Action Committee of the	American	Association	n of (	Orth	hopa	aedic Surgeo	onsPAC of A	AOS				
Α.	Full Name (Last, First, Middle Initial) Julia Brownley For Congress						Date of Disburs		Y				
	Mailing Address PO Box 2018						23 2018						
	City	State	Zip Code				FEC Identificati	on Number					
	Thousand Oaks	CA	91358										
	Purpose of Disbursement				)11		C C00513	)77					
	Candidate Name			less.	-			n ID : 9699497					
	Brownley, Julia, , Rep.,				egory ype	y/	Amount of Eac	Disbursement this	Period				
		ement For:	2018		, e -			2000.0	00				
	Senate	Primary	X General				<u> </u>						
	State: CA District: 26	Other (spe	cify) 🔻				Memo Item						
_	Full Name (Last, First, Middle Initial)												
В.	Bera For Congress						Date of Disburs	ement					
	Mailing Address PO Box 582496						05 / D	23 / Y Y Y 2018	Y				
	City	State	Zip Code				FEC Identificati	on Number					
	Elk Grove	CA	95758										
	Purpose of Disbursement				011	11	C C00461	061					
	Candidate Name			la de				n ID : 9699498					
	Bera, Ami, , ,				egory ype	y/	Amount of Eacl	Disbursement this	Period				
		ement For:	2018		, , , , , , , , , , , , , , , , , , , ,			3500.	00				
	Senate	Primary											
	President	Other (spe					Memo Item						
	State: CA District: 07												
C.	Full Name (Last, First, Middle Initial) Friends Of Cheri Bustos						Date of Disburs	ement					
	Mailing Address 1050 17th St Nw Ste 590							23 / Y Y Y 2018	Y				
	City	State	Zip Code				FEC Identificati	on Number					
	Washington Purpose of Disbursement	DC	20036				<b>C</b> C00400						
				0	)11	11	C C00498						
	Candidate Name			<b></b>	egory			n ID: 9699499 Disbursement this	Period				
	Bustos, Cheri, , Rep.,				ype	y'							
		ement For:	2018					3000.	00				
	Senate 🗶	Primary	General				_						
	State: IL District: 17	Other (spe	спу) 🔻				Memo Item						
	State: IL District: 17												
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S	CHEDULE B (FEC Form 3X)			F	)B I		UMBER:	PAGE 313 OF 348						
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)							
			Summary Page			21b 28a	22 <b>X</b> 23 28b 28c	26 27 29 30b						
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	for commercial purposes, other than using the nati													
$\square$	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merican	Association	n of (	Orth	nopa	aedic Surgeons	sPAC of AAOS						
Δ	Full Name (Last, First, Middle Initial)						Date of Disbursem	ent						
	Charlie Crist For Congress													
	Mailing Address PO Box 1547						05 23 2018							
	City	State	Zip Code				FEC Identification Number							
	St. Petersburg	FL	33731				0							
	Purpose of Disbursement			0	11	11	C C00590067							
	Candidate Name			<b></b>		./	Transaction II	) : 9699500 isbursement this Period						
	Crist, Charles, Joseph, Rep., Jr.				egory ype		Amount of Lacit D							
		ment For: 2	2018					2500.00						
	Senate x	Primary	General					1						
	State: FL District: 13	Other (spec	cify) 🔻				Memo Item							
	Full Name (Last, First, Middle Initial)													
В.	Susan Davis For Congress					Date of Disbursem	ent							
	Mailing Address P.O. Box 84049						05 / 23 / 2018							
	City	State	Zip Code				FEC Identification	Number						
	San Diego	CA	92138											
	Purpose of Disbursement				)11	11	C C00344671							
	Candidate Name						Transaction ID : 9699501 Amount of Each Disbursement this Period							
	Davis, Susan, A., Rep.,				egory ype	″	Amount of Each D	isbursement this Penod						
	Office Sought: 🗶 House Disburse	ment For: 2	2018				2500.00							
		Primary	General					,						
	State: CA District: 53	Other (spec	city)				Memo Item							
	Full Name (Last, First, Middle Initial)													
C.	Delbene For Congress						Date of Disbursem							
	Mailing Address PO Box 487						05 / D D D D	/ Y Y Y Y 2018						
	City	State	Zip Code				FEC Identification	Number						
	Bothell	WA	98041											
Purpose of Disbursement							C C00459099							
	Candidate Name				11		Transaction ID : 9699502							
	DelBene, Suzan, , Rep.,				egory ype		Amount of Each Disbursement this Period							
		ment For: 2	2018					2500.00						
	Senate <b>x</b>	Primary	General				,							
	State: WA District: 01	Other (spec	city) 🔻				Memo Item							
	State: WA District: 01													
s	<b>UBTOTAL</b> of Disbursements This Page (optional).							7500.00						
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S	CHEDULE B (FEC Form 3X)				OR	LINE N	IUMBER:	PAG	E 314 OF	348				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c	hecl	k only 21b	—´ —		26 27					
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	y information copied from such Reports and State for commercial purposes, other than using the nar													
$\backslash$	NAME OF COMMITTEE (In Full)	_		_	_	_		_						
	Political Action Committee of the A	merican	Association	of (	Drt	hopa	aedic Surgeo	nsPAC	C of AA	DS				
Α.	Full Name (Last, First, Middle Initial) Val Demings for Congress						Date of Disburs	ement						
	Mailing Address P.O. Box 536926	State Zip Code					FEC Identification Number							
	5													
	Orlando Purpose of Disbursement	FL	32853		_	_	C C005904	80						
				0	11			o9 1 ID : 96995	02					
	Candidate Name			Cate	egor	ry/	Amount of Each			riod				
	Demings, Valdez, , ,			Ţ	ype				2000.00	- T				
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	2018 General						2000.00	_				
	State: FL District: 10	Other (spec					Memo Item							
	Full Name (Last, First, Middle Initial)													
В.	Bill Foster For Congress		Date of Disburs			_								
	Mailing Address P.O. Box 9104			23 Y	2018									
	City		FEC Identification	n Number										
	Aurora Purpose of Disbursement	IL 60598 011 Category/ Type ement For: 2018 Primary General					С соо435099							
							Transaction							
	Candidate Name						Amount of Each			riod				
	Foster, Bill, , Rep., PhD Office Sought: x House Disburse								2500.00	- T				
									2300.00	<u> </u>				
	President	Other (spec					Mama Itam							
	State: IL District: 11						Memo Item							
C	Full Name (Last, First, Middle Initial)						Date of Disburs	ement						
0.	Denny Heck For Congress								Y Y Y					
	Mailing Address PO Box 235							23	2018					
	City	State	Zip Code			$\rightarrow$	FEC Identification	n Number						
	Olympia	WA	98507											
	Purpose of Disbursement			0	11		C C00472							
	Candidate Name			Cate		24/	Transactio Amount of Each	1 ID : 96995 Disbursem		riod				
	Heck, Denny, , ,				ype	y/		Biobaroom						
	Office Sought: 🖌 House Disburse	ment For: 2							5000.00					
	Senate x	Primary Other (spec	General											
	State: WA District: 10	Other (spec	(iiy) V				Memo Item							
									9500.00					
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S	CHEDULE B (FEC Form 3X)					INE N	UMBER:	PAGE 315 OF 348							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		neck	only only only only only only only only	one)	26 27							
		Detailed	Summary Page			210 28a	22 <b>X</b> 23 28b 28c	28 27 29 30b							
	ny information copied from such Reports and State for commercial purposes, other than using the na														
$\setminus$	NAME OF COMMITTEE (In Full)														
	Political Action Committee of the A	American	Association	n of C	Drth	opa	edic Surgeo	nsPAC of AAOS							
Α.	Full Name (Last, First, Middle Initial) Upton Victory						Date of Disburs								
	Mailing Address 228 S. Washington St. Ste 115						05 23 2018								
	City	State	Zip Code				FEC Identification	on Number							
	Alexandria Purpose of Disbursement	VA	22314												
	Frederick Upton LPAC			0	11		С								
	Candidate Name			Cate	gory	/		<b>ID : 9699726</b> Disbursement this Period							
					/pe			1500.00							
	Office Sought: House Disburse	ement For: Primary	General					1500.00							
	President	Other (spe					Momo Itom	Frederick Upton LPAC							
	State: District:						Memo Item								
-	Full Name (Last, First, Middle Initial)														
в.	Elise For Congress						Date of Disburs								
	Mailing Address PO Box 500							30 / Y Y Y Y 2018							
	City	State	Zip Code				FEC Identification	n Number							
	Glens Falls Purpose of Disbursement	NY	12801			_	C C00547893								
		011 Category/						ID : 9706715							
	Candidate Name							Disbursement this Period							
	Stefanik, Elise, , , Office Sought: x House Disburse	ement For: 2018					2000.00								
	Senate	1													
	President	Other (spe	cify)				Memo Item								
	State: NY District: 21														
c	Full Name (Last, First, Middle Initial)						Date of Disburs	ement							
0.	Elise For Congress														
	Mailing Address PO Box 500							30 2018							
	City	State	Zip Code				FEC Identification	n Number							
	Glens Falls Purpose of Disbursement	NY	12801			_	C C005478	202							
				0	11			n ID : 9706716							
	Candidate Name			Cate	gory	/	Amount of Each Disbursement this Period								
	Stefanik, Elise, , , Office Sought: K House Disburse	ement For:		Ту	/pe		3000.0								
	Office Sought: K House Disburse	Primary	2018 X General												
	President	Other (spe					Memo Item								
	State: NY District: 21	-													
s	UBTOTAL of Disbursements This Page (optional).							6500.00							
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 316 OF 348						
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	-						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			d by any perso	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican	Association	of Orthop	aedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Rothfus For Congress Mailing Address PO Box 435				Date of Disbursement						
City Sewickley	State PA	Zip Code 15143		FEC Identification Number						
Purpose of Disbursement			011	C C00497115 Transaction ID : 9706717 Amount of Each Disbursement this Period						
Rothfus, Keith, , Rep.,Office Sought:xHouseDisburserSenateImage: Construction of the senate	ment For: 2 Primary	2018 X General	Category/ Type	1500.00						
State: PA District: 12		Memo Item								
Full Name (Last, First, Middle Initial)         B. Kenny Marchant For Congress         Mailing Address       PO Box 110187				Date of Disbursement						
Carrollton Purpose of Disbursement Candidate Name Marchant, Kenny, , ,	State TX ment For: 2	Zip Code 75011	011 Category/ Type	FEC Identification Number C C00393348 Transaction ID : 9706718 Amount of Each Disbursement this Period 2000.00						
Senate		X General		Memo Item						
Full Name (Last, First, Middle Initial) C. Olson For Congress Committee Mailing Address PO Box 16381				Date of Disbursement						
City Sugar Land Purpose of Disbursement	State TX	Zip Code 77496	011	FEC Identification Number						
Candidate Name Olson, Pete, , , Office Sought: x House Disburser	ment For: 2	2018	Category/ Type	Transaction ID : 9706719 Amount of Each Disbursement this Period 2000.00						
State: TX District: 22	Primary Other (spec	General cify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)	5500.00									

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			Summary Page			21b 28a		23 28c	26	27 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the nar				any	perso	n for the purpo	ose of s	oliciting c	ontributio				
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merican	Association	of C	Drth	nopa	aedic Surg	eons	PAC	of AA	OS			
Α.	Full Name (Last, First, Middle Initial) Marc Veasey Congressional Camp	baign Co	mmittee				Date of Disbursement							
	Mailing Address PO Box 50084					05 / 0 / Y Y Y Y 05 / 30 / 2018								
