

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Igram, M, , Cassim, MD,FAAOS

Type or Print Name of Treasurer _____

Signature of Treasurer Igram, M, , Cassim, MD,FAAOS [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		571228.52
(b) Cash on Hand at Beginning of Reporting Period.....	529815.98	
(c) Total Receipts (from Line 19)	217376.71	910230.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	747192.69	1481458.98
7. Total Disbursements (from Line 31).....	255958.61	990224.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	491234.08	491234.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	193276.23	811468.97
(ii) Unitemized	13600.48	76261.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	206876.71	887730.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	206876.71	892730.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	10500.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	217376.71	910230.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	217376.71	910230.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5958.61	23474.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5958.61	23474.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	230000.00	900500.00
24. Independent Expenditures (use Schedule E)	0.00	20000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	20000.00	45000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	255958.61	990224.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	255958.61	990224.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	206876.71	892730.26
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	206876.71	891480.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5958.61	23474.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5958.61	23474.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 02 / 2022
Transaction ID : 11331238
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bushnell, Brandon, Dubose, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fallen Branch Circle SE
 City Rome State GA Zip Code 30161-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 02 / 2022
Transaction ID : 11331239
 Amount of Each Receipt this Period 85.00
 Memo Item

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

Date of Receipt 07 / 02 / 2022
Transaction ID : 11331240
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Casey, Brett, Edward, , MD,FAAOS

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

Mailing Address 6064 Louis XIV St

City New Orleans	State LA	Zip Code 70124-2919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gulf Coast Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2022

Transaction ID : 11331241

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Eric, Louis, , MD,FAAOS

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

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Boston Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2022

Transaction ID : 11331242

Amount of Each Receipt this Period
84.00

Memo Item

C. Reynolds, Kirk, Allen, , MD,FAAOS

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

Mailing Address 11901 Fairway Dr

City Little Rock	State AR	Zip Code 72212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arkansas Specialty Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2022

Transaction ID : 11331244

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bailey, James, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 03 / 2022
Transaction ID : 11331308
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Anderson, Robert, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 55th St N
 City Lake Elmo State MN Zip Code 55042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 03 / 2022
Transaction ID : 11331309
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 07 / 03 / 2022
Transaction ID : 11331310
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	542.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ellis, Thomas, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 Harlem Road
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic ONE Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 04 / 2022
Transaction ID : 11331317
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 04 / 2022
Transaction ID : 11331318
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 07 / 04 / 2022
Transaction ID : 11331319
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carlson, William, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SE Tuscan Lane

City Stuart	State FL	Zip Code 34996-6754
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) South Florida Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2022

Transaction ID : 11331320

Amount of Each Receipt this Period
500.00

Memo Item

B. Lintecum, Neal, D, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 789 N 1500 Road

City Lawrence	State KS	Zip Code 66049
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2022

Transaction ID : 11332108

Amount of Each Receipt this Period
200.00

Memo Item

C. Hoffman, Eric, Duniway, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Garden Way

City Falmouth	State ME	Zip Code 04105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Spectrum Healthcare Partners	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2022

Transaction ID : 11332681

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Keller, Julie, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 W Essex Street
 Suite 201
 City Maywood State NJ Zip Code 07607-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Restoration Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 06 / 2022
Transaction ID : 11332952
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schmale, Gregory, A, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE
 City Kirkland State WA Zip Code 98033-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2022
Transaction ID : 11332953
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd
 Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2022
Transaction ID : 11332954
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pushkin, Gary, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway

City Baltimore	State MD	Zip Code 21218-1133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cohen & Pushkin MD PA	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2022
Transaction ID : 11332956

Amount of Each Receipt this Period
250.00

Memo Item

B. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St

City New York	State NY	Zip Code 10021-4823
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2022
Transaction ID : 11333640

Amount of Each Receipt this Period
175.00

Memo Item

C. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl

City Roswell	State GA	Zip Code 30075-3522
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Aspirus	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2022
Transaction ID : 11333641

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	509.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 07 / 2022
Transaction ID : 11333642
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 07 / 07 / 2022
Transaction ID : 11333643
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Goldberg, Steven, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5867 Whisperwood Ct
 City Naples State FL Zip Code 34110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 07 / 2022
Transaction ID : 11333644
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1167.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Heinle, Colin, C, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 N Mulberry St

City Lancaster	State PA	Zip Code 17603
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Lancaster	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2022

Transaction ID : 11334249

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mejia, Alfonso, , , MD, MPH, FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5332 South Shore Drive

City Chicago	State IL	Zip Code 60615-5708
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Illinois Association of Orthopedic Sur	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1092.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2022

Transaction ID : 11334596

Amount of Each Receipt this Period
84.00

Memo Item

c. Clain, Michael, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Road

City Riverside	State CT	Zip Code 06878-2403
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2022

Transaction ID : 11334810

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Service, Benjamin, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8710 Crestgate Circle
 City Orlando State FL Zip Code 32819-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 09 / 2022
Transaction ID : 11334811
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 07 / 11 / 2022
Transaction ID : 11334814
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 11 / 2022
Transaction ID : 11334815
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Glassman, Andrew, H, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 11 / 2022
Transaction ID : 11334816
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21549 Glebe View Dr
 City Broadlands State VA Zip Code 20148-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2022
Transaction ID : 11334976
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2022
Transaction ID : 11334977
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2022
Transaction ID : 11334979
 Amount of Each Receipt this Period 84.00
 Memo Item

B. John, Thomas, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Eastbrook Rd
 City Ridgewood State NJ Zip Code 07450-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2022
Transaction ID : 11334980
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Mansfield, David, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5019 Montoya Rd
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 918.68

Date of Receipt 07 / 12 / 2022
Transaction ID : 11334981
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mardjetko, Steven, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 E Illinois Road

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Illinois Bone and Joint Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2022

Transaction ID : 11335504

Amount of Each Receipt this Period
1000.00

Memo Item

B. Krueger, Chad, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Kyle Dr

City Ambler	State PA	Zip Code 19002
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rothman Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2022

Transaction ID : 11335509

Amount of Each Receipt this Period
84.00

Memo Item

C. James, Jeremy, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Briar Hollow St

City Covington	State LA	Zip Code 70433-4511
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DISC of Louisiana	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2022

Transaction ID : 11335510

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Courtney, Paul, Maxwell, , MD,FAAOS

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

Mailing Address 1005 Millbrook Rd

City Berwyn	State PA	Zip Code 19312
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rothman Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2022

Transaction ID : 11364215

Amount of Each Receipt this Period
84.00

Memo Item

B. Whitehurst, Jon, B, , MD,FAAOS

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

Mailing Address 36W439 Hunters Gate Rd

City St Charles	State IL	Zip Code 60175
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthollinois	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2022

Transaction ID : 11364311

Amount of Each Receipt this Period
1000.00

Memo Item

C. Acampa, John, W, , MD, FAAOS

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

Mailing Address 64 Bayberry Rd W

City Islip	State NY	Zip Code 11751
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2022

Transaction ID : 11364312

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bernholt, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Chapel Woods Cv
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2022
Transaction ID : 11364313
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Bettin, Clayton, Charles, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2022
Transaction ID : 11364314
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Calandrucio, James, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S Germantown Road
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2022
Transaction ID : 11364315
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Campion, Chad, Evan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedic Surgery
 1400 South Germantown Rd
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TN-Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364316
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364317
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Gear, Benjamin, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lagrange Creek Drive
 City Eads State TN Zip Code 38028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364319
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 125.01
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Guyton, James, L, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6422 Massey Estates Cove

City Memphis	State TN	Zip Code 38120
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364320

Amount of Each Receipt this Period
41.67

Memo Item

B. Harkess, James, W, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

City Germantown	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364321

Amount of Each Receipt this Period
41.67

Memo Item

C. Heck, Robert, Kurt, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 Barfield Rd

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364322

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kelly, Derek, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Suite 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364323
 Amount of Each Receipt this Period 41.67
 Memo Item

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

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364327
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Murphy, Garnett, Andrew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364328
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 636 Center Dr

City Memphis	State TN	Zip Code 38112
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364330

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address Dept of Orthopaedic Surgery
2372 Corinne Oak Court

City Memphis	State TN	Zip Code 38119
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364331

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 10211 Ramblewood Dr

City Arlington	State TN	Zip Code 38002
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2022

Transaction ID : 11364332

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sawyer, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364333
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Sheffer, Benjamin, West, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way
 City Memphis State TN Zip Code 38111-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364334
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Thompson, Norfleet, Buckner, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364336
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Throckmorton, Thomas, Ward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364338
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364339
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Weinlein, John, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 12 / 2022
Transaction ID : 11364340
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 12 / 2022**
Transaction ID : 11364341
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Levine, Marc, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Tinari Drive
 City Richboro State PA Zip Code 18954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Trenton Orthopaedic Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 14 / 2022**
Transaction ID : 11364382
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt **07 / 16 / 2022**
Transaction ID : 11364690
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1291.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Smith, Jeffrey, Mark, , MD,CPC,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5865 Friars Rd
 Unit 3310

City San Diego State CA Zip Code 92110

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

Name of Employer (for Individual) UNITE Orthopaedics Foundation Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2022
Transaction ID : 11364691

Amount of Each Receipt this Period 250.00

Memo Item

B. Battaglia, Michael, Jacob, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1641 Windermere Dr E

City Seattle State WA Zip Code 98112-3737

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

Name of Employer (for Individual) Bellevue Bone & Joint Physicians Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2022
Transaction ID : 11364692

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 5867 Whisperwood Ct

City Naples State FL Zip Code 34110

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

Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2022
Transaction ID : 11364761

Amount of Each Receipt this Period 250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kwok, Moody, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2022
Transaction ID : 11364762
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Olsen, Adam, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3686 Washington Street Apt 2520
 City Boston State MA Zip Code 02130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 17 / 2022
Transaction ID : 11364764
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kraushaar, Barry, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 17 / 2022
Transaction ID : 11364765
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Winston, Jonathan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4534 Shadowbrook Court

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ORA Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2022

Transaction ID : 11364766

Amount of Each Receipt this Period
84.00

Memo Item

B. Carnduff, Mary, Foley, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rhode Island Ave

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2022

Transaction ID : 11364767

Amount of Each Receipt this Period
250.00

Memo Item

C. Urband, Lindsey, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15066 Almond Orchard Lane
Suite 403

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

Name of Employer (for Individual) San Diego Hand Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2022

Transaction ID : 11365560

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365561
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Tabaie, Sean, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Delafield PI NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365562
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Delanois, Ronald, Emilio, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookfield Garth
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365563
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365564
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hettrich, Carolyn, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28A Miller Hill Rd
 City Dover State MA Zip Code 02030-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365565
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 07 / 05 / 2022
Transaction ID : 11365566
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schmitz, Matthew, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

City San Antonio	State TX	Zip Code 78231
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2022

Transaction ID : 11365567

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 6621 Cuming St

City Omaha	State NE	Zip Code 68132
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2022

Transaction ID : 11365568

Amount of Each Receipt this Period
84.00

Memo Item

C. Chutkan, Norman, Barrington, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The CORE Institute	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2022

Transaction ID : 11365569

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. More, Robert, Cameron, , MD, FAAOS

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

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822

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

Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 11 / 2022

Transaction ID : 11365570

Amount of Each Receipt this Period 84.00

Memo Item

B. Cimino, William, Gerard, , MD,FAAOS

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

Mailing Address 52 Beach Road
Suite 207

City Fairfield State CT Zip Code 06824

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

Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2022

Transaction ID : 11365571

Amount of Each Receipt this Period 84.00

Memo Item

c. Orth, Charles, , , DO,FAAOS

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

Mailing Address 320 SE Mill Creek Dr

City Lees Summit State MO Zip Code 64063

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

Name of Employer (for Individual) St Mary's Medical Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 11 / 2022

Transaction ID : 11365572

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Parsley, Brian, S, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr
 Suite 2400
 City Houston State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 13 / 2022
Transaction ID : 11365573
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Damalas, Konstantinos, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 13 / 2022
Transaction ID : 11365574
 Amount of Each Receipt this Period 84.00
 Memo Item

C. DiCaprio, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical College Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 14 / 2022
Transaction ID : 11365575
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lisella, Jordan, Mills, , MD, FAAOS

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

Mailing Address 14 Turner Lane

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2022

Transaction ID : 11365576

Amount of Each Receipt this Period
84.00

Memo Item

B. Roberson, Rowland, M, , MD, FAAOS

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

Mailing Address 641 N Lamar Blvd

City Oxford	State MS	Zip Code 38655-3235
----------------	-------------	------------------------

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

Name of Employer (for Individual) Specialty Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2022

Transaction ID : 11365579

Amount of Each Receipt this Period
84.00

Memo Item

C. Tyndall, William, A, , MD,FAAOS

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

Mailing Address 123 Brittany Ln

City Hollidaysburg	State PA	Zip Code 16648
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2022

Transaction ID : 11365634

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Woodcock, Jessica, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Newman Rd
 City New Bern State NC Zip Code 28562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 19 / 2022
Transaction ID : 11365635
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Cooper, Scott, Snow, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 1101 Horsebarn Road
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 19 / 2022
Transaction ID : 11365636
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Igram, Cassim, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 Woodland Ridge Dr. NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hosp & Clinics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 19 / 2022
Transaction ID : 11365758
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Higgins, Michael, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 Rockport Landing
 City Suffolk State VA Zip Code 23435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tidewater Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 20 / 2022
Transaction ID : 11366116
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 07 / 21 / 2022
Transaction ID : 11366203
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Chapman, Cary, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10903 Blue Palm Street
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 21 / 2022
Transaction ID : 11366204
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stoeckl, Andrew, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Excelsior Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
581.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2022

