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Image# 14970728968 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	hedule E)	IIUNES			PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS						
Ch	eck if 24-hour report X 48-hour report X New rep	ort Amends re	eport filed or	M M /		
	Full Name of Payee Mammen Group, Inc		C	ate of Public E	Distribution/Dissemination	
	Mailing Address 1901 L Street, N.W.		م	mount	21 2014	
	City State	Zip Code	—— [19146.44	
	Washington DC	20036		ransaction ID ate of Disburs		
	Purpose of Expenditure 'Barber-Choose Your Doctor'	Category/ Type 0	11	M M /		
	Name of Federal Candidate	Support	Office S	ouaht: 🗙	House District: 02	
	Ronald Barber	Oppose		esident	Senate State: AZ	
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disburse 2014	ement For:	Primary X General	
	Full Name of Payee			ate of Public I	Distribution/Dissemination	
				M M /	DD/YYYYY	
	Mailing Address					
			A	mount		
	City State	Zip Code				
				Dete of Dishurgement or Obligation		
	Purpose of Expenditure	Category/		Date of Disbursement or Obligation		
		Type				
	Name of Federal Candidate	Support	t Office S	ought:	House District:	
		Oppose	P	resident	Senate State:	
	Calendar Year-To-Date		Disburse	ement For:	Primary General	
	Per Election for Office Sought			Other (spec	 cify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures		▶	· · · ·	19146.44	
	(b) SUBTOTAL of Unitemized Independent Expenditures		►			
	(c) TOTAL Independent Expenditures		···· •		19146.44	
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	William J. Robb III, MD	ically Filed]		/ D D	/ Y Y Y Y Y	
	Signature		ate 08	22	2014	