	5	State Zip Code					FEC Identification Number							
	Fort Worth Purpose of Disbursement	ТХ	76105											
	Tupose of Disbursement			0	11		•	06832						
	Candidate Name			Cate	egory	/	Transac Amount of E		: 9706720		riod			
	Veasey, Marc, , Rep.,				ype	<i>'</i>			Surconner					
	Office Sought: x House Disburse	2018							2000.00					
	Senate President	General				-								
	State: TX District: 33	Other (spec	(iiy) 🔻				Memo It	em						
_	Full Name (Last, First, Middle Initial)													
В.	Louie Gohmert For Congress Com		Date of Disb	ourseme	nt									
	Mailing Address PO Box 8060						M M / 05	D D 30		y y y 2018				
	City	State	Zip Code				FEC Identific	nation N	umbor					
	Tyler	ТХ	75711					alion N	umber	-				
	Purpose of Disbursement	011					C C00386532							
	Candidate Name				-		Transaction ID : 9706721 Amount of Each Disbursement this Period							
	Gohmert, Louie, , Rep.,				egory ype	"								
	Office Sought: 🗙 House Disburse	ment For: 2	2018	-					-	2000.00				
		Primary	General											
	State: TX District: 01	Other (spec	cify)				Memo It	em						
_	Full Name (Last, First, Middle Initial)													
C.	Culberson For Congress						Date of Disb	ourseme	nt					
	Mailing Address P.O. Box 41964						M M / 05	30		2018				
	City	State	Zip Code				FEC Identific	ation N	umber					
	Houston Purpose of Disbursement	ТХ	77241											
	Fulpose of Disbursement		0	11		0	43236		_					
	Candidate Name			<u> </u>	egory	/	Transac Amount of E		: 9706722		riod			
	Culberson, John, Abney, Rep.,				ype									
		ment For: 2	·							2000.00				
	Senate President	Primary Other (spec	General											
	State: TX District: 07	Other (spec	uiy) ▼				Memo It	em						
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s	SUBTOTAL of Disbursements This Page (optional).									6000.00	)			
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S	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 318 OF 348					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	1	k only 21b 28a	-					
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican	Association	of Ort	hopa	aedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Kansas Leadership PAC Mailing Address PO Box 26141					Date of Disbursement					
	City Alexandria	State Zip Code VA 22313				FEC Identification Number					
	Purpose of Disbursement Roger Marshall LPAC		VA 22313			C C00632323 Transaction ID : 9706724					
	Candidate Name Kansas Leadership PAC			Categor Type		Amount of Each Disbursement this Period					
		ment For: Primary Other (spec	General cify) ▼			2500.00 Roger Marshall LPAC Memo Item					
B.	Full Name (Last, First, Middle Initial) Ann Wagner For Congress Mailing Address PO Box 50					Date of Disbursement					
		State MO	Zip Code 63022			FEC Identification Number					
	Candidate Name Wagner, Ann, , Rep.,	Cate				C C00495846 Transaction ID : 9706726 Amount of Each Disbursement this Period 1500.00 Memo Item					
	Office Sought:  House Disburser Senate President State: MO District: 02	Primary	t For: 2018								
С.	Full Name (Last, First, Middle Initial) Friends of Blaine Luetkemeyer					Date of Disbursement					
	Mailing Address 228 S Washington St Suite 115					05 / D D / Y Y Y Y 2018					
	City Alexandira Purpose of Disbursement	State VA	Zip Code 22314	011	_	FEC Identification Number					
	Candidate Name Luetkemeyer, W., Blaine, ,			Categor Type		Transaction ID : 9706727 Amount of Each Disbursement this Period					
	· · · · · · · · · · · · · · · · · · ·	ment For: 2 Primary Other (spec	General			2000.00 Memo Item					
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(cł		· · .	/ one) □ 22 🕱 23 □ 26 □ 27					07			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_							_			
	Political Action Committee of the A	American	Association	n of C	Drth	opa	edic S	urge	or	าร	PA	C c	f AAOS		
Α.	Full Name (Last, First, Middle Initial) Blum For Congress								Date of Disbursement						
	Mailing Address 2728 Asbury Road Suite 400				05	18									
	City	State	Zip Code				FEC Identification Number								
	Dubuque	IA	52001										_		
	Purpose of Disbursement			0	11	11	С	C0054	392	26					
	Candidate Name							nsacti							
	Blum, Rod, , ,				egory/ /pe		Amount	or Ea	cn	UISDI	ursem	ient	this Period		
		ment For: 2	2018	- ,	1						_		500.00		
	Senate <b>x</b> President	Primary Other (spec	General cify) ▼				Mer	no Ite	m		-9				
	State: IA District: 01														
B.	Full Name (Last, First, Middle Initial) Blum For Congress						Date of	Disbu	rse	ment					
							M M	/ [	)	D /	Y	Y	Y Y		
	Mailing Address 2728 Asbury Road Suite 400	State Zip Code					05		3(	0		20	)18		
	City	State IA		FEC Ide	entifica	tion	Nur	nber							
	Dubuque Purpose of Disbursement	IA 52001					C C00543926								
				0	11	11									
	Candidate Name			Cate	aorv			of Fa					this Period		
	Blum, Rod, , ,		ent For: 2018					1500							
	Office Sought: K House Disburse	ment For:													
	Senate	Primary													
	State: IA District: 01	Other (spec	cify)				Memo Item								
~	Full Name (Last, First, Middle Initial)						Date of	Diebu	real	mont					
0.	Kind For Congress Committee											Ň	YY		
	Mailing Address 205 5th Avenue S Room 411						05		30				18		
	City	State	Zip Code				FEC Ide	entifica	tion	Nur	nber				
	La Crosse Purpose of Disbursement	WI	54601			_		0021	201	7					
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	Candidate Name			Cate	gory		Transaction ID : 9707074 Amount of Each Disbursement this Period								
	Kind, Ron, , ,				/pe										
		ment For: 2									-	3	500.00		
	Senate	Primary	General												
	State: WI District: 03	cify) 🔻				Mer	no Itei	m							
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SCHEDU	_E B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 320 OF 348						
ITEMIZED	DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a							
					on for the purpose of soliciting contributions o solicit contributions from such committee.						
	COMMITTEE (In Full) I Action Committee of the A	Americar	Association	of Orthop	aedic SurgeonsPAC of AAOS						
	(Last, First, Middle Initial) For Derek Kilmer				Date of Disbursement						
Mailing Ado	dress PO Box 1381				05 30 2018						
City Tacoma		State WA	Zip Code 98402		FEC Identification Number						
Purpose of	Disbursement			011	C C00514893 Transaction ID : 9707075						
	Derek, , ,	ement For:	2010	Category/ Type	Amount of Each Disbursement this Period 1500.00						
Office Sou	ght: ★ House Disburse Senate President	Primary Other (spe	X General		Memo Item						
	(Last, First, Middle Initial)										
	dress PO Box 50084		Date of Disbursement								
City Fort Worth		State TX	Zip Code 76105		FEC Identification Number						
Purpose of Candidate	Disbursement Name			011	C C00506832 Transaction ID : 9707076 Amount of Each Disbursement this Period						
Veasey	y, Marc, , Rep., ght: 🗶 House Disburse Senate	ement For: Primary	2018 X General	Category/ Type	2000.00						
State: T	X District: 33	Other (spe			Memo Item						
	(Last, First, Middle Initial) For Congress				Date of Disbursement						
Mailing Ado	dress PO Box 669				05 30 2018						
City Glen Cove		State NY	Zip Code 11542		FEC Identification Number						
Candidate	Name , Thomas, R., Rep.,			011 Category/ Type	C C00607200 Transaction ID : 9707077 Amount of Each Disbursement this Period						
Office Sou	ght: 🖌 House Disburst	ement For: Primary	<b>x</b> General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1500.00						
State: N	Y District: 03	Other (spe	ecny) ▼		Memo Item						
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S	CHEDULE B (FEC Form 3X)			EC	JB I		IUMBER:	PAGE 321 OF 348					
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)						
			Summary Page			21b 28a	22 <b>X</b> 23 28b 28c	26 27 29 30b					
Δr	ny information copied from such Reports and State	ments may r	not be sold or use	ed by									
	for commercial purposes, other than using the na												
$\backslash$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	American	Association	of C	Drth	nopa	edic Surgeo	nsPAC of AAOS					
Δ.	Full Name (Last, First, Middle Initial) Darren Soto For Congress						Date of Disburse	ement					
	Darren Solo i or Congress												
	Mailing Address P.O. Box 420239						05 30 2018						
	City	State	Zip Code				FEC Identification Number						
	Kissimmee Purpose of Disbursement	FL	34742										
	Tupose of Disbusement			0	11		C C005810						
	Candidate Name			la de la companya de	egory	,		ID: 9707078 Disbursement this Period					
	Soto, Darren, Michael, Rep.,				ype	ʻ							
		ment For: 2						2000.00					
	Senate <b>x</b> President	Primary Other (spec	General				-						
	State: FL District: 09	Other (spec	ury) ▼				Memo Item						
	Full Name (Last, First, Middle Initial)												
В.	Terri Sewell For Congress						Date of Disburse	ement					
	Mailing Address P.O. Box 1964						05 3	0 2018					
	City Birmingham	State AL	Zip Code 35201				FEC Identification	n Number					
	Purpose of Disbursement						C C00458976						
				0	)11			ID : 9707079					
	Candidate Name				egory	/		Disbursement this Period					
	Sewell, Terri, A., Rep., Office Sought: x House Disburse	ment For: ;	2018	Tj	ype			5000.00					
	Office Sought: K House Disburse Senate	Primary	General										
	President	Other (spec					Memo Item						
	State: AL District: 07												
c	Full Name (Last, First, Middle Initial)						Date of Disburse	vmont					
С.	Kurt Schrader For Congress												
	Mailing Address PO Box 3314						05 / D						
	City	State	Zip Code				FEC Identification	n Number					
	Oregon City Purpose of Disbursement	OR	97045										
				0	11	וך	C C0044690						
	Candidate Name				egory	/	Transaction ID : 9707080 Amount of Each Disbursement this Period						
	Schrader, Kurt, , ,				ype	, 							
		ment For: 2						2500.00					
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	State: OR District: 05						Memo Item						
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s	<b>UBTOTAL</b> of Disbursements This Page (optional).							9500.00					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		<b>A 1</b> . 1		<b>.</b>									
/	Political Action Committee of the A	American	Association	of (	Jrth	hopa	aedic Surgeons-	-PAC of AAOS						
<u>لا</u>	Full Name (Last, First, Middle Initial)													
Α.	Lisa Blunt Rochester For Congres	S					Date of Disbursement							
	Mailing Address PO Box 9767						05 30 _2018 _							
	, , , , , , , , , , , , , , , ,													
	City Wilmington	State DE	Zip Code 19809				FEC Identification Nu	umber						
	Purpose of Disbursement		19009	_	_		C C00590778							
				0	)11		Transaction ID :	9707081						
	Candidate Name				egory	y/		bursement this Period						
	Blunt Rochester, Lisa, , , Office Sought: x House Disburse	ment For: 2	2019	Ty	ype			2500.00						
	Office Sought: X House Disburse Senate X	Primary	2018 General											
	President	Other (spec					Memo Item							
	State: DE District: 00													
R	Full Name (Last, First, Middle Initial)		Date of Disburseme	ot										
٦.	Engel For Congress													
	Mailing Address 462 California Road						05 30	2018						
	City	State	Zip Code				FEC Identification N	umber						
	Bronxville Purpose of Disbursement	NY 10708					C C00236513							
				C	)11		Transaction ID : 9707082 Amount of Each Disbursement this Period							
	Candidate Name				egory	y/								
	Engel, Eliot, , , Office Sought: x House Disburse	ment For: 2	2019	Ty	ype									
	Senate Disburse	1	General											
	President	Other (spec	cify)				Memo Item							
	State: NY District: 16													