Transaction ID : 11366205

Amount of Each Receipt this Period
83.00

Memo Item

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

Mailing Address 165 Middle Plantation Ln

City Gulf Breeze	State FL	Zip Code 32561
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Andrews Institute For Orthopaedics & S	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2022

Transaction ID : 11366206

Amount of Each Receipt this Period
84.00

Memo Item

c. Mueller, Robert, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4632 Stonehaven Dr

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

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

Name of Employer (for Individual) Licking Memorial Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2022

Transaction ID : 11366235

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	467.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Prayson, Michael, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 E Apple St
 Ste 2200
 City Dayton State OH Zip Code 45409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2022
Transaction ID : 11366257
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sherbondy, Paul, Strawn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Dr
 City State College State PA Zip Code 16801-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 22 / 2022
Transaction ID : 11366457
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 22 / 2022
Transaction ID : 11366458
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 07 / 22 / 2022
Transaction ID : 11366459
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6567 Elizabeth Ave
 City Springdale State AR Zip Code 72762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2022
Transaction ID : 11366460
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Barber, Thomas, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 East 63rd Street Apt 7L
 City New York City State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Sloan Kettering Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 23 / 2022
Transaction ID : 11366623
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ede, David, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 High Meadow Drive

City Charleston	State WV	Zip Code 25311
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Trauma Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2022

Transaction ID : 11366624

Amount of Each Receipt this Period
250.00

Memo Item

B. Friedmann, Elizabeth, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2660B Greenbriar Lane

City Annapolis	State MD	Zip Code 21401
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Maryland	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2022

Transaction ID : 11366625

Amount of Each Receipt this Period
84.00

Memo Item

C. Choi, Daniel, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Knolls Dr N

City New Hyde Park	State NY	Zip Code 11040-1147
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Long Island Spine Specialists, PC	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2022

Transaction ID : 11366626

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 07 / 24 / 2022
Transaction ID : 11366629
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kunes, Justin, Ronald, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Johnson Ferry Rd
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 24 / 2022
Transaction ID : 11366631
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wright, Kevin, Earl, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 East 33rd Street 11D
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2022
Transaction ID : 11366633
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ardoin, Gregory, Troy, , MD,FAAOS

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

Mailing Address 800 Fair Park Blvd

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

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

Name of Employer (for Individual) OrthoArkansas	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2022

Transaction ID : 11366676

Amount of Each Receipt this Period
250.00

Memo Item

B. Beltran, Michael, John, , MD,FAAOS

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

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City Cincinnati	State OH	Zip Code 45267-0212
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2022

Transaction ID : 11366677

Amount of Each Receipt this Period
84.00

Memo Item

C. Schnaser, Erik, Allen, , MD,FAAOS

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

Mailing Address 75538 Desierto Dr

City Indian Wells	State CA	Zip Code 92210-8444
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2022

Transaction ID : 11366678

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mitros, Stephen, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 26 / 2022**
Transaction ID : 11366679
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Hinchey, John, William, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 26 / 2022**
Transaction ID : 11366680
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Fowler, John, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 Morningside Dr
 City Cranberry Township State PA Zip Code 16066-4556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **07 / 27 / 2022**
Transaction ID : 11367200
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lubahn, John, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Medical Education
 201 State St
 City Erie State PA Zip Code 16550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hand Microsurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 27 / 2022
Transaction ID : 11368024
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gary, Joshua, Layne, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Descanso Dr
 City La Canada Flintridge State CA Zip Code 91011
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368038
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Scales, Darrell, Kevin, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368039
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carolan, Gregory, Francis, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368040
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Allard, Mark, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368041
 Amount of Each Receipt this Period 84.00
 Memo Item

C. McClintock, Kyle, Ross, , DO,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5826 Wedgewood Drive
 City Granite Bay State CA Zip Code 95746
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368042
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368043
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Reid, J, Spence, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368044
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Giuseffi, Steven, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368045
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368046
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Crosland, Edward, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 389 Woldus Rd
 City North Augusta State SC Zip Code 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Champion Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2022
Transaction ID : 11368047
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 07 / 18 / 2022
Transaction ID : 11369456
 Amount of Each Receipt this Period 1250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 22925 Shelburne Road

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

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

Name of Employer (for Individual) University Hospitals, Case Medical Cen	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2022

Transaction ID : 11369457

Amount of Each Receipt this Period
1000.00

Memo Item

B. Reiter, Mitchell, Forest, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Ravine Lake Rd

City Bernardsville	State NJ	Zip Code 07924-1408
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) The New Jersey Spine Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2022

Transaction ID : 11369458

Amount of Each Receipt this Period
250.00

Memo Item

C. Nagda, Sameer, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8713 Standish Rd

City Alexandria	State VA	Zip Code 22308-2512
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Anderson Ortho Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2022

Transaction ID : 11369459

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2022
Transaction ID : 11369460
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1176.00

Date of Receipt 07 / 25 / 2022
Transaction ID : 11369461
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gill, John, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln Ste 708
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.35

Date of Receipt 07 / 25 / 2022
Transaction ID : 11369463
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 25 / 2022
Transaction ID : 11369464
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sinclair, Micah, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 E 54th Street
 City Kansas City State MO Zip Code 64110-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2022
Transaction ID : 11369465
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt 07 / 26 / 2022
Transaction ID : 11369466
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Shrock, Kevin, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 SE 3rd Ave
 City Fort Lauderdale State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Lauderdale Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 26 / 2022
Transaction ID : 11369467
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Leffers, Kevin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4922 Stratford Rd
 City Fort Wayne State IN Zip Code 46807-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Wayne Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 26 / 2022
Transaction ID : 11369470
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Boynton, Melbourne, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Briarwood Lane
 City Rutland State VT Zip Code 05701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutland Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2022
Transaction ID : 11369472
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Farnworth, Lance, Ronald, , MD, FAOS

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

Mailing Address 37 Portero Dr

City Pueblo	State CO	Zip Code 81005
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pueblo Bone and Joint Clinic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2022

Transaction ID : 11369473

Amount of Each Receipt this Period
1000.00

Memo Item

B. Haddad, Charles, G, , Jr, MD, FA

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

Mailing Address 218 W Oakridge Park

City Metairie	State LA	Zip Code 70005-4023
------------------	-------------	------------------------

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

Name of Employer (for Individual) Pontchartrain Bone & Joint Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2022

Transaction ID : 11369474

Amount of Each Receipt this Period
300.00

Memo Item

C. Saucedo, James, Matthew, , MD,MBA,FAA

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

Mailing Address 13802 Centerfield Drive #300

City Houston	State TX	Zip Code 77070
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The Hand Center of San Antonio	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2022

Transaction ID : 11369476

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1384.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bernstein, David, , MD,MBA,MA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Fruit Street
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harvard Combined Orthopaedic Residency Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 07 / 27 / 2022
Transaction ID : 11369477
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gebauer, Gregory, Paul, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 Grassy Point Blvd
 City Port Charlotte State FL Zip Code 33952-9193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2022
Transaction ID : 11369478
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kolowich, Patricia, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20570 Woodcreek Blvd
 City Northville State MI Zip Code 48167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2022
Transaction ID : 11369479
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Arend, Thomas, E, , Jr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

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

Name of Employer (for Individual) AAOS	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2022

Transaction ID : 11369480

Amount of Each Receipt this Period
84.00

Memo Item

B. Priore, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd Ste 100

City Rosemont	State IL	Zip Code 60018-4975
------------------	-------------	------------------------

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

Name of Employer (for Individual) AAOS	Occupation (for Individual) Chief Marketing Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2022

Transaction ID : 11369481

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 6330 Cobblestone Lane

City Arlington	State TX	Zip Code 76001
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2022

Transaction ID : 11369482

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 31 Prince St

City Beverly	State MA	Zip Code 01915
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2022

Transaction ID : 11369483

Amount of Each Receipt this Period
84.00

Memo Item

B. Sisko, Zachary, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Woodhaven Dr

City Pittsburgh	State PA	Zip Code 15228
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2022

Transaction ID : 11369484

Amount of Each Receipt this Period
250.00

Memo Item

C. Frankle, Mark, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Mooring Circle

City Tampa	State FL	Zip Code 33602
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Florida Ortho Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2022

Transaction ID : 11369485

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 02 / 2022
Transaction ID : 11369629
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bushnell, Brandon, Dubose, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fallen Branch Circle SE
 City Rome State GA Zip Code 30161-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 02 / 2022
Transaction ID : 11369630
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 02 / 2022
Transaction ID : 11369631
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gottschalk, Michael, Brandon, , MD,FAAOS

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

Mailing Address 4799 Olde Village Cv

City Atlanta	State GA	Zip Code 30338-5055
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Emory University	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2022

Transaction ID : 11369632

Amount of Each Receipt this Period

250.00

 Memo Item

B. Knight, Bradford, S, , MD, FAAOS

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

Mailing Address 11701 Pine Tree Dr

City Fairfax	State VA	Zip Code 22033-2712
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Prince William Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2022

Transaction ID : 11369633

Amount of Each Receipt this Period

250.00

 Memo Item

C. Smith, Eric, Louis, , MD,FAAOS

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

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
---------------	-------------	-------------------

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

Name of Employer (for Individual) Boston Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2022

Transaction ID : 11369634

Amount of Each Receipt this Period

84.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rosenwasser, Melvin, Paul, , MD, FAAOS

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

Mailing Address 38 Ludlow Ln

City Palisades	State NY	Zip Code 10964
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia University Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2022

Transaction ID : 11370119

Amount of Each Receipt this Period
250.00

Memo Item

B. Bailey, James, R, , MD,FAAOS

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

Mailing Address 10439 Blue Summit Court

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Naval Medical Center San Diego	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2022

Transaction ID : 11370120

Amount of Each Receipt this Period
42.00

Memo Item

C. Everman, David, Glenn, , MD, FAAOS

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

Mailing Address 57 Bayberry Ln

City Myrtle Beach	State SC	Zip Code 29572
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2022

Transaction ID : 11370121

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	542.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Williams, Matthew, , , MD, FAAOS

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

Mailing Address 310 Woodbluff Dr

City Lafayette	State LA	Zip Code 70503-4450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Louisiana Orthopaedic Specialists	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2022

Transaction ID : 11370146

Amount of Each Receipt this Period
1000.00

Memo Item

B. Black, David, Albritton, , MD, PhD

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

Mailing Address 12112 Fairway Drive

City Little Rock	State AR	Zip Code 72212-3429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Arkansas	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 11370177

Amount of Each Receipt this Period
84.00

Memo Item

C. Prohaska, Matthew, G, , MD, FAAOS

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

Mailing Address 69 Griggs Hill Road

City Danville	State VT	Zip Code 05828-9756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NVRH Orthopaedic Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 11370178

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kofoed, John, Charles, , MD, FAAOS

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

Mailing Address 2619 Seminole Ct

City Fairfield	State CA	Zip Code 94534-7871
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
623.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370659

Amount of Each Receipt this Period
89.00

Memo Item

B. Harrah, Daniel, R, , MD,FAAOS

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

Mailing Address 17295 Point Lena Loop Rd

City Juneau	State AK	Zip Code 99801
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370660

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bernholt, David, , , MD

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

Mailing Address 3126 Chapel Woods Cv

City Germantown	State TN	Zip Code 38139
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370661

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1130.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bettin, Clayton, Charles, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2022
Transaction ID : 11370662
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Calandruccio, James, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S Germantown Road
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2022
Transaction ID : 11370663
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Campion, Chad, Evan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedic Surgery
 1400 South Germantown Rd
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Univ of TN-Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2022
Transaction ID : 11370666
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370667
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Grear, Benjamin, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lagrange Creek Drive
 City Eads State TN Zip Code 38028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370669
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Guyton, James, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370670
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harkess, James, W, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

City Germantown	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370671

Amount of Each Receipt this Period
41.67

Memo Item

B. Heck, Robert, Kurt, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 Barfield Rd

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370672

Amount of Each Receipt this Period
41.67

Memo Item

C. Kelly, Derek, Michael, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar Ave
Suite 100

City Collierville	State TN	Zip Code 38017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370673

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mihalko, Marc, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4079 Barfield Road

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370676

Amount of Each Receipt this Period
41.67

Memo Item

B. Murphy, Garnett, Andrew, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 S Germantown Rd

City Germantown	State TN	Zip Code 38138-2205
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370677

Amount of Each Receipt this Period
41.67

Memo Item

C. Richardson, David, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

City Memphis	State TN	Zip Code 38112
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11370679

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rider, Carson, Mills, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedic Surgery
 2372 Corinne Oak Court
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 02 / 2022
Transaction ID : 11370680
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Rudloff, Matthew, Ian, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 02 / 2022
Transaction ID : 11370681
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Sawyer, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 02 / 2022
Transaction ID : 11370682
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 251
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 281 Ben Avon Way

City Memphis State TN Zip Code 38111-7702

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **08 / 02 / 2022**

Transaction ID : 11370683

Amount of Each Receipt this Period **41.67**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Thompson, Norfleet, Buckner, , MD, FAAOS

Mailing Address 3784 Highland Park Place

City Memphis State TN Zip Code 38111

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **08 / 02 / 2022**

Transaction ID : 11370685

Amount of Each Receipt this Period **41.67**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Throckmorton, Thomas, Ward, , MD,FAAOS