C.	Full Name (Last, First, Middle Initial) Friends Of Raja For Congress						Date of Disburseme	nt						
	Mailing Address PO Box 681202						05 30	2018						
	City	State	Zip Code				FEC Identification N	umber						
	Schaumburg Purpose of Disbursement	IL	60168	_			C C00575092							
			0	)11		Transaction ID :	: 9707083							
	Candidate Name				egory	y/	Amount of Each Disbursement this Period							
	Krishnamoorthi, Raja, , Rep., Office Sought: House Disburse	ment For: 2	2018	Ty	уре			1500.00						
	Senate Disburse	Primary	General											
	President	Other (spec					Memo Item							
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SCHEDULE B (FEC Form 3X)			FOR II	INE NUMBER: PAGE 323 OF 3						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)						
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NAME OF COMMITTEE (In Full)										
	Americar	n Associatior	n of Orth	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial)				Data of Diaburaament						
A. Kuster For Congress, Inc				Date of Disbursement						
Mailing Address PO Box 1498				05 30 2018						
City	State	Zip Code		FEC Identification Number						
Concord	NH	03302								
Purpose of Disbursement			011	C C00462861						
Candidate Name				Transaction ID : 9707084						
Kuster, Ann, McLane, Rep.,			Category/ Type	/ Amount of Each Disbursement this Period						
· · · · · · · · · · · · · · · · · · ·	ement For:	2018	. )   -	1000.00						
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President	Other (spe	ecify) 🔻		Memo Item						
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Full Name (Last, First, Middle Initial)				Date of Disbursement						
B. Kuster For Congress, Inc										
Mailing Address PO Box 1498				05 30 2018						
City	State	Zip Code		FEC Identification Number						
Concord	NH	03302								
Purpose of Disbursement			011	C C00462861						
Candidate Name				Transaction ID : 9707085						
Kuster, Ann, McLane, Rep.,			Category/ Type	Amount of Each Disbursement this Period						
	ement For:	2018								
Senate	Primary	X General								
President	Other (spe	ecify)		Memo Item						
State: NH District: 02										
Full Name (Last, First, Middle Initial)				Date of Disbursement						
C. Schneider For Congress										
Mailing Address PO Box 1318				05 30 2018						
City	State	Zip Code		FEC Identification Number						
Deerfield	IL	60015								
Purpose of Disbursement			044	C C00495952						
Candidate Name			011	Transaction ID : 9707086						
Schneider, Bradley, , Rep.,			Category/ Type	Amount of Each Disbursement this Period						
	ement For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00						
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NAME OF COMMITTEE (In Full)														
Political Action Committee of the	Americar	n Associatior	n of C	Drth	opa	aedic S	Surg	geor	nsF	PAC	of AAO	S		
Full Name (Last, First, Middle Initial) A. Andy Barr For Congress, Inc.						Date o	of Dist	burse	ment					
Mailing Address PO Box 2059		State Zip Code KY 40588					05 / 10 / Y Y Y Y 2018							
City Lexington							FEC Identification Number							
Purpose of Disbursement	011						C C00467571 Transaction ID : 9711991							
Candidate Name				egory/	1						nt this Perio	d		
Barr, Andy, , , Office Sought: x House Disburs	ement For:	2018	Ту	ype		· · ·					2500.00	٦		
Senate President	<ul> <li>Primary</li> <li>Other (specified)</li> </ul>	General ecify) ▼					amo l	tom	4	y	1 40			
State: KY District: 06			Memo Item											
Full Name (Last, First, Middle Initial) B. Andy Barr For Congress, Inc.						Date o	of Dist	burse	ment					
Mailing Address PO Box 2059							/	D 0			2018			
City Lexington	State KY	Zip Code 40588				FEC lo	lentifi	catior	n Num	lber				
Purpose of Disbursement Re-designated funds for trans. dated 5/10/2018	011				1	C C00467571 Transaction ID : 9711992								
Candidate Name	Catego										nt this Perio	d		
Barr, Andy, , , Office Sought:	ement For:	ement For: 2018 Primary X General									500.00	٦.		
Senate	_					Re-designated funds for t						trans		
State: KY District: 06	Other (spe	ecify)				Memo Item dated 5/10/2018								
Full Name (Last, First, Middle Initial) C. Texans for Jake Ellzey						Date o	of Dist	burse	ment					
Mailing Address PO BOX 225					_	M M	/	D 1			Y Y Y 2018			
City	State	Zip Code			+	FEC lo	lentifi	catior	n Num	iber				
WAXAHACHIE Purpose of Disbursement Void - Texans for Jake Ellzey	TX	75165	0	11	ī.	С	C006	66293	32					
Candidate Name			Cate	egory/	1	Transaction ID : 9711994 Amount of Each Disbursement this Period								
Ellzey, Jake, , , Office Sought: x House Disburs	ement For:	2018	IJ	ype	-		- 1500.00	1						
Sonoto	Y     Y     Y     General       Other (specify)     ▼					Void - Texans for Jake El						llzey		
State: TX District: 06														
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SCHEDULE B (FEC Form 3X)			FC	DR L	INE I	NUMBER:	PAGE 325 OF 348					
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NAME OF COMMITTEE (In Full)												
Political Action Committee of the	Americar	Association	n of C	Drth	opa	aedic Surgeor	nsPAC of AAOS					
Full Name (Last, First, Middle Initial) A. Ted Lieu For Congress						Date of Disburser						
Mailing Address 16633 Ventura Blvd # 1008						06 / D						
City Encino	State CA	Zip Code 91436				FEC Identification	Number					
Purpose of Disbursement			0	11		C C0055650	16					
Candidate Name			<u></u>			Transaction						
Lieu, Ted, , ,			Cate Ty	egory /pe	/	Amount of Each	Disbursement this Period					
	ement For: Primary	2018 General					5000.00					
State: CA District: 33	Other (spe	ecify) 🔻				Memo Item						
Full Name (Last, First, Middle Initial)												
B. Simpson For Congress						Date of Disburser	ment					
Mailing Address 1487 Parkway Drive						06 / D D / Y Y Y Y 2018						
City	State	Zip Code				FEC Identification	Number					
Blackfoot Purpose of Disbursement	ID	83221	_	_	-	C C0033139	7					
			0	011		Transaction	and the second sec					
Candidate Name			Cate	egory	/		Disbursement this Period					
Simpson, Mike, , ,			Ту	/pe			1500.00					
Office Sought: X House Disburs Senate	ement For: Primary	2018 X General				1500.00						
President	Other (spe											
State: ID District: 02						Memo Item						
Full Name (Last, First, Middle Initial) C. Jim Banks For Congress, Inc.						Date of Disburser	ment					
Mailing Address PO Box 11431					_	06 05						
City	State	Zip Code			_	FEC Identification	Number					
Fort Wayne	IN	46858										
Purpose of Disbursement			0	11	٦.	C C0057799	in a second					
Candidate Name			1-1-1-	gory	/	Transaction Amount of Each	ID:9712050 Disbursement this Period					
Banks, James, , ,				ype )			4000.00					
Office Sought: K House Disburs	ement For:	·					1000.00					
President	Other (spe				Mama Itam							
State: IN District: 03						Memo Item						
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ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check of 21	nly one) b 22 X 23 26 27
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NAME OF COMMITTEE (In Full)				
Political Action Committee of the A	merican	Association	of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Virginia Foxx For Congress				Date of Disbursement
Mailing Address PO Box 2676				06 / 05 / Y Y Y Y 2018
City Boone	State NC	Zip Code 28607		FEC Identification Number
Purpose of Disbursement			011	C C00386748 Transaction ID : 9712051
Candidate Name			Category/	Amount of Each Disbursement this Period
Foxx, Virginia, , Rep.,Office Sought:xKHouseDisburse	ment For: 2	2018	Туре	1000.00
Senate President	Primary Other (spec	General ( Cify) ▼		Memo Item
State: NC District: 05				
Full Name (Last, First, Middle Initial) B. Jeff Duncan For Congress				Date of Disbursement
Mailing Address PO Box 845				06 / D D / Y Y Y Y 2018
City Laurens	State SC	Zip Code 29360		FEC Identification Number
Purpose of Disbursement			011	C C00460550 Transaction ID : 9712052
Candidate Name			Category/	Amount of Each Disbursement this Period
Duncan, Jeff, , Rep., Office Sought: x House Disburse	ment For:	2018	Туре	1000.00
Senate	Primary	General		
State: SC District: 03	Other (spec			Memo Item
Full Name (Last, First, Middle Initial) C. Jeff Duncan For Congress				Date of Disbursement
Mailing Address PO Box 845				06 / D D / Y Y Y Y 2018
	State	Zip Code		FEC Identification Number
Laurens Purpose of Disbursement	SC	29360		C C00460550
Candidate Name Duncan, Jeff, , Rep.,			011 Category/ Type	Transaction ID : 9712053 Amount of Each Disbursement this Period
	ment For: 2 Primary			1500.00
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Political Action Committee of the	America	n Associatio	n of Ort	hop	aedic Surgeo	nsPAC of AAOS						
Full Name (Last, First, Middle Initial)					Date of Disburse	mont						
A. Graves For Congress												
Mailing Address PO Box 335					1	5 2018						
City	State	Zip Code			FEC Identification	n Number						
Calhoun	GA	30703										
Purpose of Disbursement			011		C C004625	56						
Candidate Name				_		ID : 9712054						
Graves, Tom, , Rep.,			Categor Type	y/	Amount of Each	Disbursement this Period						
	ement For:	2018	туре			2500.00						
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President	Other (sp	ecify) 🔻			Memo Item							
State: GA District: 14												
Full Name (Last, First, Middle Initial)												
B. Sean Patrick Maloney For Congr	ess				Date of Disbursement							
					06 12 2018							
Mailing Address PO Box 270					06 1	2 2018						
City	State	Zip Code			FEC Identification	n Number						
Newburgh	NY	12550										
Purpose of Disbursement Void - Sean Patrick Maloney for Congress			011		C C0051242	26						
Candidate Name			011		Transaction ID : 9723002 Amount of Each Disbursement this Period							
Maloney, Sean, , ,			Categor Type	y/								
	ement For:	2018	1990			- 2500.00						
	Primary	General			Void - Sean Patrick Malor							
President	Other (sp	ecify)				Congress						
State: NY District: 18												
Full Name (Last, First, Middle Initial)												
C. Securing Every American's Liber	ty				Date of Disburse	ment						
Mailing Address PO BOX 71596					1	D / Y Y Y Y 3 2018						
	Ototo	Zin Oada										
City Richmond	State VA	Zip Code 23255			FEC Identification	n Number						
Purpose of Disbursement				_	<b>C</b> C006271	33						
Scott Taylor LPAC			011			ID : 9723063						
Candidate Name			Categor	y/	Amount of Each Disbursement this Period							
Securing Every American's Liber	•	Туре										
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$  \rangle$	NAME OF COMMITTEE (In Full)	American	Accesietie	~ * *	<b>∽</b> •••						<u>ہ</u>			
	Political Action Committee of the A	American	ASSOCIATION			юра		surg	jeor	ISP		OT AAUS		
Α.	Full Name (Last, First, Middle Initial) Bill PAC						Date of	Dist	ourse	ment				
							M M	1	D	D /	Y	YYYY		
	Mailing Address 228 S. Washington St. STE 115						06		13	3		2018		
	City	State	Zip Code				FEC Ide	entific	catior	n Numb	er			
	Alexandria Purpose of Disbursement	VA	22314				0	000			-	-		
	Bill Flores LPAC			C	011		U		11228	- 1				
	Candidate Name									ID:97		4 ent this Period		
	Bill PAC				egory ype	"	Anount		-4011		Joint			
		ement For:	I									2500.00		
	Senate	Primary	General						E	Bill Flor	es Ll	PAC		
	State: District:	Other (spe	cify) 🔻				Me	mo It	tem					
	Full Name (Last, First, Middle Initial)													
В.	David Scott For Congress				Date of	Disb	ourse	ment						
			м м 06	/	D		Y	YYYY						
	Mailing Address P.O. Box 960821								1:	3		2018		
	City	State GA	Zip Code				FEC Ide	entific	catior	Numb	er			
	Riverdale Purpose of Disbursement	GA	30296				С	$C_{002}$	86980	1		-		
				C	011		-			-	1200			
	Candidate Name			Cate	egory	/				ID : 972 Disburs		5 ent this Period		
	Scott, David, , ,				ype			-	-		_	_		
		-	2018				1500.00							
	Senate President	Primary Other (spe	General											
	State: GA District: 13		ury <i>)</i>				Me	mo It	tem					
_	Full Name (Last, First, Middle Initial)													
C.	Courtney For Congress						Date of	Disb	ourse	ment				
	Mailing Address PO Box 1372						м м 06	/	D 13		Y	Y Y Y 2018		
	Wanny Address FO BOX 13/2						00	1		,		2010		
	City	State	Zip Code				FEC Ide	entific	catior	Numb	er			
	Vernon Purpose of Disbursement	СТ	06066					000	44000	22	-			
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Detailed Summary Page         28a	IT	EMIZED DISBURSEMENTS	for each	category of the	(che	_ `		27							
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME OF COMMITTEE (in Full)       Political Action Committee of the American Association of Orthopaedic Surgeons-PAC of AAOS         Full Name (Last, First, Middle Initial)       Date of Disbursement         Office Sought:       Y analog         Purpose of Disbursement       011         Category       Disbursement         Office Sought:       Y Benate         Purpose of Disbursement       Disbursement For: 2018         Diffice Sought:       Y Benate         Purpose of Disbursement       Disbursement For: 2018         Office Sought:       Y Benate         Purpose of Disbursement       Disbursement For: 2018         Prown, Anthony,       Disbursement For: 2018         Prown For Code Status       Office Sought:         Y Benate       Disbursement For: 2018         Purpose of Disbursement       Category         Purpose of Disbursement       Disbursement         Candidate Name       Category         Purpose of Disbursement       Disbursement For: 2018         Purpose of Disbursement       Disbursement For: 2018         Candidate Name       Disbursement For: 2018         Candidate Name       Disbursement For: 2018         Pu			Detailed	Summary Page											
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Authony Brown For Congress         Mailing Address 12138 Central Ave #871         City         Bowe         Puppose of Disbursement         Candidate Name         State:       Mailing Address Por Box 6887         City       State:         Mailing Address Por Box 6887         City       State:         Puppose of Disbursement       Disbursement for: 2018         President       Other (specify)         President       Other (specify)         B. Texans For Jodey Arrington       Date of Disbursement for: 2018         Mailing Address Por Box 6887       City         City       State:         Puppose of Disbursement       Disbursement for: 2018         Puppose of Disbursement       City         Candidate Name       Disbursement for: 2018         Puppose of Disbursement       Disbursement for: 2018         Puppose of Disbursement       Disbursement for: 2018         City       Senate         Puppose of Disbursement       Disbursement for: 2018         City       Senate         Puppose of Disbursement       Disbursement for: 2018         Puppose of Disbursement	Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or use ress of any politica	ed by ar al comm	ny perso nittee to	on for the purpose of soliciting c solicit contributions from such of	contributions committee.							
Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       01       06       13       2018         City       State       Mo       20721       FEC Identification Number         Purpose of Disbursement       01       Transaction ID : 9723067       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: 2018       Yender (specify)       Yender (specify)       Memo Item         State:       Mo       Disbursement For: 2018       Yender (specify)       Other (specify)       Date of Disbursement         B:       Texans For Jodey Arrington       Memo Item       Date of Disbursement this Period         Mailing Address Po Box 6687       Other (specify)       Transaction ID : 9723068         City       State:       Tx       Disbursement For: 2018       FEC Identification Number         Coditions Sought:       Y House       Disbursement For: 2018       Code of Disbursement this Period         Office Sought:       Y House       Disbursement For: 2018       Memoral Each Disbursement this Period         Office Sought:       Y House       Disbursement For: 2018       Memoral Each Disbursement         Purpose of Disbursement       General       Other (specify)	$\backslash$														
A Anthony Brown For Congress     Date of Disbursement       Mailing Address 12138 Central Ave #871     06     13     2018       City     State     Zip Code     10     13     2018       Purpose of Disbursement     011     10     13     2018       Candidate Name     011     13     2018       Candidate Name     011     10     13     2018       Candidate Name     011     011     10     10       Candidate Name     011     10     10     10       Brown, Anthony,     011     Y Prisident     011     10       State:     Mode Intilation     B. Texans For Jodey Arrington     Date of Disbursement       Mailing Address     PO Box 6687     016     13     2018       City     State:     10     015     13     2018       Candidate Name     011     011     011     011     011     011       Mailing Address PO Box 6687     016     13     2018     100.00       City     State:     TX     Primary     General     011     010     100.00       City     State:     TX     House     010     13     2018       City     State:     TX     Primary     G			American	Association	of O	rthop	aedic SurgeonsPAC	of AAOS							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initial)         A. Castro For Congress         Mailing Address PD Bus 544         City         State         Purpose of Disbursement         Castro, Joaquin, , Rep.,         Othor Sought, X         Othor Sought, X         State: TX         Disfort: South Entropy of Disbursement         State: TX         Disfort: South Entropy of Disbursement         State: TX         Disfort: 20         Othor Sought: X         Full Name (Last, First, Middle Initial)         B. Julio Conzalez for Congress         Mailing Address: 133 South Harbor Drive         City         Venice         Purpose of Disbursement         Disfer: 2016         Other (specify)         Other (specify)         Venice         Purpose of Disbursement         City         Venice         Purpose of Disbursement         Disfer: TX											
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME: OF COMMITTE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initia) A Castro For Congress Mailing Address PD Box 544 City San Antonio TX Zip Code San Antonio TX Zip Code TX Zip Code Category Type Category											
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initial)         A Castro For Congress         Mailing Address PO Box 544         City         San Antonio         Purpose of Disbursement         Castro, Joaquin,, Rep.,         Office Sought:       Image: President         Castro, Joaquin,, Rep.,         Office Sought:       Image: President         State:       TX         Disbursement       City         State:       TX         Disbursement       City         State:       TX         Disbursement       City         City       State         Purpose of Disbursement       City         City       State         City       State         City       State         Office Sought:       President         State:       Purpose of Disbursement         City	or for commercial purposes, other than using the na										
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San Antonio       TX       78292         Purpose of Disbursement       011         Candidate Name       011         Castro, Joaquín, , Rep.,       011         Office Sought:       Y House         President       Disbursement For: 2018         President       Other (specify)         State:       TX         State:       TX         Purpose of Disbursement       Other (specify)         City       State         Purpose of Disbursement       011         Category/       State         Zip Code         Yenice       State         Purpose of Disbursement       011         Category/       State         Purpose of Disbursement       011         Category/       State         Office Sought:       X         House       Disbursement For: 2018         President       Office         City       State         Purpose of Disbursement       Office         City       House         President       Disbursement For: 2018         President       Other (specify)         State:       FL         Disbursement       Other (specify)	Mailing Address PO Box 544					06	1	4	2	018	
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Ot1       Ot1         Candidate Name       Category/ Type         Office Sought:       X         B. Julio Gonzalez for Congress         Mailing Address       133 South Harbor Drive         City       State:         Purpose of Disbursement       Disbursement For:         Office Sought:       X         B. Julio Gonzalez for Congress         Mailing Address       133 South Harbor Drive         City       State:         Purpose of Disbursement       Ot1         Candidate Name       Disbursement For:         Office Sought:       X         Purpose of Disbursement       Other (specify)         State:       FL         Office Sought:       X         Purpose of Disbursement       Other (specify)         Candidate Name       Other (specify)         Candida		ТХ	78292							-	
Candidate Name       Category/ Type       Transaction ID : 972483 Amount of Each Disbursement this Period         Office Sought:       X       House President       Disbursement For: 2018 President       Memo Item         State:       TX       Disbursement For: 2018 President       Disbursement For: 2018 President       Disbursement         Glip       State:       TX       Memo Item       Disbursement         B.       Julio Gonzalez for Congress       Date of Disbursement       Disbursement         Citive Verice       FL       34285       FEC Identification Number         Purpose of Disbursement       Disbursement For: 2018 President       Disbursement For: 2018 Office Sought:       FEC Identification Number         State:       FL       House President       Disbursement For: 2018 Office Sought:       Memo Item         State:       Full Name (Last, First, Middle Initial)       Disbursement For: 2018 Office Sought:       Memo Item         State:       FL       Secol       President       Disbursement For: 2018 Office Sought:       Memo Item         State:       FL       Secol       Az       Zip Code 85060       FEC Identification Number         City       State       Transaction ID : 9726874       Anount of Each Disbursement this Period         Citige Sought:       Y House       <	Purpose of Dispursement			011		Cc	004979	33			