Mailing Address 4901 Fairfield Circle

City Memphis State TN Zip Code 38117

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

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

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **08 / 02 / 2022**

Transaction ID : 11370686

Amount of Each Receipt this Period **41.67**

Memo Item

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

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

125.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370687
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370688
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 02 / 2022
Transaction ID : 11370689
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Winder, Carey, E, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 866 Woodgate Blvd

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Baton Rouge Orthopedic Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 11370720

Amount of Each Receipt this Period
1000.00

Memo Item

B. Aldrich, Daniel, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 LaFayette Landing

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Pointe Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 11371070

Amount of Each Receipt this Period
500.00

Memo Item

C. Steubs, John, Arthur, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7032 Oak Pointe Curve

City Bloomington	State MN	Zip Code 55348
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of MN Department of Orthope	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 11371079

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Homlar, Kelly, Cornett, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3481 Stallings Island Road
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2022
Transaction ID : 11371081
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brolin, Tyler, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9294 Ingleside Farms Drive South
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371191
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Zuckerman, Joseph, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Marbourne Dr
 City Mamaroneck State NY Zip Code 10543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371473
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Benz, Eric, B, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Chipman Park

City Middlebury	State VT	Zip Code 05753
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Champlain Valley Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11371832

Amount of Each Receipt this Period
1000.00

Memo Item

B. Marinello, Patrick, Gaetano, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Bradhaven Rd

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer (for Individual) The Bone and Joint Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11371834

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kefalas, John, C, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 N Main St
Suite G

City Decatur	State IL	Zip Code 62526-4276
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Central Illinois Bone and Joint	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11371837

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371839
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hildebrand, Randall, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 Lincoln St
 City Great Bend State KS Zip Code 67530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371844
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Will, Ryan, Edward, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 60th Ave NW
 City Gig Harbor State WA Zip Code 98335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olympia Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371846
 Amount of Each Receipt this Period 500.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Layfield, Richard, , , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14605 Potomac Branch Drive, Ste 30
 City Woodbridge State VA Zip Code 22191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nova Orthopedic and Spine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371848
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sacks, Todd, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 Windsor Estates Dr
 City Marietta State GA Zip Code 30062-7216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371854
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Nayak, Suresh, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8107 Wycliffe Dr
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilmington Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371856
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lehman, Daniel, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Orthopaedics Indianapolis
 8450 Northwest Blvd
 City Indianapolis State IN Zip Code 46278-1381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoIndy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371900
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Topping, Richard, Edmund, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1502 Harrison Ave Ste 101
 City Elkins State WV Zip Code 26241-3497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tygart Valley Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371906
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Simpson, Jordan, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 116th St
 City Lubbock State TX Zip Code 79424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TX Tech Univ Health Science Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371908
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scherl, Jonathan, Daniel, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Evergreen Pl
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371915
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Raissi, Abdi, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9808 Winter Palace Drive
 City Las Vegas State NV Zip Code 89145
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371917
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ho, Christine, Ann, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11608 Valleydale Dr
 City Dallas State TX Zip Code 75230
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Texas Scottish Rite Hospital For Child Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11371921
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Benz, Robert, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2107 Linden Lake Road

City Fort Collins	State CO	Zip Code 80524
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic & Spine Center of the Rock	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11371928

Amount of Each Receipt this Period
1000.00

Memo Item

B. Schmale, Gregory, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6515 126th Ave NE

City Kirkland	State WA	Zip Code 98033-8569
------------------	-------------	------------------------

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

Name of Employer (for Individual) Seattle Children's Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2022

Transaction ID : 11371929

Amount of Each Receipt this Period
84.00

Memo Item

c. Hasan, Syed, Ashfaq, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7730 Elmwood Road

City Fulton	State MD	Zip Code 20759
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Maryland School of Medic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2022

Transaction ID : 11371930

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd
 Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 06 / 2022
Transaction ID : 11371931
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Archdeacon, Michael, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 Philnoll Dr
 City Cincinnati State OH Zip Code 45247-5079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 06 / 2022
Transaction ID : 11371932
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Endres, Terrence, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1655 Flowers Mill Dr
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Michigan Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2022
Transaction ID : 11371934
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MacDougall, James, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Heart Hospital of South Dakota Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2022
Transaction ID : 11371936
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2022
Transaction ID : 11371938
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hosp for Special Surgery Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2022
Transaction ID : 11371941
 Amount of Each Receipt this Period
 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 11371942
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 11371943
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gallant, Gregory, G, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 07 / 2022
Transaction ID : 11371944
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	251.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lane, Joseph, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 86th St Apt 14F
 City New York City State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 11371945
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kinnucan, Elspeth, R E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 Oak Crest Dr
 City Roseville State CA Zip Code 95661-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Roseville Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 11371947
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 08 / 08 / 2022
Transaction ID : 11371961
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Leddy, Michael, J, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11371962
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11371963
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Drinkwater, Christopher, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Barrington St
 City Rochester State NY Zip Code 14607-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11371964
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Clain, Michael, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Road
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11372347
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Silverman, Lance, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2774 W Lake of the Isles Pkwy
 City Minneapolis State MN Zip Code 55416
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Silverman Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11372348
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Service, Benjamin, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8710 Crestgate Circle
 City Orlando State FL Zip Code 32819-3855
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11372349
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Labana, Neal, J, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6778 Old College Rd

City Lisle	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer (for Individual) Premier Orthopaedic & Hand Center SC	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2022

Transaction ID : 11372723

Amount of Each Receipt this Period
500.00

Memo Item

B. Nahigian, Kevin, K, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Red Bay Rd

City Elgin	State SC	Zip Code 29045
---------------	-------------	-------------------

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

Name of Employer (for Individual) Carolina Shoulder & Knee Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2022

Transaction ID : 11373078

Amount of Each Receipt this Period
84.00

Memo Item

C. Glassman, Andrew, H, , MD,MS,FAAO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 North Drexel Avenue

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Ohio State University Wexner Medical C	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2022

Transaction ID : 11373079

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jacofsky, David, Joseph, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8931 W Black Hill Rd

City Peoria	State AZ	Zip Code 85383-3782
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2022

Transaction ID : 11373108

Amount of Each Receipt this Period
1000.00

Memo Item

B. Schmitz, Miguel, Antonio, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8624 E Maraingo

City Spokane	State WA	Zip Code 99212
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Alpine Orthopaedic and Spine PC	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2022

Transaction ID : 11373122

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21549 Glebe View Dr

City Broadlands	State VA	Zip Code 20148-3625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) National Sports Medicine Institute	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2022

Transaction ID : 11373132

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dodds, Julie, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2603 90th Ave

City Lone Rock	State IA	Zip Code 50559
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Center for Specialty Care	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373134

Amount of Each Receipt this Period
84.00

Memo Item

B. Means, Kenneth, Robert, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 Crabapple Ln

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Union Memorial Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373135

Amount of Each Receipt this Period
250.00

Memo Item

C. Espinoza, Luis, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Savannah Ridge Lane

City Metairie	State LA	Zip Code 70001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Center for Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373136

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John, Thomas, K, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 Eastbrook Rd

City Ridgewood	State NJ	Zip Code 07450-2110
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373138

Amount of Each Receipt this Period
84.00

Memo Item

B. Watling, Jonathan, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Starboard Reach

City Yarmouth	State ME	Zip Code 04096
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373139

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5019 Montoya Rd

City El Paso	State TX	Zip Code 79922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) El Paso Orthopaedic Surgery Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1085.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2022

Transaction ID : 11373140

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hogan, Kathleen, Anne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Castle Hill Rd
 City Windham State NH Zip Code 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NH Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 12 / 2022
Transaction ID : 11373141
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Krueger, Chad, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 13 / 2022
Transaction ID : 11373255
 Amount of Each Receipt this Period 84.00
 Memo Item

C. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2022
Transaction ID : 11373256
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Koenig, Karl, Marc, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5718 Standing Rock Dr
 City Austin State TX Zip Code 78730-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Austin/Dept of Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2022
Transaction ID : 11373258
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Nelson, Daniel, Richard, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 869 E Sawgrass Trl
 City North Sioux City State SD Zip Code 57049-5198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 14 / 2022
Transaction ID : 11373261
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Courtney, Paul, Maxwell, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Millbrook Rd
 City Berwyn State PA Zip Code 19312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 14 / 2022
Transaction ID : 11373262
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carter, Ralph, E, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Ln
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **08 / 14 / 2022**
Transaction ID : 11373263
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wolf, Megan, Rianne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5816 Zinfandel St
 City Winston-Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **08 / 14 / 2022**
Transaction ID : 11373264
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Guevara, Benjamin, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Remington Dr
 City Mandeville State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 750.00

Date of Receipt **08 / 15 / 2022**
Transaction ID : 11373272
 Amount of Each Receipt this Period 250.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Abbott, James, Douglas, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4727 Carriage Dr

City Mason	State OH	Zip Code 45040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic and Sports Medicine Consul	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

Transaction ID : 11373273

Amount of Each Receipt this Period
1000.00

Memo Item

B. Wohlrab, Kurt, Patrick, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 Woodenbridge Lane

City Pinehurst	State NC	Zip Code 28374-8642
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Pinehurst Surgical	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

Transaction ID : 11373274

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hellman, Edward, J, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12715 Norfolk Ln

City Carmel	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoIndy	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2022

Transaction ID : 11373734

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Forman, Scott, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 High Water
 City Newport Coast State CA Zip Code 92657-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2022
Transaction ID : 11374335
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 01 / 2022
Transaction ID : 11374630
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Matthews, Christopher, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 John Anderson Dr
 City Ormond Beach State FL Zip Code 32176-5482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2022
Transaction ID : 11374632
 Amount of Each Receipt this Period 250.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gleason, John, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5671 Peachtree Dunwoody Rd NE
Suite 700

City Atlanta	State GA	Zip Code 30342
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11374634

Amount of Each Receipt this Period
1000.00

Memo Item

B. Womack, Michael, Shay, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 440 Oakmont Circle

City Marietta	State GA	Zip Code 30067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 11374636

Amount of Each Receipt this Period
500.00

Memo Item

C. Itamura, John, Minoru, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 921 Monterey Rd

City South Pasadena	State CA	Zip Code 91030
------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Kerlan-Jobe Orthopaedic Foundation	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2022

Transaction ID : 11374639

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Urband, Lindsey, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15066 Almond Orchard Lane
 Suite 403
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 03 / 2022
Transaction ID : 11374640
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Grosso, Matthew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Pembroke Dr
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Orthopaedics New England Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 03 / 2022
Transaction ID : 11374641
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Tabaie, Sean, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Delafield PI NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 03 / 2022
Transaction ID : 11374642
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Engstrom, Stephen, Matthew, , MD,FAAOS

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

Mailing Address 9207 Duncaster Ct

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2022

Transaction ID : 11374644

Amount of Each Receipt this Period
84.00

Memo Item

B. Newson, Graham, , ,

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

Mailing Address 317 Massachusetts Ave NE Ste 100

City Washington	State DC	Zip Code 20002-5769
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AAOS	Occupation (for Individual) Director, Office of Government Relatio
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2022

Transaction ID : 11374645

Amount of Each Receipt this Period
500.00

Memo Item

C. Lee, Brian, Kyoung, , MD,FAAOS

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

Mailing Address 13340 Chalon Rd

City Los Angeles	State CA	Zip Code 90049-1808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kerlan-Jobe Orthopaedic Clinic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2022

Transaction ID : 11374648

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Holmes, S Wendell, , , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Belleclave Rd

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Palmetto Health	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11374649

Amount of Each Receipt this Period
100.00

Memo Item

B. Schmitz, Matthew, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

City San Antonio	State TX	Zip Code 78231
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11374650

Amount of Each Receipt this Period
100.00

Memo Item

C. Webb, William, F, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 F Country Center Dr #251

City Pagosa Springs	State CO	Zip Code 81147
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Pagosa Springs Medical Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11374654

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thordarson, David, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 832 Hanley Ave
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars Sinai Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374655
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Woodruff, Robert, James, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6828 Prestwick Rd
 City Rapid City State SD Zip Code 57702-9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopaedics and Spine Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374656
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Katz, Neil, Thomas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 62076
 City Irvine State CA Zip Code 92602-6069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Katz Orthopaedic Surgery & Sports Medi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374657
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raizman, Noah, Matthew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 18th Street NW
 Suite 300
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Centers For Advanced Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374660
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Binitie, Odion, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2573 W Platt St
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374662
 Amount of Each Receipt this Period 2000.00
 Memo Item

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

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374663
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anderson, Lesley, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 San Marino Dr
 City San Rafael State CA Zip Code 94901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374664
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Porter, David, Allen, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10767 Illinois St Suite 3000
 City Carmel State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374665
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Levy, Jonathan, Chad, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Compass Ln
 City Ft Lauderdale State FL Zip Code 33308-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holy Cross Orthopedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2022
Transaction ID : 11374666
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Charen, Jeffrey, H, , MD,FAAOS

Mailing Address 205 May St Ste 202

City Edison	State NJ	Zip Code 08837
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Assoc of Central Jersey	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2022

Transaction ID : 11374667

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bash, Evan, K, , MD,FAAOS

Mailing Address 136 Traymore Ln

City Media	State PA	Zip Code 19063-5972
---------------	-------------	------------------------

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

Name of Employer (for Individual) Premier Orthopaedic and Sports Medicin	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2022

Transaction ID : 11374668

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Manke, Chad, Richard, , MD, FAAOS

Mailing Address 3301 Hidden Pointe Cove

City Virginia Beach	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Atlantic Orthopaedic Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2022

Transaction ID : 11374669

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sheehan, John, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374670
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Greene, Joseph, Watts, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11810 Hazelwood Road
 City Louisville State KY Zip Code 40223-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisville Hip and Knee Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374675
 Amount of Each Receipt this Period 500.00
 Memo Item

C. O'Malley, Michael, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5328 Silver Fox Rd
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374676
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	784.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Davis, Charles, M, , III, MD,Ph
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hope Dr EC089
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374679
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Alley, R, Maxwell, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374680
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Edwards, David, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16101 Turnberry Turn
 City Ramsey State MN Zip Code 55303-8016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374681
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mayerson, Joel, L, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2335 Pinebrook Rd
 City Upper Arlington State OH Zip Code 43220-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374682
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Christensen, Christian, P, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Lakewood Ln
 City Lexington State KY Zip Code 40502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bluegrass Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374685
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Beverley, Laurel, A, , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 W Lakeside Ave #806
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MetroHealth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374686
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Frisch, Nicholas, Blair, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Lahser Rd
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374687
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Frisch, Nicholas, Blair, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Lahser Rd
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374688
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Muller, David, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Ridgewood Rd Ste 200
 City Springfield State VT Zip Code 05156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374689
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Urbaneck, Paul, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 510
 49 Laurel Lane
 City New Castle State NH Zip Code 03854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concord Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374690
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bielski, Robert, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1985 Mulsanne Dr
 City Zionsville State IN Zip Code 46077-9077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374691
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Walsh, Christopher, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Newhaven Dr
 City Fayetteville State GA Zip Code 30215-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374692
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Freedman, Brett, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1257 Fox Grove Place SW

City Rochester	State MN	Zip Code 55902
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2022

Transaction ID : 11374693

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 230 River Farm Drive

City East Greenwich	State RI	Zip Code 02818
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Southcoast Physicians Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2022

Transaction ID : 11374694

Amount of Each Receipt this Period
1000.00

Memo Item

C. Drury, Tucker, Andrew, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 771675

City Eagle River	State AK	Zip Code 99577-1675
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mat-Su Regional Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2022

Transaction ID : 11374695

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Baker, Matthew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 Sue Ann Trail
 City Cape Girardeau State MO Zip Code 63701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374696
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Furry, Kimberly, Lee, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Rio Vista Cir
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374701
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Powell, Elisha, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2650 Marston Drive
 City Anchorage State AK Zip Code 99517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 08 / 2022
Transaction ID : 11374702
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Abrams, Jeffrey, S, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Foulet Dr

City Princeton	State NJ	Zip Code 08540
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Princeton Orthopaedic Assoc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2022

Transaction ID : 11374704

Amount of Each Receipt this Period
1000.00

Memo Item

B. Hurd, Jason, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3008 S St Francis Lane

City Sioux Falls	State SD	Zip Code 57103
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Sioux Falls Specialty Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2022

Transaction ID : 11374705

Amount of Each Receipt this Period
250.00

Memo Item

C. Noyes, Frank, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 Cunningham Rd

City Cincinnati	State OH	Zip Code 45243
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercy Health-Cincinnati Sportsmedicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2022

Transaction ID : 11374706

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Chutkan, Norman, Barrington, , MD,FAOS

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

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix State AZ Zip Code 85012

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

Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 08 / 2022

Transaction ID : 11374707

Amount of Each Receipt this Period 84.00

Memo Item

B. Lennox, Jack, D, , DO, FAAOS

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

Mailing Address 28100 Grand River
Suite 209

City Farmington Hills State MI Zip Code 48336

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

Name of Employer (for Individual) Tri County Orthopedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2022

Transaction ID : 11374709

Amount of Each Receipt this Period 300.00

Memo Item

C. Erez, Orry, , , MD,FAOS

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

Mailing Address 212 Warren St
25A

City New York State NY Zip Code 10282

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

Name of Employer (for Individual) Maimonides Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2022

Transaction ID : 11374711

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1384.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Burger, Evalina L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12631 E 17th Avenue
 Mail Stop B202 Room 4601
 City Aurora State CO Zip Code 80045-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado SOM Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11374712
 Amount of Each Receipt this Period 500.00
 Memo Item

B. More, Robert, Cameron, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive
 Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11374714
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Michaud, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Cherry Ln
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NH Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11374715
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fouse, Matthew, Nolan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11607 Suburban Rd
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2022
Transaction ID : 11374717
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. MacDougall, James, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Heart Hospital of South Dakota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 11 / 2022
Transaction ID : 11374718
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cimino, William, Gerard, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Beach Road Suite 207
 City Fairfield State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2022
Transaction ID : 11374719
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Olsen, Adam, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3686 Washington Street
 Apt 2520
 City Boston State MA Zip Code 02130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bringham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 17 / 2022
Transaction ID : 11375065
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kraushaar, Barry, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 17 / 2022
Transaction ID : 11375066
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Winston, Jonathan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 18 / 2022
Transaction ID : 11375378
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Russell, George, V, , Jr, MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 North Natchez Drive
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2022
Transaction ID : 11375976
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Kofoed, John, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 712.00

Date of Receipt 08 / 16 / 2022
Transaction ID : 11375977
 Amount of Each Receipt this Period 89.00
 Memo Item

C. Kolowich, Patricia, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20570 Woodcreek Blvd
 City Northville State MI Zip Code 48167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 16 / 2022
Transaction ID : 11375983
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1179.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Maender, Christopher, W, , MD, FAAOS

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

Mailing Address 4509 Turtle Bay

City Springfield	State IL	Zip Code 62711
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Center of Illinois	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2022

Transaction ID : 11376110

Amount of Each Receipt this Period
250.00

Memo Item

B. Tyndall, William, A, , MD,FAAOS

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

Mailing Address 123 Brittany Ln

City Hollidaysburg	State PA	Zip Code 16648
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) University Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2022

Transaction ID : 11376111

Amount of Each Receipt this Period
84.00

Memo Item

C. Cooper, Scott, Snow, , MD,FAAOS

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

Mailing Address 405 NW A St
1101 Horsebarn Road

City Bentonville	State AR	Zip Code 72712
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercy Clinic Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2022

Transaction ID : 11376113

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roth, Alan, I, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 Mockingbird Valley Rd

City Louisville	State KY	Zip Code 40207
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Healthcare Initiatives	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2022

Transaction ID : 11376114

Amount of Each Receipt this Period

125.00

 Memo Item

B. LeGrand, Alexander, Benton, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1450 Ellis St Ste 201

City Bozeman	State MT	Zip Code 59715
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Bridger Orthopedics and Sports Medicin	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2022

Transaction ID : 11376665

Amount of Each Receipt this Period

500.00

 Memo Item

C. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

City Suffolk	State VA	Zip Code 23435
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tidewater Orthopaedic Assoc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2022

Transaction ID : 11376666

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brown, Barrett, Shytle, , MD,FAOS

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

Mailing Address Fondren Orthopedic Group
7401 Main St

City Houston State TX Zip Code 77030-4509

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

Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 20 / 2022

Transaction ID : 11376668

Amount of Each Receipt this Period 916.00

Memo Item

B. Shen, Wen, , , MD,FAOS

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

Mailing Address 33 Pond Hills Ct

City Pleasant Valley State NY Zip Code 12569

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

Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 21 / 2022

Transaction ID : 11376669

Amount of Each Receipt this Period 84.00

Memo Item

c. Chapman, Cary, B, , MD,FAOS

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

Mailing Address 10903 Blue Palm Street

City Plantation State FL Zip Code 33324

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

Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 21 / 2022

Transaction ID : 11376670

Amount of Each Receipt this Period 84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stoeckl, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 664.00

Date of Receipt 08 / 21 / 2022
Transaction ID : 11376671
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Stronach, Benjamin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piedmont Ln
 City Little Rock State AR Zip Code 72223-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 21 / 2022
Transaction ID : 11376672
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Oberste, David, Jason, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4504 Rockbridge Hollow
 City Tallahassee State FL Zip Code 32309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tallahassee Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 21 / 2022
Transaction ID : 11376673
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrews Institute For Orthopaedics & S Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 21 / 2022
Transaction ID : 11376674
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Sherbondy, Paul, Strawn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Dr
 City State College State PA Zip Code 16801-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11376677
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11376678
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11376679
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6567 Elizabeth Ave
 City Springdale State AR Zip Code 72762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11376680
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hunt, Stephen, Austin, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Pheasant Run Dr
 City Basking Ridge State NJ Zip Code 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-County Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 23 / 2022
Transaction ID : 11377382
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Grimm, Bennett, Douglas, , MD, FAAOS			Date of Receipt												
Mailing Address 1000 Springdale Rd NE			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>23</td> <td></td> <td>2022</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	08		23		2022
M M M	/	D D D	/	Y Y Y Y Y Y											
08		23		2022											
City Atlanta		State GA	Zip Code 30306												
FEC ID number of contributing federal political committee. C			Transaction ID : 11377383												
Name of Employer (for Individual) Resurgens Orthopaedics			Occupation (for Individual) Orthopaedic Surgeon												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00													
			Amount of Each Receipt this Period 500.00												
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Friedmann, Elizabeth, , , MD			Date of Receipt												
Mailing Address 2660B Greenbriar Lane			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>23</td> <td></td> <td>2022</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	08		23		2022
M M M	/	D D D	/	Y Y Y Y Y Y											
08		23		2022											
City Annapolis		State MD	Zip Code 21401												
FEC ID number of contributing federal political committee. C			Transaction ID : 11377384												
Name of Employer (for Individual) University of Maryland		Occupation (for Individual) Orthopaedic Surgeon													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00													
			Amount of Each Receipt this Period 84.00												
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Navarro, Ronald, Anthony, , MD,FAOS			Date of Receipt												
Mailing Address 18 Wide Loop Rd			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2022</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2022
M M M	/	D D D	/	Y Y Y Y Y Y											
08		24		2022											
City Rolling Hills		State CA	Zip Code 90274												
FEC ID number of contributing federal political committee. C			Transaction ID : 11377732												
Name of Employer (for Individual) Kaiser Permanente South Bay		Occupation (for Individual) Orthopaedic Surgeon													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 672.00													
			Amount of Each Receipt this Period 84.00												
			<input type="checkbox"/> Memo Item												

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gerlinger, COL. (ret) Tad, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 596 Provident Ave
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 24 / 2022
Transaction ID : 11377733
 Amount of Each Receipt this Period 250.00
 Memo Item

B. O'Brien, Michael, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Gull St
 City New Orleans State LA Zip Code 70124-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2022
Transaction ID : 11377751
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Beltran, Michael, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Dept of Orthopaedic Surgery
 231 Albert Sabin Way Room 5553
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 26 / 2022
Transaction ID : 11379007
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mitros, Stephen, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 26 / 2022
Transaction ID : 11379008
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Baker, Donald, Earl, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Common Pointe Drive
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2022
Transaction ID : 11379031
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gramstad, Gregory, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2022
Transaction ID : 11379032
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fowler, John, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 Morningside Dr
 City Cranberry Township State PA Zip Code 16066-4556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 27 / 2022
Transaction ID : 11379033
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gary, Joshua, Layne, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Descanso Dr
 City La Canada Flintridge State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 11379034
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Scales, Darrell, Kevin, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 11379035
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carolan, Gregory, Francis, , MD,FAAOS

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

Mailing Address 1806 Meadow Ridge Ct

City Bethlehem	State PA	Zip Code 18015
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2022

Transaction ID : 11379036

Amount of Each Receipt this Period
84.00

Memo Item

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

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

Mailing Address 3010 Cortney Circle

City Siloam Springs	State AR	Zip Code 72761
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2022

Transaction ID : 11379038

Amount of Each Receipt this Period
84.00

Memo Item

C. Huddleston, Paul, M, , MD,FAAOS

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

Mailing Address 31219 Lakeview Ave

City Red Wing	State MN	Zip Code 55066
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2022

Transaction ID : 11379039

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tracey, Robert, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Walker Road
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Walter Reed National Military Medical Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2022
Transaction ID : 11379040
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Connair, Michael, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Old Hartford Turnpike
 City Hamden State CT Zip Code 06517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2022
Transaction ID : 11379041
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Reid, J, Spence, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive
 Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Penn State Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2022
Transaction ID : 11379042
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Giuseffi, Steven, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 11379043
 Amount of Each Receipt this Period 84.00
 Memo Item

B. King, Brandon, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 S Rogers St
 City Northville State MI Zip Code 48167
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 11379044
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 08 / 30 / 2022
Transaction ID : 11380608
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. White, Daniel, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 W 30th Street
 City Casper State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.64

Date of Receipt **09 / 01 / 2022**
Transaction ID : 11380714
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Parsley, Brian, S, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr Suite 2400
 City Houston State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **08 / 15 / 2022**
Transaction ID : 11381359
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Damalas, Konstantinos, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **08 / 15 / 2022**
Transaction ID : 11381360
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Fragomen, Austin, Thomas, , MD,FAAOS

Mailing Address 48-25 64th St

City Woodside	State NY	Zip Code 11377
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

Transaction ID : 11381361

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Roberson, Rowland, M, , MD, FAAOS

Mailing Address 641 N Lamar Blvd

City Oxford	State MS	Zip Code 38655-3235
----------------	-------------	------------------------

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

Name of Employer (for Individual) Specialty Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