Castro, Joaquin, , Rep.,       Category         Office Sought:       X       House       Disbursement For: 2018         President       Other (specify)       Memo Item         State:       TX       Disbursement For: 2018       Memo Item         Put Name (Last, First, Middle Initial)       B.       Julio Gonzalez for Congress       Date of Disbursement         Mailing Address       133 South Harbor Drive       Other (specify)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Other (specify)       Transaction ID: 9726973         Concalez, Julio, , , MD, JD       Disbursement For: 2018       President         Office Sought:       X       House       Senate         President       Disbursement For: 2018       Memo Item         State:       FL       Disbursement For: 2018       Memo Item         Full Name (Last, First, Middle Initial)       Concequess       Date of Disbursement       Date of Disbursement         City       State:       AZ       Zip Code       Senate       Transaction ID : 9726974         Purpose of Disbursement       AZ       Boogory       Transaction ID : 9726974       Amount of Each Disbursement this Period         Office Sought:       Y       House </td <td>Candidate Name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	Candidate Name							-			
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Senate President State:       Primary       ✓ General Other (specify)         Full Name (Last, First, Middle Initial)       Date of Disbursement         State:       TX       Disfrict:       2018         General Mailing Address       133 South Harbor Drive       Date of Disbursement         City Venice       FL       Zip Code State:       FEC Identification Number         Candidate Name Gonzalez, Julio, , , MD, JD       Office Sought:       Y House President       Disbursement For: 2018 Other (specify)       Fec Identification Number         Full Name (Last, First, Middle Initial)       Senate President       Disbursement For: 2018 Other (specify)       Date of Disbursement         Full Name (Last, First, Middle Initial)       State:       FL       Zip Code AZ       State       Zip Code State:       FEC Identification Number         City Phoenix       Disbursement       Other (specify)       Date of Disbursement       EC Co0640288 Transaction ID: 9726874 Amount of Each Disbursement this Period         City Phoenix       Senate Senate       Disbursement For: 2018 Other (specify)       FEC Identification Number         Condidate Name Ferrara, Steve, , , MD       Disbursement For: 2018 Other (specify)       Memo Item         SubtrottL of Disbursements This Page (optional)       Disbursement For: 2018 Other (specify)       Memo Item		ment For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-					2500.00	
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B. Julio Gonzalez for Congress       Date of Disbursement         Mailing Address 133 South Harbor Drive       06 ' 15 ' 2018         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       011         Gonzalez, Julio, , , MD, JD       Category/ Type         Office Sought:       X House         Disbursement For: 2018       Senate         President       Other (specify)         State:       FL         Disbursement       Other (specify)         City       State         President       Other (specify)         Mailing Address PO Box 97130       Date of Disbursement this Period         City       State         Phoenix       Az         Phoenix       Senate         Purpose of Disbursement       011         Candidate Name       0111         Senate											
Mailing Address       133 South Harbor Drive         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Office Sought:       x         Y House       Disbursement For: 2018         President       Other (specify)         State:       FL         Disbursement       011         Category/ Type       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Phoenix       Az       So60         Purpose of Disbursement       011         Category/ Type       011         Office Sought:       X         Phoenix       Az         Purpose of Disbursement       011         Candidate Name       011         Cardidate Name       011         Gandidate Name       011						<b>D</b>					
Mailing Address       133 South Harbor Drive       06       15       2018         City       State       Zip Code       34285       FEC Identification Number         Purpose of Disbursement       011       Category/       Transaction ID : 9726873         Candidate Name       Category/       Transaction ID : 9726873       Amount of Each Disbursement this Period         Office Sought:       X       House       Disbursement For: 2018       Amount of Each Disbursement this Period         State:       FL       District:       17       Memo Item         Full Name (Last, First, Middle Initial)       C.       State       Zip Code         City       State       Zip Code       EC Identification Number         Purpose of Disbursement       011       Category/       2018         City       State       Zip Code       AZ         Phoenix       Az       Zip Code       EC Identification Number         Candidate Name       Office Sought:       Meuse       Disbursement For: 2018       FEC Identification Number         Candidate Name       Disbursement For: 2018       Senate       President       State: Az       Disbursement For: 2018         State:       Az       Disbursement For: 2018       General       Memo Item </td <td>B. Julio Gonzalez for Congress</td> <td></td> <td></td> <td></td> <td></td> <td>Date of I</td> <td>visburse</td> <td>ement</td> <td></td> <td></td>	B. Julio Gonzalez for Congress					Date of I	visburse	ement			
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Venice       FL       34285         Purpose of Disbursement       011         Candidate Name       011         Gonzalez, Julio, , , MD, JD       011         Office Sought:       Image: Senate         President       0ther (specify)         State:       FL         Pull Name (Last, First, Middle Initial)         C. Steve Ferrara For Congress         Mailing Address PO Box 97130         City         Phoenix         Purpose of Disbursement         Office Sought:         Yenice         City         Phoenix         Purpose of Disbursement         Office Sought:         Yenice         Disbursement For:         Yenice         Office Sought:         Yenice         Office Sought:         Yenice         Office Sought:         Yenice         Office Sought:         Yenice         State:       AZ	Maning Address 133 South Harbor Drive					00		5		010	
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Candidate Name       Category/ Type       Transaction ID : 9726873 Amount of Each Disbursement this Period         Office Sought:       ★       House       Disbursement For: 2018         Office Sought:       ★       House       Disbursement For: 2018         President       Other (specify)       ▲       General         State:       FL       District: 17       Memo Item         Full Name (Last, First, Middle Initial)       C       State       Zip Code         Mailing Address PO Box 97130       Bate of Disbursement       Date of Disbursement         City       State       Zip Code         Phoenix       AZ       85060         Purpose of Disbursement       011         Candidate Name       Disbursement For: 2018       FEC Identification Number         Code(268)       Transaction ID : 9726874         Amount of Each Disbursement this Period       5000.00         Office Sought:       ★       House         Office Sought:       Y       Disbursement For: 2018         State:       AZ       Disbursement For: 2018       Memo Item         State:       AZ       Disbursement For: 2018       Memo Item         Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement			011		Сc	006715	37			
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Office Sought:       x       House       Disbursement For: 2018       5000.00         State:       FL       District:       17       Memo Item         Full Name (Last, First, Middle Initial)       C.       State:       For Congress         Mailing Address PO Box 97130       Disbursement       Disbursement       Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       011       Category/       Transaction ID : 9726874         Candidate Name       Senate       Disbursement For: 2018       Fec Identification Number         Office Sought:       X       House       Disbursement For: 2018       Senate         Office Sought:       X       House       Disbursement For: 2018       Memo Item         State:       AZ       Disbursement For: 2018       Memo Item       12500.00         State:       AZ       Disbursement For: 2018       Memo Item       12500.00         Subtrottal of Disbursements This Page (optional)       12500.00       12500.00       12500.00						Amount of Each Disbursement this Pend					
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Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Steve Ferrara For Congress       Mailing Address PO Box 97130         City       State       Zip Code         Phoenix       AZ       85060         Purpose of Disbursement       011         Candidate Name       011         Ferrara, Steve, , , MD       011         Office Sought:       X         Senate       Primary         President       0ther (specify)         State:       AZ         SubtrotAL of Disbursements This Page (optional)       12500.00		Other (spe									
C. Steve Ferrara For Congress       Date of Disbursement         Mailing Address PO Box 97130       Date of Disbursement         City       State       Zip Code         Phoenix       AZ       85060         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Office Sought:       House         Disbursement For:       2018         Office Sought:       House         President       Other (specify)         State:       AZ         SubtrotAL of Disbursements This Page (optional)											
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City       State       Zip Code         Phoenix       AZ       85060         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Ferrara, Steve, , , MD       011         Office Sought:       x         House       Disbursement For: 2018         Senate       Primary         President       Other (specify)         State:       AZ         Disbursements This Page (optional)	Mailing Address PO Box 97130										
Phoenix AZ 85060   Purpose of Disbursement 011   Candidate Name 011   Candidate Name 011   Candidate Name Category/ Type   Office Sought: Image: Az Disbursement For: 2018   President Other (specify)   State: AZ 85060											
Purpose of Disbursement   Purpose of Disbursement     Candidate Name   Candidate Name   Ferrara, Steve, , , MD   Office Sought:   Y   House   Disbursement For: 2018   Senate   President   Other (specify)     Subtrotral of Disbursements This Page (optional)	-					FEC Ider	tificatio	n Numt	ber		
Candidate Name       011         Candidate Name       011         Certara, Steve, , , MD       Category/ Type         Office Sought:		AZ	85060				000400	00		-	
Candidate Name       Category/ Type       Category/ Type         Office Sought:       ★       House       Disbursement For: 2018         Senate       Primary       ★       General         Other (specify)       ✓       Memo Item         SUBTOTAL of Disbursements This Page (optional)				011			- 1	- 1		_	
Ferrara, Steve, , , MD       Type         Office Sought:       ★       House       Disbursement For: 2018         Senate       Primary       ★       General         President       Other (specify)       Memo Item         State:       AZ       Disbursements This Page (optional)	Candidate Name									t this Period	
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 331 OF 348
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
		Summary Page	21b	22         X         23         26         27           28b         28c         29         30b
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NAME OF COMMITTEE (In Full)				
Political Action Committee of the	Americar	n Association	of Orthopa	aedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Wicker For Senate				Date of Disbursement
Mailing Address PO Box 64				06 / D D / Y Y Y Y 15 / 2018
City Jackson	State MS	Zip Code 39205		FEC Identification Number
Purpose of Disbursement	1		011	C C00443218 Transaction ID : 9726875
Candidate Name			Category/	Amount of Each Disbursement this Period
Wicker, Roger, F., Sen.,			Туре	2500.00
X Senate	ement For: Primary	<b>x</b> General		2500.00
State: MS District:	Other (spe	ecity) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. Cramer For Congress				Date of Disbursement
Mailing Address PO Box 396				06 / 15 / Y Y Y Y 2018
City	State ND	Zip Code		FEC Identification Number
Bismarck Purpose of Disbursement		58502	011	C C00504704
Candidate Name			Category/	Transaction ID : 9726930 Amount of Each Disbursement this Period
Cramer, Kevin, J., Rep.,			Type	Amount of Each Disburgement this Ferrod
Office Sought: House Disburse	ement For:	2018		3500.00
× Senate	Primary	General		
State: ND District:	Other (spe	ecity)		Memo Item
Full Name (Last, First, Middle Initial) C. Ted Cruz For Senate				Date of Disbursement
				M M / D D / Y Y Y
Mailing Address 815 A Brazos Pmb 550				06 15 2018
City	State TX	Zip Code 78701		FEC Identification Number
Austin Purpose of Disbursement		/8/01		<b>C</b> C00492785
			011	Transaction ID : 9727132
Candidate Name			Category/	Amount of Each Disbursement this Period
Cruz, Ted, , Sen.,			Туре	2500.00
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	y information copied from such Reports and State for commercial purposes, other than using the na									
$\setminus$	NAME OF COMMITTEE (In Full)									
$ \rangle$	Political Action Committee of the A	Americar	n Associatio	n of Ortho	paedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Zeldin For Congress				Date of Disbursement					
	Mailing Address 47 Flintlock Drive									
	City Shirley	State NY	Zip Code 11967		FEC Identification Number					
	Purpose of Disbursement		11007		C C00552547					
	Candidate Name			011	Transaction ID : 9732235					
	Zeldin, Lee, , ,			Category/ Type	Amount of Each Disbursement this Period					
		ement For: Primary	2018 General		3000.00					
	State: NY District: 01	Other (spe			Memo Item					
	Full Name (Last, First, Middle Initial)									
В.	Zeldin For Congress				Date of Disbursement					
	Mailing Address 47 Flintlock Drive				06 / 21 / Y Y Y Y 2018					
	City	State	Zip Code		FEC Identification Number					
	Shirley Purpose of Disbursement	NY	11967		C C00552547					
				011	Transaction ID : 9732236					
	Candidate Name Zeldin, Lee, , ,			Category/ Type	Amount of Each Disbursement this Period					
		ement For:	2018	туре	3000.00					
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	State: NY District: 01	Other (spe	ecify)		Memo Item					
C.	Full Name (Last, First, Middle Initial) Faso For Congress				Date of Disbursement					
	Mailing Address PO Box 448				06 21 2018					
	City Kinderhook	State NY	Zip Code 12106		FEC Identification Number					
	Purpose of Disbursement	I			C C00580415					
	Candidate Name			011	Transaction ID : 9732242					
	Faso, John, J., Rep.,			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: X House Disburse	ement For:			2000.00					
	Senate X	Primary Other (spe	General							
	State: NY District: 19		((i)) <b>v</b>		Memo Item					
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$\backslash$	NAME OF COMMITTEE (In Full)	_					
	Political Action Committee of the A	merican	Association	of O	orthop	paedic SurgeonsPAC of	AAOS
Α.	Full Name (Last, First, Middle Initial) Mullin For Congress					Date of Disbursement	
							YY
	Mailing Address PO Box 3681		1			06 21 201	8
	City Muskogee	State OK	Zip Code 74402			FEC Identification Number	
	Purpose of Disbursement	ÖK	74402		_	C C00498345	-
				01	1	Transaction ID : 9732246	
	Candidate Name			Categ		Amount of Each Disbursement th	his Period
	Mullin, Markwayne, , Rep., Office Sought: <b>x</b> House Disburse	ment For: 2	04.0	Тур	be	10	00.00
	Office Sought: X House Disburse Senate X	Primary	General				
	President	Other (spec				Memo Item	
	State: OK District: 02						
B.	Full Name (Last, First, Middle Initial)					Date of Disbursement	
υ.	Denham For Congress						YY
	Mailing Address 2150 River Plaza Dr., #150					06 28 201	
	3	State	Zip Code			FEC Identification Number	
	Sacramento Purpose of Disbursement	CA	95833			<b>C</b> C00473272	-
				01	1	Transaction ID : 9736589	
	Candidate Name			Categ	gory/	Amount of Each Disbursement th	his Period
	Denham, Jeff, , , Office Sought: x House Disburse	ment For: 2		Тур	be	20	00.00
	Office Sought: 🖌 House Disburse Senate	Primary	2018 X General			20	00.00
	President	Other (spec				Memo Item	
	State: CA District: 10						
c	Full Name (Last, First, Middle Initial)					Date of Disbursement	
С.	Tom Rice For Congress						V V
	Mailing Address PO Box 70098					06 28 201	
	3	State	Zip Code			FEC Identification Number	
	Myrtle Beach Purpose of Disbursement	SC	29572			<b>C</b> C00506048	-
				01	1	C C00506048 Transaction ID : 9736591	
	Candidate Name			Cateo	gory/	Amount of Each Disbursement th	his Period
	Rice, Tom, , ,			Тур	be		00.00
	Office Sought: K House Disburse Senate	ment For: 2 Primary	2018 X General			20	00.00
	President	Other (spec	•-			Memo Item	
	State: SC District: 07						
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 334 OF 348
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	7 one) 22 ★ 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
Political Action Committee of the A	American	Association	of Orthop	aedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Reclaim America				Date of Disbursement
Mailing Address 228 S Washington St, Ste 115				M         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City Alexandria	State VA	Zip Code 22314		FEC Identification Number
Purpose of Disbursement Rubio LPAC		22314	011	C C00500025
Candidate Name				Transaction ID : 9736592 Amount of Each Disbursement this Period
Reclaim America			Category/ Type	Amount of Each Disbursement this Feriod
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		5000.00 Rubio LPAC Memo Item
State: District:				
Full Name (Last, First, Middle Initial)         B. Kustoff For Congress         Mailing Address       1661 Aaron Brenner Dr				Date of Disbursement
Ste 300	Otata	Zin Code		
City Memphis	State TN	Zip Code 38120		FEC Identification Number
Purpose of Disbursement Candidate Name			011	C C00614826 Transaction ID : 9736593 Amount of Each Disbursement this Period
Kustoff, David, , ,			Category/ Type	
· · ·	ment For:	2018 General		2000.00
State: TN District: 08	Other (spe			Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address PO Box 831				M         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City	State	Zip Code		FEC Identification Number
Mc Lean Purpose of Disbursement	VA	22101		C C00554261
Candidate Name Comstock, Barbara, J., Rep.,			011 Category/ Type	Transaction ID : 9736594 Amount of Each Disbursement this Period
	ment For:	2018	71	1000.00
State: V/A District: 40	Primary Other (spe	General ( cify) ▼		Memo Item
State: VA District: 10				
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	y information copied from such Reports and State for commercial purposes, other than using the na											
$\left  \right $	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merican	Association	of C	Drth	nopa	edic Surge	eons	PA	C of AA	OS	
Α.	Full Name (Last, First, Middle Initial) Lisa Blunt Rochester For Congres	S					Date of Disbu	ırsement				
	3	-					M M /	D D /	Y	YY	Y	
	Mailing Address PO Box 9767						06	28		2018		
	City	State	Zip Code				FEC Identifica	ation Nur	nber			
	Wilmington Purpose of Disbursement	DE	19809				0			_		
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	Candidate Name				-		Transact					
	Blunt Rochester, Lisa, , ,			Cate Tv	egory /pe		Amount of Ea	ich Disbi	irsem	ent this P	eriod	
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	President	Other (spec	cify) 🔻				Memo Ite	m				
	State: DE District: 00											
_	Full Name (Last, First, Middle Initial)											
В.	Roskam For Congress Committee	•					Date of Disbu	irsement				
	Mailing Address P. O. Box 713						м м / 06	28 J	Y	2018	Y	
	Walling Address P. O. Box 713				00	20	-	2010	_			
	City	State	Zip Code				FEC Identifica	ation Nur	nhor			
	Wheaton	IL	60187							_		
	Purpose of Disbursement			0	11	11	<b>C</b> C0041	0969				
	Candidate Name						Transact					
	Roskam, Peter, , Rep.,			Cate Tv	egory vpe	/	Amount of Ea	ich Disbi	irsem	ent this P	eriod	
		ment For: 2	2018	.,	<b>P 0</b>					2500.00	C	
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	State: IL District: 06											
~	Full Name (Last, First, Middle Initial)						Data of Dista					
<b>с</b> .	David Rouzer For Congress						Date of Disbu		_		_	
	Mailing Address PO Box 3142						м м / 06	28 J	Y	2018	Y	
	City	State	Zip Code				FEC Identifica	ation Nur	nber			
	Wilmington Purpose of Disbursement	NC	28406				0		-	_		
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	Candidate Name						Transact Amount of Ea				ariad	
	Rouzer, David, , ,			Cate Ty	egory /pe	′			11 3011		GHUU	
		ment For: 2	2018							2500.00	C	
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IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c		only 21b	one)	<b>X</b> 2	3	2	а Г	27	
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	ny information copied from such Reports and State for commercial purposes, other than using the na												
$\setminus$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	Americar	n Associatior	n of (	Orth	nopa	aedic S	Surge	eor	nsF	PAC	of AAOS	
Α.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress						Date of						
	Mailing Address PO Box 2334						06	/	28	_		2018	
	City	State	Zip Code				FEC Id	entifica	atior	Num	ber		
	Denton Purpose of Disbursement	ТХ	76202				0	0000	2050			-	
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	Candidate Name			Cate	egory	//		<b>insact</b> t of Ea		-		<b>9</b> nt this Period	
	Burgess, Michael, , ,				ype		-		-			1000.00	
	Office Sought: X House Disburse	ement For: Primary	2018 X General								<u> </u>	1000.00	
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-	Full Name (Last, First, Middle Initial)												
B.	Pascrell For Congress						Date of	f Disbu	urse	ment			
	Mailing Address Pob 100						м м 06	2018					
	City	State	Zip Code				FEC Id	entifica	atior	Num	ber		
	Teaneck Purpose of Disbursement	NJ	07666				C	C0024	254	0	-	-	
				C	011		U	C0031	1		2660		
	Candidate Name			Cate	egory	//						nt this Period	
	Pascrell, William, , , Jr.			T	ype				-			1500.00	
	Office Sought: K House Disburse	ement For: Primary	2018 X General										
	President	Other (spe											
_	State: NJ District: 09	1					Memo Item						
c	Full Name (Last, First, Middle Initial)						Date of	f Dishi	irca	ment			
0.	Trey For Congress								D		Y	Y Y Y	
	Mailing Address PO Box 421						06		28			2018	
	City	State	Zip Code				FEC Id	entifica	atior	Num	ber		
	Jeffersonville Purpose of Disbursement	IN	47130	_			С	C0059	9046	33	_	_	
				0	11			ansact	1.		73660	1	
	Candidate Name				egory	//				-		nt this Period	
	Hollingsworth, Trey, , Rep., Office Sought: House Disburse	ement For:	2010	T	ype							1000.00	
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SCH	IEDULE B (FEC Form 3X)			F			IUMBER				P	AGE	337 OF	348	
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	AME OF COMMITTEE (In Full)				_										