Transaction ID : 11381362

Amount of Each Receipt this Period
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Lisella, Jordan, Mills, , MD, FAAOS

Mailing Address 14 Turner Lane

City Loudonville	State NY	Zip Code 12211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Region Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

Transaction ID : 11381363

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Walden, Justin, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 560 Bayshore Drive
 City Hot Springs State AR Zip Code 71901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI St Vincent Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2022
Transaction ID : 11381364
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Plancher, Kevin, D, , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Pheasant Lane
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plancher Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 17 / 2022
Transaction ID : 11381365
 Amount of Each Receipt this Period 5000.00
 Memo Item

c. Smith, Michael, Devon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Thornhill Pl
 City Vestavia State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2022
Transaction ID : 11381366
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hood, Ronald, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 N Main Street
 City Muskogee State OK Zip Code 74401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastar Clinics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11381367
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11381368
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wingate, Matthew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 S Moss Stone Ave
 City Sioux Falls State SD Zip Code 57110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshall Univ J C Edwards School of Me Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 11381369
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mejia, Alfonso, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Illinois Association of Orthopedic Sur Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 08 / 24 / 2022
Transaction ID : 11381370
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gill, John, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln Ste 708
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.02

Date of Receipt 08 / 25 / 2022
Transaction ID : 11381373
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Martha's Vineyard Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 25 / 2022
Transaction ID : 11381374
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2945 Stanford Ave

City Dallas	State TX	Zip Code 75225
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2022

Transaction ID : 11381375

Amount of Each Receipt this Period
84.00

Memo Item

B. Shrock, Kevin, B, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 SE 3rd Ave

City Fort Lauderdale	State FL	Zip Code 33316
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fort Lauderdale Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2022

Transaction ID : 11381376

Amount of Each Receipt this Period
84.00

Memo Item

C. Leffers, Kevin, John, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4922 Stratford Rd

City Fort Wayne	State IN	Zip Code 46807-2947
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fort Wayne Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2022

Transaction ID : 11381379

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Saucedo, James, Matthew, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13802 Centerfield Drive #300
 City Houston State TX Zip Code 77070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 29 / 2022
Transaction ID : 11381380
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Arend, Thomas, E, , Jr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 29 / 2022
Transaction ID : 11381382
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Priore, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd Ste 100
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 29 / 2022
Transaction ID : 11381383
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Teuscher, David, Dean, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 08 / 29 / 2022
Transaction ID : 11381384
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Iorio, Richard, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brigham and Women's Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 29 / 2022
Transaction ID : 11381385
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orthopaedic & Sports Medicine Speciali Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 30 / 2022
Transaction ID : 11381386
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Greenwald, Alan, G, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14780 Tieton Dr

City Yakima	State WA	Zip Code 98908
----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedics Northwest	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2022

Transaction ID : 11381387

Amount of Each Receipt this Period
250.00

Memo Item

B. Wynder, Steven, G, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5290 W 612 N

City Huntington	State IN	Zip Code 46750
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Parkview Ortho Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2022

Transaction ID : 11381643

Amount of Each Receipt this Period
84.00

Memo Item

C. Mather, Richard, C, , III, MD,MB
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Watts St

City Durham	State NC	Zip Code 27701
----------------	-------------	-------------------

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

Name of Employer (for Individual) Duke Medical Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2022

Transaction ID : 11381644

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brophy, Robert, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Maryhill Drive
 City Saint Louis State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2022
Transaction ID : 11381645
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bushnell, Brandon, Dubose, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fallen Branch Circle SE
 City Rome State GA Zip Code 30161-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 02 / 2022
Transaction ID : 11381646
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 02 / 2022
Transaction ID : 11381647
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, Eric, Louis, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
---------------	-------------	-------------------

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

Name of Employer (for Individual) Boston Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2022

Transaction ID : 11381648

Amount of Each Receipt this Period
84.00

Memo Item

B. Palmer, Michael, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8700 Hopewell Rd

City Cincinnati	State OH	Zip Code 45242
--------------------	-------------	-------------------

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

Name of Employer (for Individual) United States Air Force	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2022

Transaction ID : 11381649

Amount of Each Receipt this Period
250.00

Memo Item

C. Bailey, James, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10439 Blue Summit Court

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Naval Medical Center San Diego	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2022

Transaction ID : 11382298

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ayers, Michael, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Prospect Ave
 City Scituate State MA Zip Code 02066-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 04 / 2022
Transaction ID : 11382299
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2022
Transaction ID : 11382300
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Prohaska, Matthew, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Griggs Hill Road
 City Danville State VT Zip Code 05828-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2022
Transaction ID : 11382301
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schmidt, Todd, A., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2022
Transaction ID : 11382302
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Farber, Daniel, C., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382639
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bear, Brian, Jeffrey, MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1621 National Avenue
 City Rockford State IL Zip Code 61103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382640
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pierce, Troy, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 Edgewater PI SE
 City Mandan State ND Zip Code 58554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382641
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schmale, Gregory, A, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE
 City Kirkland State WA Zip Code 98033-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382642
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382643
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 07 / 2022
Transaction ID : 11382902
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspirus Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 07 / 2022
Transaction ID : 11382903
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 07 / 2022
Transaction ID : 11382904
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	343.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Law, Brian, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie Street
 Unit 314
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2022
Transaction ID : 11382905
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gallant, Gregory, G, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 07 / 2022
Transaction ID : 11382906
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bernholt, David, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Chapel Woods Cv
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382973
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bettin, Clayton, Charles, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382974
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Calandrucchio, James, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S Germantown Road
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382975
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Campion, Chad, Evan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedic Surgery
 1400 South Germantown Rd
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Univ of TN-Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382976
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382977
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Grear, Benjamin, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lagrange Creek Drive
 City Eads State TN Zip Code 38028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382982
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Guyton, James, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382983
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harkess, James, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9566 Fox Hill Circle S
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382984
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Heck, Robert, Kurt, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382985
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kelly, Derek, Michael, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Suite 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382987
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mihalko, Marc, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4079 Barfield Road

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2022

Transaction ID : 11382990

Amount of Each Receipt this Period
41.67

Memo Item

B. Murphy, Garnett, Andrew, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 S Germantown Rd

City Germantown	State TN	Zip Code 38138-2205
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2022

Transaction ID : 11382991

Amount of Each Receipt this Period
41.67

Memo Item

C. Richardson, David, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

City Memphis	State TN	Zip Code 38112
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2022

Transaction ID : 11382994

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rider, Carson, Mills, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedic Surgery
 2372 Corinne Oak Court
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382995
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Rudloff, Matthew, Ian, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382996
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Sawyer, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 06 / 2022
Transaction ID : 11382997
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sheffer, Benjamin, West, , MD,FAAOS

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

Mailing Address 281 Ben Avon Way

City Memphis	State TN	Zip Code 38111-7702
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11382998

Amount of Each Receipt this Period
41.67

Memo Item

B. Thompson, Norfleet, Buckner, , MD, FAAOS

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

Mailing Address 3784 Highland Park Place

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11383000

Amount of Each Receipt this Period
41.67

Memo Item

C. Throckmorton, Thomas, Ward, , MD,FAAOS

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

Mailing Address 4901 Fairfield Circle

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11383001

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 09 / 06 / 2022
Transaction ID : 11383002
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2707
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 09 / 06 / 2022
Transaction ID : 11383004
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 09 / 06 / 2022
Transaction ID : 11383005
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mejia, Alfonso, , MD,MPH,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5332 South Shore Drive

City Chicago	State IL	Zip Code 60615-5708
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Illinois Association of Orthopedic Sur	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1428.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2022

Transaction ID : 11383571

Amount of Each Receipt this Period
84.00

Memo Item

B. Weisman, David, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 585 Cranbury Rd

City East Brunswick	State NJ	Zip Code 08816-4026
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatric Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2022

Transaction ID : 11383634

Amount of Each Receipt this Period
1000.00

Memo Item

C. Sponseller, Paul, D, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Coniston Rd

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

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

Name of Employer (for Individual) Johns Hopkins Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2022

Transaction ID : 11383635

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kofoed, John, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 801.00

Date of Receipt 09 / 08 / 2022
Transaction ID : 11383636
 Amount of Each Receipt this Period 89.00
 Memo Item

B. Clain, Michael, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Road
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2022
Transaction ID : 11383658
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Armstrong, April, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hope Drive Bldg A, Suite 2900, EC089
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 09 / 2022
Transaction ID : 11383659
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	298.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Service, Benjamin, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8710 Crestgate Circle

City Orlando	State FL	Zip Code 32819-3855
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Orlando Health	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
84.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2022

Transaction ID : 11383660

Amount of Each Receipt this Period
84.00

Memo Item

B. Bellamy, Jaime, Lyn, , DO,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2161 Cranes Creek Rd

City Cameron	State NC	Zip Code 28326
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2022

Transaction ID : 11383661

Amount of Each Receipt this Period
250.00

Memo Item

C. Yassir, Walid, K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2019 Washtenaw Ave

City Ann Arbor	State MI	Zip Code 48104-3656
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DMC Providence Ortho Dept	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2022

Transaction ID : 11383662

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jester, Adam, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5306 E Longboat Blvd
 City Tampa State FL Zip Code 33615-4234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Medical Group of Tampa Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2022
Transaction ID : 11383787
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Halperin, Lawrence, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 10 / 2022
Transaction ID : 11383790
 Amount of Each Receipt this Period 200.00
 Memo Item

c. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 11 / 2022
Transaction ID : 11383792
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	784.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Glassman, Andrew, H, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 11 / 2022
Transaction ID : 11383793
 Amount of Each Receipt this Period 84.00
 Memo Item

B. MacDonald, Kevin, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 32nd Ave S
 City Seattle State WA Zip Code 98144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2022
Transaction ID : 11383796
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21549 Glebe View Dr
 City Broadlands State VA Zip Code 20148-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11383806
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022
Transaction ID : 11383807
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022
Transaction ID : 11383808
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. John, Thomas, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Eastbrook Rd
 City Ridgewood State NJ Zip Code 07450-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022
Transaction ID : 11383809
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mansfield, David, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5019 Montoya Rd

City El Paso	State TX	Zip Code 79922
-----------------	-------------	-------------------

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

Name of Employer (for Individual) El Paso Orthopaedic Surgery Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1252.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2022

Transaction ID : 11383810

Amount of Each Receipt this Period
166.67

Memo Item

B. Hasan, Syed, Ashfaq, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7730 Elmwood Road

City Fulton	State MD	Zip Code 20759
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Maryland School of Medic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2022

Transaction ID : 11383824

Amount of Each Receipt this Period
250.00

Memo Item

C. Rubery, Paul, T, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 Taylor Rd

City Honeoye Falls	State NY	Zip Code 14472-9732
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Rochester Med Ctr, Dept of Ortho	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2022

Transaction ID : 11384276

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Engh, C, Anderson, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Wolfe St
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11384282
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Sutton, Karen, Michelle, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Armstrong Ln
 City Riverside State CT Zip Code 06878-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale University of School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11384285
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Osborn, Patrick, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23318 Bison Canyon
 City San Antonio State TX Zip Code 78261-2674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11384501
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Krueger, Chad, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11384502
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hogan, MaCalus, Vinson, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Field Brook Lane
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11384503
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11384504
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Espiritu, Michael, T, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Spanish Bay
 City North Sioux City State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11384505
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Miller, Chealon, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 S Candler St
 City Decatur State GA Zip Code 30030-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11384820
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Courtney, Paul, Maxwell, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Millbrook Rd
 City Berwyn State PA Zip Code 19312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11384821
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1384.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hearty, Thomas, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Woodside Rd
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IHA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2022
Transaction ID : 11386015
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Graves, Benjamin, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Blvd.
 Dept Ortho Surgery, 4th Floor, Wat
 City Winston Salem State NC Zip Code 27157-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest University Baptist Hospita Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2022
Transaction ID : 11386019
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Olsen, Adam, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3686 Washington Street
 Apt 2520
 City Boston State MA Zip Code 02130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 17 / 2022
Transaction ID : 11386082
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kraushaar, Barry, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 17 / 2022
Transaction ID : 11386083
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Geller, Jeffrey, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Apawamis Ave
 City Rye State NY Zip Code 10580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2022
Transaction ID : 11386085
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Winston, Jonathan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 18 / 2022
Transaction ID : 11386086
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McInnis, John, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Greystone Ln
 City Sudbury State MA Zip Code 01776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2022
Transaction ID : 11386088
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt 09 / 18 / 2022
Transaction ID : 11386090
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cooper, Scott, Snow, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 1101 Horsebarn Road
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 11386092
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

A. McLaurin, Toni, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Cherry Street
 Apt 28M
 City New York State NY Zip Code 10002-8197
 Name of Employer (for Individual) NYU Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 11386597
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Higgins, Michael, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 Rockport Landing
 City Suffolk State VA Zip Code 23435
 Name of Employer (for Individual) Tidewater Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 20 / 2022
Transaction ID : 11386611
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gombera, Mufaddal, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Hunters Trail
 City Houston State TX Zip Code 77024
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2022
Transaction ID : 11386612
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shen, Wen, , , MD,FAAOS

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

Mailing Address 33 Pond Hills Ct

City Pleasant Valley	State NY	Zip Code 12569
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : 11386822

Amount of Each Receipt this Period
84.00

Memo Item

B. Chapman, Cary, B, , MD,FAAOS

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

Mailing Address 10903 Blue Palm Street

City Plantation	State FL	Zip Code 33324
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : 11386823

Amount of Each Receipt this Period
84.00

Memo Item

C. Stoeckl, Andrew, , , MD, FAAOS

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

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : 11386824

Amount of Each Receipt this Period
83.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robinson, Brian, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4413 Highway 15
 City Silver City State NM Zip Code 88061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Bone & Joint Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 21 / 2022
Transaction ID : 11386825
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Chandler, David, R, MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrews Institute For Orthopaedics & S Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 756.00

Date of Receipt 09 / 21 / 2022
Transaction ID : 11386826
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 675.00

Date of Receipt 09 / 22 / 2022
Transaction ID : 11387316
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1159.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 22 / 2022
Transaction ID : 11387317
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6567 Elizabeth Ave
 City Springdale State AR Zip Code 72762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 22 / 2022
Transaction ID : 11387318
 Amount of Each Receipt this Period 42.00
 Memo Item

c. Styron, Joseph, F, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 22 / 2022
Transaction ID : 11387319
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Halperin, Lawrence, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2022
Transaction ID : 11387333
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt 09 / 20 / 2022
Transaction ID : 11387334
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Tonino, Pietro, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 N Marion St
 City Oak Park State IL Zip Code 60302-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387363
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Urband, Lindsey, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15066 Almond Orchard Lane
Suite 403

City San Diego	State CA	Zip Code 92131
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) San Diego Hand Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11387366

Amount of Each Receipt this Period
84.00

Memo Item

B. Grosso, Matthew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Pembroke Dr

City Avon	State CT	Zip Code 06001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Orthopaedics New England	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11387367

Amount of Each Receipt this Period
84.00

Memo Item

C. Tabaie, Sean, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 Delafield PI NW

City Washington	State DC	Zip Code 20011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's National Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : 11387368

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Blotter, Robert, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 W Fair Ave
 Ste 190
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Center of Orthopedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022
Transaction ID : 11387369
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Engstrom, Stephen, Matthew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Vanderbilt Univ-Vanderbilt Ortho Inst Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022
Transaction ID : 11387370
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Holmes, S Wendell, , , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Belleclave Rd
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Palmetto Health Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2022
Transaction ID : 11387371
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 251
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Van Thiel, Geoffrey, , , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Roxbury Road
 City Rockford State IL Zip Code 61107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387372
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Schmitz, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City San Antonio State TX Zip Code 78231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387373
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sheehan, John, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387374
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Keeney, James, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Shallow Ridge Circle
 City Columbia State MO Zip Code 65201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387375
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Backe, Henry, A, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Blackrock Turnpike
 City Fairfield State CT Zip Code 06825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Specialty Group PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387376
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Boothby, Michael, Hayden, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Hidden Lake Ranch Rd
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ortho & Sports Med Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 11387377
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chutkan, Norman, Barrington, , MD,FAAOS

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

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix State AZ Zip Code 85012

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

Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 08 / 2022

Transaction ID : 11387379

Amount of Each Receipt this Period 84.00

Memo Item

B. More, Robert, Cameron, , MD, FAAOS

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

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822

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

Name of Employer (for Individual) MidJersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2022

Transaction ID : 11387381

Amount of Each Receipt this Period 84.00

Memo Item

C. Neufeld, Steven, K, , MD,FAAOS

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

Mailing Address 3551 Springland Ln NW

City Washington State DC Zip Code 20008

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

Name of Employer (for Individual) The Orthopaedic Foot and Ankle Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2022

Transaction ID : 11387383

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Davis, Daniel, Edward, , MD,FAOS

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

Mailing Address 410 Thayer Road

City Swarthmore	State PA	Zip Code 19081
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387384

Amount of Each Receipt this Period
250.00

Memo Item

B. Rubinstein, Michael, P, , MD,FAOS

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

Mailing Address 27015 Glaramara Lane

City Yorba Linda	State CA	Zip Code 92887
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Specialty Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387385

Amount of Each Receipt this Period
250.00

Memo Item

C. Moore, Timothy, A, , MD,FAOS

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

Mailing Address 21025 Byron Rd

City Shaker Heights	State OH	Zip Code 44122-2914
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387386

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cimino, William, Gerard, , MD,FAAOS

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

Mailing Address 52 Beach Road
Suite 207

City Fairfield State CT Zip Code 06824

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

Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387387

Amount of Each Receipt this Period
84.00

Memo Item

B. Heaps, Robert, J, , MD,FAAOS

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

Mailing Address 66 Colonel Daniels Dr

City Bedford State NH Zip Code 03110-5010

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

Name of Employer (for Individual) New Hampshire Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387389

Amount of Each Receipt this Period
125.00

Memo Item

C. Feibel, Jonathan, Barnett, , MD, FAAOS

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

Mailing Address 218 N Parkview Ave

City Bexley State OH Zip Code 43209

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

Name of Employer (for Individual) Orthopedic One Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387391

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1209.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bilbrew, Lattisha, Latoyah, , MD, FAAOS

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

Mailing Address 922 Canterbury Lane NE

City Atlanta	State GA	Zip Code 30324-2804
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387392

Amount of Each Receipt this Period
1000.00

Memo Item

B. Bilbrew, Lattisha, Latoyah, , MD, FAAOS

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

Mailing Address 922 Canterbury Lane NE

City Atlanta	State GA	Zip Code 30324-2804
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387393

Amount of Each Receipt this Period
125.00

Memo Item

C. Amadio, Peter, C, , MD,FAAOS

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

Mailing Address 200 1st St SW

City Rochester	State MN	Zip Code 55905
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2022

Transaction ID : 11387394

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wetzler, Merrick, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Carriage House Ct
 City Cherry Hill State NJ Zip Code 08003-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocare South Jersey Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11387395
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Guille, James, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Ring Rd
 City Chadds Ford State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brandywine Institute of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2022
Transaction ID : 11387396
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Parsley, Brian, S, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr Suite 2400
 City Houston State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387397
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Damalas, Konstantinos, , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387398
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Crawford, John, Jay, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 Grey Pointe Drive
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Knoxville Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387399
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mahoney, Andrew, Patrick, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1471 N Patriot Dr
 City Greensburg State IN Zip Code 47240-6683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387401
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Horan, Michael, Patrick, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Woodland Dr
 City Columbia State SC Zip Code 29205-2069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Health Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387402
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mardjetko, Steven, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 E Illinois Road
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Bone and Joint Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387403
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Dalal, Snehal, Chinu, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 Harris Rd
 City Lawrenceville State GA Zip Code 30043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387404
 Amount of Each Receipt this Period 750.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jones, Darron, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Lakeview Drive
 City Clear Lake State IA Zip Code 50428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason City Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387405
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wolin, Preston, M, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 W Diversey Pkwy Ste 300
 City Chicago State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ctr For Athletic Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387406
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kim, Yong, H, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E 38th St Apt 32N
 City New York State NY Zip Code 10016-2743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387409
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Purnell, Michael, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthomed Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387413
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Fernandez, Rafael, M, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1085 Wellington Cres
 City Faribault State MN Zip Code 55021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387414
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Donaldson, Thomas, Kent, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 W South Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387416
 Amount of Each Receipt this Period 1125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jones, Darron, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Lakeview Drive
 City Clear Lake State IA Zip Code 50428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason City Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022
Transaction ID : 11387424
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Roberson, Rowland, M, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 N Lamar Blvd
 City Oxford State MS Zip Code 38655-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387431
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Lisella, Jordan, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Turner Lane
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387432
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	918.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sinclair, Micah, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 E 54th Street
 City Kansas City State MO Zip Code 64110-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387433
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bolognesi, Michael, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Middlesborough Ct
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387434
 Amount of Each Receipt this Period 900.00
 Memo Item

C. Kelleher, Inez, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 N Country Club Ln
 City Biloxi State MS Zip Code 39532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Hospital Gulfport Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387435
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2025.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sisco, Leslie, Elaine, , MD, FAAOS

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

Mailing Address 1205 Philip St

City New Orleans	State LA	Zip Code 70130-5716
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oschner Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : 11387436

Amount of Each Receipt this Period
875.00

Memo Item

B. Schmidt, Andrew, H, , MD,FAAOS

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

Mailing Address Hennepin Healthcare, Dept of Ortho
701 Park Ave S

City Minneapolis	State MN	Zip Code 55415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCMC Dept of Orthopedic Surgery	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : 11387437

Amount of Each Receipt this Period
500.00

Memo Item

C. Farrow, Lutul, Dashaun, , MD,FAAOS

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

Mailing Address 4471 Bridle Trail

City Bath	State OH	Zip Code 44333
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland Clinic Orthopaedic and Rheum	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : 11387438

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Evans, Douglas, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 Southcote Road
 City Riverside State IL Zip Code 60546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387440
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gonzalez, Mark, H, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Willow Rd
 City Winnetka State IL Zip Code 60093-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Illinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387442
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Binitie, Odion, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2573 W Platt St
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 14 / 2022
Transaction ID : 11387443
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Weiss, Jennifer, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4945 Winnetka Ave

City Woodland Hills	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : 11387445

Amount of Each Receipt this Period
250.00

Memo Item

B. Moon, Daniel, K, , MD,MBA,MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5997 Beeler St

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado School of Medic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : 11387823

Amount of Each Receipt this Period
250.00

Memo Item

c. Lang, Gerald, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Redan Drive

City Verona	State WI	Zip Code 53593
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Wisconsin	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : 11387824

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bergmann, Karl, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7710 Mercy Road, Suite 2000
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2022
Transaction ID : 11387825
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Friedmann, Elizabeth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2660B Greenbriar Lane
 City Annapolis State MD Zip Code 21401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2022
Transaction ID : 11387826
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Palma, Douglas, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 White Horse Rd
 City Cochranville State PA Zip Code 19330-9472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delaware Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2022
Transaction ID : 11387827
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Navarro, Ronald, Anthony, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 24 / 2022
Transaction ID : 11387984
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Shah, Roshan, P, , MD,JD,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street Apt 3E
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2022
Transaction ID : 11387986
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kaplan, Nathan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Wood Hill Rd
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : 11387988
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Levine, William, N, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Riverside Blvd
 Apt 3N
 City New York State NY Zip Code 10069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2022
Transaction ID : 11387990
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Beltran, Michael, John, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Dept of Orthopaedic Surgery
 231 Albert Sabin Way Room 5553
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11388026
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Huddleston, James, Irvin, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Harkins Road
 City Woodside State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford Medicine Outpatient Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11388029
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bosco, Joseph, A, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Bleecker St
 Apt 6A
 City New York State NY Zip Code 10012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Hospital for Joint Diseases Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11388039
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cordasco, Frank, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 West 77th St Apt 5B
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11389087
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hussain, Suleman, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Still Creek Pass
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2022
Transaction ID : 11389105
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 OF 251 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schmitz, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

City San Antonio	State TX	Zip Code 78231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2022

Transaction ID : 11389107

Amount of Each Receipt this Period
250.00

Memo Item

B. Fowler, John, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 Morningside Dr

City Cranberry Township	State PA	Zip Code 16066-4556
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Pittsburgh	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2022

Transaction ID : 11389108

Amount of Each Receipt this Period
84.00

Memo Item

C. Gary, Joshua, Layne, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 951 Descanso Dr

City La Canada Flintridge	State CA	Zip Code 91011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Keck School of Medicine of USC	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2022

Transaction ID : 11390120

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11390121
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Carolan, Gregory, Francis, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11390122
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Pinto, Mark, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7644 Base Lake Drive
 City Dexter State MI Zip Code 48130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IHA Orthopaedic Surgery - Chelsea Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11390123
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Razi, Afshin, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Dogwood Road
 City Great Neck State NY Zip Code 11024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2022
Transaction ID : 11390124
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Angel, Jeffery, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2022
Transaction ID : 11390125
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Allard, Mark, Michael, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2022
Transaction ID : 11390126
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reid, J, Spence, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive
 Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11390128
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Giuseffi, Steven, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11390129
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Arnold, Douglas, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Polo Ridge
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Divine Savior Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : 11390815
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 194 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sanders, Mark, Seltzer, , MD,FAAOS			Date of Receipt
Mailing Address 11315 Bothwell Way			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2022"/>
City Houston	State TX	Zip Code 77024	Transaction ID : 11391446
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grebing, Brett, Raymond, , MD,FAAOS			Date of Receipt
Mailing Address 719 Schwarz Rd			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2022"/>
City Edwardsville	State IL	Zip Code 62025	Transaction ID : 11391448
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) The Ctr for Advanced Ortho, LLC		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mangone, Peter, George, , MD,FAAOS			Date of Receipt
Mailing Address 392 Racquet Club Road			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2022"/>
City Asheville	State NC	Zip Code 28803	Transaction ID : 11391451
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Blue Ridge Bone & Joint Clinic		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 251
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ellis, Scott, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Third Ave
 Apt 15A
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surg-Cornell Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 11391453
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Culp, Brian, Matthew, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Barclay Blvd
 City Princeton State NJ Zip Code 08540-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 11391454
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Noble, John, W, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4274 Bayou Bay Dr
 City Lake Charles State LA Zip Code 70605-0284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 11391455
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2022
Transaction ID : 11391457
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2022
Transaction ID : 11391458
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mejia, Alfonso, , , MD, MPH, FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1512.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391459
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	384.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gill, John, T, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln
 Ste 708
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391460
 Amount of Each Receipt this Period 166.67
 Memo Item