/	Political Action Committee of the A	American	Association	of C	Drth	nopa	edic S	Sur	geo	ns-	P/		of AA	DS	
	ull Name (Last, First, Middle Initial) The Guardian Fund						Date o	of Dis	burse		nt	V	YY		
M	ailing Address 2140 Three M Trail						06 28 201								
	ity	State	Zip Code				FEC lo	lentif	icatio	n N	umbe	ər			
P	eland urpose of Disbursement Loudermilk JFC	FL	32720-1615	0	11		С								
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	tate: District:	_													
B. 5	ull Name (Last, First, Middle Initial) Steve Daines For Montana						Date o		D		nt		YY	1	
	ailing Address PO Box 1598						06		2	018					
	ity elena	State MT	Zip Code 59624				FEC Identification Number								
P	urpose of Disbursement				011		C C00491357 Transaction ID : 9736603								
	andidate Name Daines, Steve, , Sen.,				egory ype	//	Amoun	t of	Each	Dis	burs	emen	t this Pe	riod	
		ement For:	2020	.,	, , , , , , , , , , , , , , , , , , , ,								2000.00		
	x Senate x	-	General						,						
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-	ull Name (Last, First, Middle Initial) Continuing America's Strength an	d Securit					Date o	of Dis	burse	eme	nt				
M	ailing Address 1006 Pendleton Street						м м 06	/	D 2	D 8	1		018		
C	ity Iexandria	State VA	Zip Code 22314				FEC lo	lentif	icatio	n N	umbe	ər			
E	urpose of Disbursement Bill Cassidy LPAC andidate Name			0	11		C		4802: ction		: 973	6714			
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	y information copied from such Reports and State for commercial purposes, other than using the na				any j	perso	n for the	purpo	ose c	of solicit		ontributions	
	NAME OF COMMITTEE (In Full)												
$\langle$	Political Action Committee of the A	American	Association	n of C	Drth	ора	edic S	Surg	jeor	ารP	٩C	of AAOS	,
Α.	Full Name (Last, First, Middle Initial) First in Freedom PAC						Date of Disbursement						
	Mailing Address 824 S Milledge Ave Suite 101						06	/	28			018	
	City Athens	State GA	Zip Code 30605				FEC Id	entific	catior	Numb	ər		
	Purpose of Disbursement Hudson, Richard LPAC			0	11	1	U		54014	1.00			
	Candidate Name			Cate	gory	,				ID : 973 Disburs		t this Period	
	First in Freedom PAC				/pe			-	-			2500.00	1
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в.	Full Name (Last, First, Middle Initial) Jump into Action for Conservatives to keep Mailing Address PO Box 26141	o our ideas	elevated (Jack	ie PA	.C)		Date of	f Dist	ourse	D /		2018	
	City Alexandria		FEC Id	entific	catior	Numb	ər						
	Purpose of Disbursement Jackie Walorski LPAC	VA 22313 011					C C00582726 Transaction ID : 9736718						
	Candidate Name Jump into Action for Conservatives to keep our idea	as elevated (	Jackie PAC)		egory. /pe							t this Period	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		<u>.</u>					Jackie V		3500.00 ski LPAC	1
	State: District:		- <b>3</b> 7				Me	mo li	tem				
C.	Full Name (Last, First, Middle Initial) Point PAC						Date of	f Dist					
	Mailing Address PO Box 420304						06	/	28			018	
	City Atlanta	State GA	Zip Code 30342				FEC Id	entific	catior	Numb	ər		
	Purpose of Disbursement Drew Ferguson LPAC			0	11	1	-		63289	)3 ID : 973	6710		
	Candidate Name Point PAC				egory. /pe							t this Period	
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$\backslash$	NAME OF COMMITTEE (In Full)				_										
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Α.	Full Name (Last, First, Middle Initial) Friends Of Neal Dunn						Date of Disbursement								
	Mailing Address PO Box 16088						06	/	D 2		Ŷ	2018	Y		
	City Panama City	State FL	Zip Code 32406				FEC Identification Number								
	Purpose of Disbursement		32400	_	_		С	C00	58230	14					
				0	)11		C C00582304 Transaction ID : 9736720								
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	Dunn, Neal, , , MD FACS				ype			-	-	-	-	0500	20		
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B	Full Name (Last, First, Middle Initial)						Date of	of Die	burse	ment					
	Bucshon For Congress										V	VV	V		
	Mailing Address PO Box 250						06 / 28 / Y Y Y Y 06 28 2018								
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	Newburgh Purpose of Disbursement	IN	47629						-		-	-			
	r apose or Disbursement			C	011		С	1.00	46825						
	Candidate Name			la de la compañía de	egory						73672	ent this	Period		
	Bucshon, Larry, , ,				ype	ʻ	Anoul			21300	Joonit				
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~	Full Name (Last, First, Middle Initial)						Dete		b						
U.	Walker 4 NC						Date of	_			_				
	Mailing Address PO Box 99247						06	/	2		Y	2018	Y		
	City Raleigh	State NC	Zip Code 27624				FEC le	dentifi	catior	n Num	nber				
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TEMIZED DISBURSEMENTS       Use separate schedule(s) to each category of the Detailed Summary Page       (check only one)       22       23       26       27         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       22       28       28       28       28       29       30b         NAME OF COMMITTEE (In Full)       Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initial)       A.       Ted Cruz Victory Committee       Date of Disbursement         Mailing Address 815 A BRAZOS       PMB 550       011       06       28       2018         City       State       Zip Code       78701       FEC Identification Number       Transaction ID : 9736723         Mount of Each Disbursement For:       Disbursement For:       011       011       Cruz JFC       011       Cruz JFC         Office Sought:       House       Disbursement For:       011       0100.00       Cruz JFC         State:       District:       Disbursement For:       000.00       Cruz JFC       0100.00       Cruz JFC         Full Name (Last, First, Middle Initial)       First, Middle Initial)       Memo Item       Cruz JFC       Memo Item	S	CHEDULE B (FEC Form 3X)		DR I IN	IE I	NUM	MBER				P	LINE NUMBER: PAGE 340 OF							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee         NAME OF COMMITTEE (in Full)         Pollitical Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Mame (Last, First, Middle Initia)         A. Ted Cruz Victory Committee         Maing Address 16 & BRACOS         Purpose of Diabursement         Other of Diabursement         City         Aste in Early Middle Initia)         A. Ted Cruz Victory Committee         Maing Address 16 & BRACOS         Purpose of Diabursement         City         Aste in Early Middle Initia)         B. Kinzinger For Congress         Mailing Address PO Box 2365         Office Sought:       Diabursement For:         Office Sought:       Diabursement For:         Candidate Name       Catagory)         Vinzinger, Adam, , ,       Other (specify)         Office Sought:       Diabursement For:         Candidate Name       Catagory)         Vinzinger, Adam, , ,       Diabursement For:         City       Other (specify)         Office Sought:       Poloso         Diabursement       Catagory)         Vinzinger, Adam, , ,       <								$\vdash$		×		+		-					
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First, Middle Initia) Are ted Cruz Victory Committee Mailing Address B15 A BRAZOS PW6 560 City Are ted Cruz Victory Committee Mailing Address B15 A BRAZOS PW6 560 City Autor Purpose of Disbursement Cruz JFC Candidate Name Candidate Name Full Name (Last, First, Middle Initia) B. Kinzinger For Congress Mailing Address Po Box 2865 City City City City City City City City	Ar	ny information copied from such Reports and State	ments may r	not be sold or use	ed by			n f		pur		of	-	ing c		itions			
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Α.	Full Name (Last, First, Middle Initial) Mike Miller For Congress						Date of Disbursement								
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	City St. Paul	State MN	Zip Code 55104				FEC ld	lentifi	catio	n Nu	mber				
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	Purpose of Disbursement NRCC JFC		22314	0	)11		С								
	Candidate Name			Cate	-	ry/					9736 ursen	-	this Period		
		ement For:			, i		Ĺ					5	000.00		
	State:	Primary Other (spe	General cify) ▼				Me	emo l		NRC	C JF	С			
	State: District:							_	_	_					
s	UBTOTAL of Disbursements This Page (optional).								,	_	-	5	3500.00		
т	OTAL This Period (last page this line number only	/)									,				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 342 OF 348							
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b							
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
$\square$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	American	Association	of Orthop	aedic SurgeonsPAC of AAOS							
A.	Full Name (Last, First, Middle Initial) Huizenga For Congress				Date of Disbursement							
	Mailing Address PO Box 254				06 28 2018							
	City Zeeland	State MI	Zip Code 49464		FEC Identification Number							
	Purpose of Disbursement		43404		C C00459297							
	Candidate Name			011	Transaction ID : 9736734							
	Huizenga, Bill, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
		ement For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00							
	Senate X President	Primary Other (spe	General cify) ▼		Memo Item							
	State:         MI         District:         02           Full Name (Last, First, Middle Initial)											
Β.	Walberg For Congress				Date of Disbursement							
	Mailing Address PO Box 1362				06 28 2018							
	City		FEC Identification Number									
	Jackson Purpose of Disbursement	MI	49204		С С00390724							
	Candidate Name			011	Transaction ID : 9736746							
	Walberg, Tim, , ,			Category/ Type	Amount of Each Disbursement this Period							
	Office Sought: 🗶 House Disburse	ment For:			2000.00							
	Senate x	Primary Other (spe	cifv) General									
	State: MI District: 07				Memo Item							
C.	Full Name (Last, First, Middle Initial) Walberg For Congress				Date of Disbursement							
					M M / D D / Y Y Y Y							
	Mailing Address PO Box 1362				06 28 2018							
	City Jackson	State MI	Zip Code 49204		FEC Identification Number							
	Purpose of Disbursement		49204		C C00390724							
	Candidate Name			011 Category/	Transaction ID : 9736748 Amount of Each Disbursement this Period							
	Walberg, Tim, , , Office Sought:	ement For:	2018	Туре	500.00							
	Senate Dispurse	Primary	General									
	State: MI District: 07	Other (spe			Memo Item							
s	UBTOTAL of Disbursements This Page (optional).			••••••	5000.00							
т	OTAL This Period (last page this line number only	/)		••••••								

S	CHEDULE B (FEC Form 3X)			F			IUMBER:		PA	GE 343 OF	348					
	EMIZED DISBURSEMENTS		arate schedule(s) category of the			only	/ one)									
			Summary Page		$\left  - \right $	21b 28a	22 <b>X</b> 28b	23 28c	26	27 30b						
	ny information copied from such Reports and State for commercial purposes, other than using the name					perso	n for the purp	oose c	f solicitir	ng contributions	3					
	NAME OF COMMITTEE (In Full)															
	Political Action Committee of the A	American	Association	of (	Orth	nopa	aedic Sur	geor	sPA	C of AAO	S					
Α.	Full Name (Last, First, Middle Initial) Don Bacon For Congress						Date of Dis	burse	ment							
	Mailing Address P.O. Box 391368						06 / Y Y Y Y 28 2018									
	City Omaha	State NE	Zip Code 68139				FEC Identif	icatior	Numbe	r						
	Purpose of Disbursement		00139	_	-		C coo	57516	57							
				0	)11		-		 ID : 9736	3751						
	Candidate Name				egory	y/				ment this Peric	bc					
	Bacon, Donald, , Rep., Office Sought: <b>x</b> House Disburse	ment For: 2	2018	Ţ	ype		· · ·			1000.00	٦.					
	Senate	Primary	X General					7		1 1 40 1						
	State: NE District: 02	Other (spec	cify) 🔻				Memo	ltem								
_	Full Name (Last, First, Middle Initial)															
в.	Adrian Smith For Congress						Date of Dis			Y Y Y Y						
	Mailing Address 3321 Avenue I Suite 6	Suite 6							06 28 2018							
	City Scottsbluff	State NE	Zip Code 69361				FEC Identif	icatior	Numbe	r						
	Purpose of Disbursement		09301	_	-		<b>C</b> C00	41289	0							
				C	011		-		- ID : 9736	754						
	Candidate Name				egory	y/	Amount of	Each	Disburse	ment this Peric	bd					
	Smith, Adrian, , , Office Sought: x House Disburse	ment For: 2	2018	Ľ	уре					1000.00						
	Senate	Primary	General					7								
	State: NE District: 03	Other (spec					Memo	ltem								
	Full Name (Last, First, Middle Initial)						Date of Dis	shurse	ment							
0.	Greg For Montana						M M /	D		Y Y Y Y						
	Mailing Address PO Box 877						06	28		2018						
	City	State	Zip Code				FEC Identif	icatior	Numbe	r						
	Helena Purpose of Disbursement	MT	59624				C COO	)63194	15							
				0	)11				ID : 9736	\$757						
	Candidate Name			Cate	egory	y/				ment this Peric	bc					
	Gianforte, Greg, , Rep., Office Sought:	ment For: 2		Ţ	ype					1000.00						
	Office Sought: K House Disburse Senate	Primary	2018 X General					,		1000.00						
	President	Other (spec					Memo	ltem								
_	State: MT District: 00	e														
s	UBTOTAL of Disbursements This Page (optional).							,		3000.00						
т	OTAL This Period (last page this line number only	′)						,	,							

S	CHEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 344 OF 3	348
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)	-
			Summary Page		21b     22     ★     23     26     27       28a     28b     28c     29     30b	
	ny information copied from such Reports and State for commercial purposes, other than using the na					
$\setminus$	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the A	Americar	n Association	n of Orth	nopaedic SurgeonsPAC of AAOS	3
Α.	Full Name (Last, First, Middle Initial) Cartwright For Congress				Date of Disbursement	
	Mailing Address PO Box 414				06 / 28 / Y Y Y Y 2018	
	City Scranton	State PA	Zip Code 18501		FEC Identification Number	
	Purpose of Disbursement			011	С С00509968	
	Candidate Name			Category	Transaction ID : 9736761	Ч
	Cartwright, Matt, A., Rep.,			Туре		
	Senate	Primary	<b>x</b> General		1500.00	
	State: PA District: 17	Other (spe	city) 🔻		Memo Item	
	Full Name (Last, First, Middle Initial)				Data of Diskursement	
р.	Brian Fitzpatrick For Congress				Date of Disbursement	
	Mailing Address PO Box 939	06 28 2018				
	City	State PA	Zip Code 19047		FEC Identification Number	
	Langhorne Purpose of Disbursement	FA	19047		C C00607416	
	Or and the Alexand			011	Transaction ID : 9736763	
	Candidate Name Fitzpatrick, Brian, , ,			Category Type	Amount of Each Disbursement this Period	t
		ment For:	2018	Турс	4000.00	1
	Senate	Primary	X General			1
	State: PA District: 01	Other (spe	cify)		Memo Item	
С.	Full Name (Last, First, Middle Initial) Rice America PAC				Date of Disbursement	
-					M M / D D / Y Y Y Y	
	Mailing Address 228 S WASHINGTON STREET Ste 115				06 28 2018	
	City Alexandria	State VA	Zip Code 22314		FEC Identification Number	
	Purpose of Disbursement Tom Rice LPAC			011	C C00566117	
	Candidate Name			Category	Transaction ID : 9736770 // Amount of Each Disbursement this Period	b
	Rice America PAC			Туре		
	Office Sought: House Disburse Senate	ment For: Primary	General		2500.00	4
	President	Other (spe			Tom Rice LPAC	
	State: District:					_
s	UBTOTAL of Disbursements This Page (optional).				▶ 8000.00	
т	OTAL This Period (last page this line number only	<i>ı</i> )			►	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 345 OF 348					
TEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	s) (check only	/ one)					
	Detailed Summary Page		22 🗶 23 26 27					
		28a	28b 28c 29 30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
Political Action Committee of the	American Associatio	on of Orthop	aedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address 228 S. Washington St. STE 115	5		06 13 2018					
City	State Zip Code							
Alexandria	VA 22314		FEC Identification Number					
Purpose of Disbursement Void - Bill PAC		011	C C00412288					
Candidate Name		Cotogony/	Transaction ID : 9750901 Amount of Each Disbursement this Period					
Bill PAC		Category/ Type						
Office Sought: House Disburg	sement For:	1	- 2500.00					
Senate	Primary General		Void - Bill PAC					
State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
· Bill PAC			Date of Disbursement					
Mailing Address 412 S Capitol St		06 29 2018						
City Washington	State Zip Code DC 20003		FEC Identification Number					
Purpose of Disbursement			C C00527275					
Void - Bill PAC		011	Transaction ID : 9750902					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Bill PAC		Туре	4000.00					
Office Sought: House Disburs	sement For:		- 1000.00					
President	Other (specify)		Void - Bill PAC					
State: District:			Memo Item					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address 2900 Clearview Pkwy Suite 206			06 25 2018					
City	State Zip Code		FEC Identification Number					
Metairie	LA 70006	1						
Purpose of Disbursement Void - Mike Johnson For Louisiana		011	C C00608695					
Candidate Name		011	Transaction ID : 9752623					
Johnson, Mike, , Rep.,		Category/ Type	Amount of Each Disbursement this Period					
	sement For: 2018	71-2	- 5000.00					
Senate	rimary General		Void - Mike Johnson For Loui					
President	Other (specify)		Memo Item					
State: LA District: 04								
SUBTOTAL of Disbursements This Page (optional	])	••••••	- 8500.00					
			466525.00					
TOTAL This Period (last page this line number or	ıly)	••••••	400323.00					

SC	HEDULE B (FEC Form 3X)					NUMBER: PAGE 346 OF 348								
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		neck on	ly one)								
			Summary Page		21b 🗙 28a									
	y information copied from such Reports and State for commercial purposes, other than using the na				any per	son for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the	Americar	n Associatior	n of C	Ortho	paedic SurgeonsPAC of AAOS								
	Full Name (Last, First, Middle Initial) Sculco, Thomas, P, , MD					Date of Disbursement								
	Mailing Address 132 E 95th St					04 / D D / Y Y Y Y 2018								
	City New York City	State NY	Zip Code 10128			FEC Identification Number								
	Purpose of Disbursement Refund duplicate contribution				40									
	Candidate Name				10	Transaction ID : 9678649								
					egory/ /pe	Amount of Each Disbursement this Period								
		ement For:				500.00								
	Senate President	Primary Other (spe	General			Refund duplicate contribution								
	State: District:		(Ciry) V			Memo Item								
	Full Name (Last, First, Middle Initial)													
B.	Johnson, Wayne, T, , MD					Date of Disbursement								
	Mailing Address 5838 Harbour View Blvd Ste 100	)				05 09 2018								
	City	State	Zip Code			FEC Identification Number								
	Suffolk Purpose of Disbursement	VA	23435-2663			C								
	Correct erroneous contribution			0	10	Transaction ID : 9691003								
	Candidate Name				egory/ /pe	Amount of Each Disbursement this Period								
		ement For:	<u>_</u>			1200.00								
	Senate President	Other (spe	General			Correct erroneous contribution								
	State: District:		(on y)			Memo Item								
	Full Name (Last, First, Middle Initial) Kim, Todd, Soung, , MD					Date of Disbursement								
	Mailing Address 936 Esmeralda Avenue					05 / D D / Y Y Y Y 05 03 2018								
	City	State	Zip Code			FEC Identification Number								
	San Francisco	CA	94110											
	Purpose of Disbursement Refund duplicate contribution			0	10	C								
	Candidate Name			Cate	egory/ /pe	Transaction ID : 9698217 Amount of Each Disbursement this Period								
		ement For:				500.00								
	Senate President	Primary Other (spe	General			Refund duplicate contribution								
	State: District:	Uner (spe	ouy) ▼			Memo Item								
⊢	UBTOTAL of Disbursements This Page (optional)					2200.00								
1														

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S	CHEDULE B (FEC Form 3X)			F			NUMBER: PAGE 347 OF 348							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck		one)							
			Summary Page			21D 28a	22         23         26         27           28b         28c         29         30b							
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\square$	NAME OF COMMITTEE (In Full)		<b>.</b>		<b>•</b> •									
	Political Action Committee of the A	American	Association	n of (	Orth	iopa	aedic SurgeonsPAC of AAOS							
Α.	Full Name (Last, First, Middle Initial) Rauh, Michael, A, , MD						Date of Disbursement							
	Mailing Address 46 Middlebury Rd						06 02 2018							
	City Orchard Park	State NY	Zip Code 14127				FEC Identification Number							
	Purpose of Disbursement	INI	14127	-	-		С							
	Refund duplicate contribution			0	10		Transaction ID : 9709720							
	Candidate Name				egory ype	/	Amount of Each Disbursement this Period							
		ement For:					2000.00							
	Senate President	Primary Other (spe	General cify) ▼				Refund duplicate contribution							
	State: District:													
В.	Full Name (Last, First, Middle Initial) Baird, Robert, C, , III, MD						Date of Disbursement							
	Mailing Address 358 Charleston Court	State Zip Code					06 07 Y Y Y Y Y 2018							
	City Mobile		FEC Identification Number											
	Purpose of Disbursement Refund duplicate contribution	AL	36608		)10	1	С							
	Candidate Name			Cate	egory	/	Transaction ID : 9721086 Amount of Each Disbursement this Period							
	Office Sought: House Disburse	ement For:	L		ypo		1000.00							
	Senate President	Primary Other (spec	General				Refund duplicate contribution							
	State: District:						Memo Item							
C.	Full Name (Last, First, Middle Initial) Kemp, Travis, Jay, , MD						Date of Disbursement							
	Mailing Address 1398 E Versailles Ct						06 / 08 / Y Y Y Y 2018							
	City Boise	State ID	Zip Code 83706				FEC Identification Number							
	Purpose of Disbursement Refund duplicate contribution			-			С							
	Candidate Name			Cate	910 egory ype	/	Transaction ID : 9721087 Amount of Each Disbursement this Period							
		ement For:		• :	/ I <sup></sup>	$\neg$	2000.00							
	Senate President	Primary Other (spe	General cify) ▼				Refund duplicate contribution							
	State: District:						Memo Item							
s	UBTOTAL of Disbursements This Page (optional)						5000.00							
т	OTAL This Period (last page this line number only	/)					7200.00							

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 348 OF 348
ITE	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	y one) 22 23 26 27 28b 28c <b>x</b> 29 30b
	information copied from such Reports and State for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	of Orthop	aedic SurgeonsPAC of AAOS
$\square$	Full Name (Last, First, Middle Initial)				
	Congressional Leadership Fund				Date of Disbursement
	Mailing Address 1747 Pennsylvania Avenue NW, F	Fifth			05 14 2018
	City Washington	State DC	Zip Code 20006		FEC Identification Number
	Purpose of Disbursement Contribution to Super PAC			003	C Transaction ID : 9692746
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼		250000.00 Contribution to Super PAC
_	State: District:		<i></i>		Memo Item
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
1	Purpose of Disbursement				С
ī	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		
	State: District:		37		Memo Item
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				С
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate	ement For: Primary	General		
	State: District:	Other (spec	cify) 🔻		Memo Item
รเ	JBTOTAL of Disbursements This Page (optional).				250000.00
то	OTAL This Period (last page this line number only	/)		····· •	250000.00