B. Halsey, David, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000
 #132
 City Edgartown State MA Zip Code 02539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391461
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ellis, Henry, Bone, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391463
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391464
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Wyzkowski, Richard, John, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Murcia Ct
 City Danville State CA Zip Code 94506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Muir Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2022
Transaction ID : 11391467
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Saucedo, James, Matthew, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13802 Centerfield Drive #300
 City Houston State TX Zip Code 77070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 27 / 2022
Transaction ID : 11391468
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1168.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 251
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Roberts, Jared, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Woods Cross Rd
 City Watervliet State NY Zip Code 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2022
Transaction ID : 11391472
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Prather, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Paulsen Street
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chatham Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11391480
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Arend, Thomas, E, , Jr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11391481
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Priore, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd Ste 100
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11391482
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Teuscher, David, Dean, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11391483
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Iorio, Richard, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2022
Transaction ID : 11391484
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 251
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bagchi, Kaushik, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Harvester Ct

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopedic Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : 11391486

Amount of Each Receipt this Period
250.00

Memo Item

B. Kronick, John, L, MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 352 La Casa Via

City Walnut Creek	State CA	Zip Code 94598-4835
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : 11391488

Amount of Each Receipt this Period
250.00

Memo Item

c. Lopez, David, Vincent, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Courtney Ct

City Freehold	State NJ	Zip Code 07728
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : 11391489

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	193276.23

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 251
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moran For Kansas
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 541

City Belleville	State KS	Zip Code 66935
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458315

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2022

Transaction ID : 11335255

Amount of Each Receipt this Period
2000.00

Memo Item

Refund of excess contribution per Campaign

B. Kurt Schrader For Congress
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3314

City Oregon City	State OR	Zip Code 97045
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00446906

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2022

Transaction ID : 11370027

Amount of Each Receipt this Period
4000.00

Memo Item

Refund of contribution

C. Suozzi For Congress
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 669

City Glen Cove	State NY	Zip Code 11542
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00607200

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2022

Transaction ID : 11374625

Amount of Each Receipt this Period
2500.00

Memo Item

Refund of contribution

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 203 OF 251
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Tom Rice For Congress

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

Mailing Address PO Box 70098

City Myrtle Beach	State SC	Zip Code 29572
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00506048

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		08		2022

Transaction ID : 11383628

Amount of Each Receipt this Period
2000.00

Memo Item

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11332959

Amount of Each Disbursement this Period

[REDACTED] 182.87

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11365553

Amount of Each Disbursement this Period

[REDACTED] 138.30

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11370136

Amount of Each Disbursement this Period

[REDACTED] 328.36

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 649.53

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1		2	0	2	2		

FEC Identification Number

C [REDACTED]

Transaction ID : 11370137

Amount of Each Disbursement this Period

[REDACTED] 126.10

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	8		2	0	2	2		

FEC Identification Number

C [REDACTED]

Transaction ID : 11370138

Amount of Each Disbursement this Period

[REDACTED] 144.85

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	6		2	0	2	2		

FEC Identification Number

C [REDACTED]

Transaction ID : 11370139

Amount of Each Disbursement this Period

[REDACTED] 173.34

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 444.29

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11370194

Amount of Each Disbursement this Period

[REDACTED] 515.47

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11374369

Amount of Each Disbursement this Period

[REDACTED] 123.23

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11382761

Amount of Each Disbursement this Period

[REDACTED] 69.64

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 708.34

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 08 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11382762

Amount of Each Disbursement this Period

[REDACTED] 761.57

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 15 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11382763

Amount of Each Disbursement this Period

[REDACTED] 321.69

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 22 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11382764

Amount of Each Disbursement this Period

[REDACTED] 159.16

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1242.42

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11382765

Amount of Each Disbursement this Period

[REDACTED] 140.02

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11382913

Amount of Each Disbursement this Period

[REDACTED] 1815.09

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 11385023

Amount of Each Disbursement this Period

[REDACTED] 94.23

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2049.34

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11391657

Amount of Each Disbursement this Period

[REDACTED] 132.43

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11391658

Amount of Each Disbursement this Period

[REDACTED] 196.28

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 11391659

Amount of Each Disbursement this Period

[REDACTED] 214.88

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 543.59

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)		PAGE 210 OF 251	
<input checked="checked" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement MM / DD / YYYY 09 / 26 / 2022
Mailing Address 678 Lee St		
City Des Plaines	State IL	Zip Code 60018
Purpose of Disbursement Bank fees deducted from account		FEC Identification Number C
Candidate Name		Transaction ID : 11391660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 321.10
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	321.10
TOTAL This Period (last page this line number only).....▶	5958.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr John Joyce For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address 1002 Logan Blvd
Ste 114 #237

City Altoona State PA Zip Code 16602

FEC Identification Number

C C00674259

Transaction ID : 11366117

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Joyce, John, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

FEC Identification Number

C C00349217

Transaction ID : 11366119

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Carper, Thomas, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: DE District:

Full Name (Last, First, Middle Initial)

C. Guy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 23177

City Pittsburgh State PA Zip Code 15222

FEC Identification Number

C C00657833

Transaction ID : 11366121

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Resenthaler, Guy, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 14

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00445023

Transaction ID : 11366122

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Armstrong For Congress

Mailing Address 1515 Burnt Boat Drive
Box 112

City
Bismarck

State
ND

Zip Code
58503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00670547

Transaction ID : 11366123

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City
Jackson

State
MI

Zip Code
49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00390724

Transaction ID : 11366124

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Curtis For Congress

Mailing Address 370 East South Temple, Suite 580

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curtis, John, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00647339

Transaction ID : 11366125

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Swalwell, Eric, M., Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00502294

Transaction ID : 11366126

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2022

FEC Identification Number

C C00476820

Transaction ID : 11366128

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elissa Slotkin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 4145

City
East Lansing

State
MI

Zip Code
48826

FEC Identification Number

C C00650150

Transaction ID : 11366129

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name

Slotkin, Elissa, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MI District: 08

Memo Item

Full Name (Last, First, Middle Initial)

B. Cindy Axne For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 6551

City
West Des Moines

State
IA

Zip Code
50265

FEC Identification Number

C C00646844

Transaction ID : 11366130

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name

Axne, Cindy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IA District: 03

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Harder For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 4426

City
Modesto

State
CA

Zip Code
95352

FEC Identification Number

C C00639146

Transaction ID : 11366131

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harder, Josh, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: CA District: 10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 606

FEC Identification Number

C	C00408534
---	-----------

City Tarpon Springs State FL Zip Code 34688

Transaction ID : 11366132

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Bilirakis, Gus, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 12

Memo Item

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 1498

FEC Identification Number

C	C00462861
---	-----------

City Concord State NH Zip Code 03302

Transaction ID : 11366133

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NH District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. True North PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address 901 N Washington St, Suite 700

FEC Identification Number

C	C00571000
---	-----------

City Alexandria State VA Zip Code 22314

Transaction ID : 11366134

Purpose of Disbursement
Sullivan LPAC

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rand Paul For US Senate

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul, Rand, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C00496075

Transaction ID : 11366136

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Adrian Smith For Congress

Mailing Address 1126 Avenue A Ste 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C00412890

Transaction ID : 11366137

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tony Cardenas For Congress

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C00498873

Transaction ID : 11366138

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

FEC Identification Number

C C00467571

Transaction ID : 11366141

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Barr, Garland, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KY District: 06

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 541

City Belleville State KS Zip Code 66935

FEC Identification Number

C C00458315

Transaction ID : 11366142

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Moran, Jerry, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KS District:

Full Name (Last, First, Middle Initial)

C. Jaime For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

FEC Identification Number

C C00472704

Transaction ID : 11366144

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 03

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength and Security

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address 1006 Pendleton Street

FEC Identification Number

C	C00480228
---	-----------

Transaction ID : 11366145

Amount of Each Disbursement this Period

2500.00

Cassidy LPAC

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Cassidy LPAC

011
Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address PO Box 782952

FEC Identification Number

C	C00632067
---	-----------

Transaction ID : 11366146

Amount of Each Disbursement this Period

1000.00

Memo Item

City Wichita State KS Zip Code 67278

Purpose of Disbursement

011
Category/ Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: KS District: 04

Full Name (Last, First, Middle Initial)

C. Smucker For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2022

Mailing Address 824 S Milledge Ave Ste 101

FEC Identification Number

C	C00599464
---	-----------

Transaction ID : 11366147

Amount of Each Disbursement this Period

1000.00

Memo Item

City Athens State GA Zip Code 30605

Purpose of Disbursement

011
Category/ Type

Candidate Name

Smucker, Lloyd, K., Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District: 11

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Nicole For New York

Mailing Address PO Box 60487

City Staten Island State NY Zip Code 10306

Purpose of Disbursement

Category/
Type

Candidate Name

Malliotakis, Nicole, , Rep.,

Office Sought: House Senate President
State: NY District: 11

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11366149

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

Category/
Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought: House Senate President
State: PA District: 16

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11366150

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley Hinson For Congress

Mailing Address PO Box 811

City Marion State IA Zip Code 52302

Purpose of Disbursement

Category/
Type

Candidate Name

Hinson, Ashley, , Rep.,

Office Sought: House Senate President
State: IA District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11366154

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tahoma PAC

Mailing Address 401 2nd Ave S
Suite 300

City Seattle State WA Zip Code 98104

Purpose of Disbursement
Strickland LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11366155
Amount of Each Disbursement this Period

Memo Item
Strickland LPAC

Full Name (Last, First, Middle Initial)

B. Ashley Hinson For Congress

Mailing Address PO Box 811

City Marion State IA Zip Code 52302

Purpose of Disbursement

Category/
Type

Candidate Name
Hinson, Ashley, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11369691
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. The Bluegrass Committee

Mailing Address 400 North Capitol Street, NW
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement
McConnell LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11369692
Amount of Each Disbursement this Period

Memo Item
McConnell LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Alex Padilla For Senate

Mailing Address 777 S Figueroa St
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

Category/
Type

Candidate Name

Padilla, Alex, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11369693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063

Purpose of Disbursement

Category/
Type

Candidate Name

Van Duyne, Elizabeth, Ann, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: TX District: 24

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11369694

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Pence For Congress

Mailing Address PO Box 275

City Taylorsville State IN Zip Code 47280

Purpose of Disbursement

Category/
Type

Candidate Name

Pence, Gregory, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11369695

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Jeremy Shaffer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2022

Mailing Address PO Box 391

FEC Identification Number

C C00803726

Transaction ID : 11369696

Amount of Each Disbursement this Period

5000.00

Memo Item

City Gibsonia State PA Zip Code 15044

Purpose of Disbursement

011
Category/
Type

Candidate Name

Shaffer, Jeremy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 17

Full Name (Last, First, Middle Initial)

B. Lori Chavez-Deremer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2022

Mailing Address 11805 SE Eastbourne Lane

FEC Identification Number

C C00784520

Transaction ID : 11369697

Amount of Each Disbursement this Period

5000.00

Memo Item

City Happy Valley State OR Zip Code 97086

Purpose of Disbursement

011
Category/
Type

Candidate Name

Chavez-Deremer, Lori, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District: 05

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2022

Mailing Address PO Box 3743

FEC Identification Number

C C00459255

Transaction ID : 11370132

Amount of Each Disbursement this Period

2500.00

Memo Item

City Carmel State IN Zip Code 46082

Purpose of Disbursement

011
Category/
Type

Candidate Name

Young, Todd, Christopher, Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address PO Box 541

City: Belleville State: KS Zip Code: 66935

Purpose of Disbursement: Void - Moran For Kansas

Candidate Name: **Moran, Jerry, , Sen.,**

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: KS District:

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2022

FEC Identification Number

C C00458315

Transaction ID : 11375365

Amount of Each Disbursement this Period

- 1000.00

Void - Moran For Kansas

Memo Item

Full Name (Last, First, Middle Initial)

B. Carol For Congress

Mailing Address 228 S Washington Street Suite 115

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement

Candidate Name: **Miller, Carol, Devine, Rep.,**

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: WV District: 03

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2022

FEC Identification Number

C C00653220

Transaction ID : 11377414

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address PO Box 1863

City: Martinsburg State: WV Zip Code: 25402

Purpose of Disbursement

Candidate Name: **Mooney, Alexander, , ,**

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: WV District: 02

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2022

FEC Identification Number

C C00506774

Transaction ID : 11377415

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	2

FEC Identification Number

C C00330142

Transaction ID : 11377416

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Six PAC

Mailing Address PO Box 183

City
Hudson

State
WI

Zip Code
54016

Purpose of Disbursement
Miller-Meeks LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	2	2

FEC Identification Number

C C00770255

Transaction ID : 11380310

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Miller-Meeks LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 1220 SW Morrison St
Ste 910

City
Portland

State
OR

Zip Code
97205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wyden, Ron, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	2	2

FEC Identification Number

C C00308676

Transaction ID : 11380311

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Maggie For NH

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement

Category/
Type

Candidate Name

Hassan, Margaret, Wood, Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382654

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Carol For Congress

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/
Type

Candidate Name

Miller, Carol, Devine, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WV District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382656

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Category/
Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: AL District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382658

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Robin Kelly For Congress

Mailing Address PO Box 3411

City Chicago State IL Zip Code 60654

Purpose of Disbursement

Category/Type

Candidate Name

Kelly, Robin, L., Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382660

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

Category/Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382662

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LaHood For Congress

Mailing Address PO Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

Category/Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382663

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama City

State
FL

Zip Code
32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , Rep., MD

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00582304

Transaction ID : 11382664

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 906

City
Marietta

State
OH

Zip Code
45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00476820

Transaction ID : 11382668

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City
Wilmington

State
DE

Zip Code
19809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00590778

Transaction ID : 11382669

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382671

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 29

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382673

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bergmanforcongress

Mailing Address 3585 Bunker Hill Rd, #434

City Acme State MI Zip Code 49610

Purpose of Disbursement

Category/
Type

Candidate Name

Bergman, Jack, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382675

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address PO Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00412759

Transaction ID : 11382678

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Latta For Congress

Mailing Address PO Box 106

City
Bowling Green

State
OH

Zip Code
43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Latta, Bob, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00438697

Transaction ID : 11382680

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Jason, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00541862

Transaction ID : 11382683

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Keeping America Rolling

Mailing Address PO Box 185

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement
Kelly LPAC

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00524603

Transaction ID : 11382684

Amount of Each Disbursement this Period

1000.00

Kelly LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name
Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00514893

Transaction ID : 11382715

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Boyle

Mailing Address PO Box 14310

City
Philadelphia

State
PA

Zip Code
19115

Purpose of Disbursement

011

Category/
Type

Candidate Name
Boyle, Brendan, F., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

FEC Identification Number

C C00543363

Transaction ID : 11382716

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Zinke For Congress

Mailing Address PO Box 1597

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Zinke, Ryan, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: MT

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	2		

FEC Identification Number

C C00778159

Transaction ID : 11382718

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City
North Las Vegas

State
NV

Zip Code
89033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Horsford, Steven, Alexander, Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	2		

FEC Identification Number

C C00668228

Transaction ID : 11382719

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	2		

FEC Identification Number

C C00495952

Transaction ID : 11382720

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Greg Steube For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

Mailing Address 5317 Fruitville Rd
102

City Sarasota State FL Zip Code 34232

FEC Identification Number

C C00671891

Transaction ID : 11382721

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Steube, Greg, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 17

Full Name (Last, First, Middle Initial)

B. Kathy Manning For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

Mailing Address PO Box 41197

City Greensboro State NC Zip Code 27404

FEC Identification Number

C C00662577

Transaction ID : 11382722

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Manning, Kathy, Ellen, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NC District: 06

Full Name (Last, First, Middle Initial)

C. Judy Chu For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

FEC Identification Number

C C00458125

Transaction ID : 11382726

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 27

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dwight Evans For Congress

Mailing Address PO Box 6578

City Philadelphia

State PA

Zip Code 19138

Purpose of Disbursement

011

Category/Type

Candidate Name

Evans, Dwight, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00591065

Transaction ID : 11382727

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Delivers PAC

Mailing Address PO Box 183

City Hudson

State WI

Zip Code 54016

Purpose of Disbursement
Feenstra LPAC

011

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00756825

Transaction ID : 11382728

Amount of Each Disbursement this Period

5000.00
Feenstra LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Wild For Congress

Mailing Address 1636 N Cedar Crest Blvd
#183

City Allentown

State PA

Zip Code 18104

Purpose of Disbursement

011

Category/Type

Candidate Name

Wild, Susan, Ellis, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00658567

Transaction ID : 11382729

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Restoring Our Nation (RON PAC)

Mailing Address 611 Pennsylvania Ave, SE
#396

City Washington State DC Zip Code 20003

Purpose of Disbursement
Estes LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382731

Amount of Each Disbursement this Period

Estes LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Darren Soto For Congress

Mailing Address PO Box 421349

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: FL District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382732

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Clarke For Congress

Mailing Address PO Box 250200

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement

Category/
Type

Candidate Name

Clarke, Yvette, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11382733

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane State WA Zip Code 99210

Transaction ID : 11382734

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

McMorris Rodgers, Cathy, A., Rep.,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022
State: WA District: 05	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

Mailing Address 911 Central Avenue # 221

FEC Identification Number

C	C00450049
---	-----------

City Albany State NY Zip Code 12206

Transaction ID : 11382737

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022
State: NY District: 20	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Doing Right - Results, Action, Unity, Leadership PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2022

Mailing Address PO Box 3433

FEC Identification Number

C	C00569871
---	-----------

City Palm Desert State CA Zip Code 92261

Transaction ID : 11382738

Purpose of Disbursement Ruiz LPAC

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lou Correa For Congress

Mailing Address 3230 Arena Blvd
Ste 245-416

City Sacramento State CA Zip Code 95834

Purpose of Disbursement

011

Category/
Type

Candidate Name

Correa, J. Luis, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00578302

Transaction ID : 11382740

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Evergreen PAC

Mailing Address 499 S Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Strickland LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00576090

Transaction ID : 11382741

Amount of Each Disbursement this Period

2500.00

Strickland LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Derek PAC

Mailing Address 401 2nd Avenue South
Suite 303

City Seattle State WA Zip Code 98104

Purpose of Disbursement
Kilmer LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C C00531632

Transaction ID : 11382742

Amount of Each Disbursement this Period

2500.00

Kilmer LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cole For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement 011 Category/Type

Candidate Name
Cole, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OK District: 04

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: **C00379735**
Transaction ID : **11382743**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Wyden For Senate

Full Name (Last, First, Middle Initial)
Mailing Address 1220 SW Morrison St Ste 910

City Portland State OR Zip Code 97205

Purpose of Disbursement 011 Category/Type

Candidate Name
Wyden, Ron, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OR District:

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: **C00308676**
Transaction ID : **11382744**
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. John Kennedy For US

Full Name (Last, First, Middle Initial)
Mailing Address 3337 N Hullen St Ste 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement 011 Category/Type

Candidate Name
Kennedy, John, Neely, Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: LA District:

Date of Disbursement: 09 / 09 / 2022

FEC Identification Number: **C00608398**
Transaction ID : **11383714**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Grassley Committee, Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grassley, Charles, E., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IA

District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00230482

Transaction ID : 11385006

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael, C., Rep., M.D.

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: TX

District: 26

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00372532

Transaction ID : 11385007

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mad 4 PA PAC

Mailing Address PO Box 444

City
Glenside

State
PA

Zip Code
19038

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dean, Madeleine, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA

District: 04

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00670844

Transaction ID : 11385009

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City
Seattle

State
WA

Zip Code
98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murray, Patty, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: WA

District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00257642

Transaction ID : 11385010

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

City
San Pedro

State
CA

Zip Code
90731

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barragan, Nanette, Diaz, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: CA

District: 44

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00577353

Transaction ID : 11385011

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City
Cincinnati

State
OH

Zip Code
45209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: OH

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00497818

Transaction ID : 11385012

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Deborah Ross For Congress

Mailing Address PO Box 28258

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ross, Deborah, Koff, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2022

FEC Identification Number

C C00729277

Transaction ID : 11385014

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ashley Hinson For Congress

Mailing Address PO Box 811

City
Marion

State
IA

Zip Code
52302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hinson, Ashley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2022

FEC Identification Number

C C00706267

Transaction ID : 11385017

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Don Bacon For Congress

Mailing Address PO Box 391368

City
Omaha

State
NE

Zip Code
68139

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bacon, Donald, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2022

FEC Identification Number

C C00575167

Transaction ID : 11385018

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Magaziner For Congress

Mailing Address 240 Pawtuxet Avenue
Suite 1440

City Cranston State RI Zip Code 02905

Purpose of Disbursement

011

Category/
Type

Candidate Name

Magaziner, Seth, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00802504

Transaction ID : 11385019

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Meuser For Congress

Mailing Address PO Box 183

City Hudson State WI Zip Code 54016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Meuser, Daniel, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00654723

Transaction ID : 11385020

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00582890

Transaction ID : 11385021

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. JIMMY PAC

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
Panetta LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	2

FEC Identification Number

C00680132

Transaction ID : 11385022

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Panetta LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Pappas For Congress

Mailing Address PO Box 313

City
Manchester

State
NH

Zip Code
03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pappas, Chris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022 Primary General
 Other (specify)

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	2

FEC Identification Number

C00660464

Transaction ID : 11385024

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. Darren Soto For Congress

Mailing Address PO Box 421349

City
Kissimmee

State
FL

Zip Code
34742

Purpose of Disbursement

011

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	2

FEC Identification Number

C00581074

Transaction ID : 11385025

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Steil For Wisconsin, Inc

Mailing Address 1818 Milton Ave
#1448

City Janesville State WI Zip Code 53545

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steil, Bryan, George, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00677286

Transaction ID : 11385026

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

011

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00472704

Transaction ID : 11385028

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Good PAC

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement
Suozzi LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00669929

Transaction ID : 11385030

Amount of Each Disbursement this Period

1500.00

Suozzi LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement

Category/Type

Candidate Name

Carbajal, Salud, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: CA District: 24

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11385031

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ben Cline For Congress, Inc

Mailing Address PO Box 1790

City Harrisonburg State VA Zip Code 22803

Purpose of Disbursement

Category/Type

Candidate Name

Cline, Benjamin, Lee, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: VA District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11385032

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Garbarino For Congress

Mailing Address PO Box 101

City Bayport State NY Zip Code 11705

Purpose of Disbursement

Category/Type

Candidate Name

Garbarino, Andrew, R., Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: NY District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11385033

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Josh Harder For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4426

City Modesto State CA Zip Code 95352

Purpose of Disbursement 011 Category/Type

Candidate Name
Harder, Josh, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 10

Date of Disbursement: 09 / 16 / 2022

FEC Identification Number: **C00639146**
Transaction ID : **11385034**
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Nevadans For Steven Horsford

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement 011 Category/Type

Candidate Name
Horsford, Steven, Alexander, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NV District: 04

Date of Disbursement: 09 / 16 / 2022

FEC Identification Number: **C00668228**
Transaction ID : **11385035**
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Friends Of Dave Joyce

Full Name (Last, First, Middle Initial)
Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017

Purpose of Disbursement 011 Category/Type

Candidate Name
Joyce, Dave, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OH District: 14

Date of Disbursement: 09 / 16 / 2022

FEC Identification Number: **C00527457**
Transaction ID : **11385036**
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Young Kim For Congress

Mailing Address PO Box 2186

City Fullerton

State CA

Zip Code 92837

Purpose of Disbursement

011

Category/Type

Candidate Name

Kim, Young, Oak, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: CA

District: 39

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2022

FEC Identification Number

C C00665638

Transaction ID : 11385037

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City Wilmington

State DE

Zip Code 19809

Purpose of Disbursement

011

Category/Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: DE

District: 00

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2022

FEC Identification Number

C C00590778

Transaction ID : 11386834

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114 #237

City Altoona

State PA

Zip Code 16602

Purpose of Disbursement

011

Category/Type

Candidate Name

Joyce, John, , Rep., MD

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA

District: 13

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2022

FEC Identification Number

C C00674259

Transaction ID : 11386835

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Burchett For Congress

Mailing Address PO Box 51345

City
Knoxville

State
TN

Zip Code
37950

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burchett, Tim, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2022

FEC Identification Number

C C00652149

Transaction ID : 11386836

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Finstad For Congress

Mailing Address PO Box 923

City
New Ulm

State
MN

Zip Code
56073

Purpose of Disbursement

011

Category/
Type

Candidate Name

Finstad, Brad, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2022

FEC Identification Number

C C00807743

Transaction ID : 11386837

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SPIKE PAC

Mailing Address PO Box 9536
c/o North Side Ventures

City
Lowell

State
MA

Zip Code
01853

Purpose of Disbursement
Trahan LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2022

FEC Identification Number

C C00787317

Transaction ID : 11386838

Amount of Each Disbursement this Period

1000.00

Trahan LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address PO Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2022

FEC Identification Number

C C00499947

Transaction ID : 11386839

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address PO Box 31473

City
Charlotte

State
NC

Zip Code
28231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Adams, Alma, S., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: NC District: 12

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2022

FEC Identification Number

C C00546358

Transaction ID : 11386840

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Donald M Payne Jr For Congress

Mailing Address PO Box 2406

City
Newark

State
NJ

Zip Code
07114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Payne, Donald, M., Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2022

FEC Identification Number

C C00519355

Transaction ID : 11389131

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. PETE PAC

Mailing Address 7804 Evening Lane

City
Alexandria

State
VA

Zip Code
22306

Purpose of Disbursement
Sessions LPAC

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	2

FEC Identification Number

C C00363770

Transaction ID : 11389132

Amount of Each Disbursement this Period

1000.00

Sessions LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Mailing Address PO Box 159

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clark, Katherine, M, Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	2

FEC Identification Number

C C00541888

Transaction ID : 11389133

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Glenn Thompson

Mailing Address 400 N Michael Street

City
St. Marys

State
PA

Zip Code
15857

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Glenn, W., Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	2

FEC Identification Number

C C00444620

Transaction ID : 11389134

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, Dave, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

FEC Identification Number

C C00527457

Transaction ID : 11389136

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 906

City
Marietta

State
OH

Zip Code
45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

FEC Identification Number

C C00476820

Transaction ID : 11389138

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr Asif Mahmood For Congress

Mailing Address PO Box 3570

City
Tustin

State
CA

Zip Code
92781

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mahmood, Asif, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

FEC Identification Number

C C00801688

Transaction ID : 11389140

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9000.00

230000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Healthcare Freedom Fund SuperPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Mailing Address 8136 Old Keene Mill Rd
Suite A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Contribution

012
Category/ Type

FEC Identification Number

C

Transaction ID : 11389141

Amount of Each Disbursement this Period

20000.00

Contribution

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

20000.00

TOTAL This Period (last page this line number only)..... ▶

20000.00
