

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street) ▼

317 Massachusetts Ave., N.E.

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

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

C C00343137

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

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

Type or Print Name of Treasurer Douglas W Lundy MD, MBA

Signature of Treasurer

Douglas W Lundy MD, MBA

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 12 2016

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">788449.05</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">963488.98</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">304813.29</span>	<span style="border: 1px solid black; padding: 2px;">823190.39</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1268302.27</span>	<span style="border: 1px solid black; padding: 2px;">1611639.44</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">376490.81</span>	<span style="border: 1px solid black; padding: 2px;">719827.98</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">891811.46</span>	<span style="border: 1px solid black; padding: 2px;">891811.46</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

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).....	272535.83	722893.66
(ii) Unitemized .....	24020.66	83485.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	296556.49	806378.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	296556.49	806378.98
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).....	5696.04	14054.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	560.76	757.37
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)) ..... ►	304813.29	823190.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	304813.29	823190.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6240.81	14479.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6240.81	14479.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	325250.00	645400.00
24. Independent Expenditures (use Schedule E) .....	0.00	13348.94
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1600.00
(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	1600.00
29. Other Disbursements .....	45000.00	45000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	376490.81	719827.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	376490.81	719827.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	296556.49	806378.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	296556.49	804778.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6240.81	14479.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5696.04	14054.04
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	544.77	425.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Strawn Sherbondy MD**

Mailing Address 507 Beaumont Drive

City

State

Zip Code

State College

PA

16801-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Penn State Hershey

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : 7971909**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jerry W Van Meter MD**

Mailing Address 1010 Pensacola St

City

State

Zip Code

Honolulu

HI

96814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HPKG

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : 7971910**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Philip A Deffer Jr, MD**

Mailing Address 1200 1st Ave E Ste C

City

State

Zip Code

Spencer

IA

51301-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N.W. Iowa Bone, Joint & Sports Surg.,

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : 7971911**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1334.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. James L Rungee MD**

Mailing Address 2802 Pavilion Pl

City

Murfreesboro

State

TN

Zip Code

37129-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Ortho Alliance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : 7971912**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard C Mather III, MD**

Mailing Address 115 Watts St

City

Durham

State

NC

Zip Code

27701-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : 7971913**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald A Hall MD**

Mailing Address 755 Barnesley Ln

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : 7972069**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

685.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Frank R Joseph MD**

Mailing Address 1605 Brandon Hall Drive

City State Zip Code  
 Atlanta GA 30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : 7973595**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Renny Uppal MD**

Mailing Address 1730 Sharpe Hill Circle

City State Zip Code  
 Reno NV 89523-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reno Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2016

**Transaction ID : 7973596**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Benjamin N Rosenberg MD**

Mailing Address 500 Ridge Rd.

City State Zip Code  
 Cornwall VT 05753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Champlain Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2016

**Transaction ID : 7973612**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1334.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 267

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ronald W B Wyatt MD**

Mailing Address 533 Carleton Way

City	State	Zip Code
Alamo	CA	94507-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2016

**Transaction ID : 7974229**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen G J Eckrich MD**

Mailing Address 5511 Shooting Star Trail

City	State	Zip Code
Rapid City	SD	57702-8867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Black Hills Orthopaedic &amp; Spine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2016

**Transaction ID : 7974230**

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Chad A Krueger MD**

Mailing Address 208 Sundew Court

City	State	Zip Code
Southern Pines	NC	28387-3068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Army

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2016

**Transaction ID : 7974231**

Amount of Each Receipt this Period

84.00

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

267.50

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Steven M Dellose MD**

Mailing Address 6 Does Lane

City State Zip Code  
 Wilmington DE 19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2016

**Transaction ID : 7974234**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John R Gleason MD**

Mailing Address 5671 Peachtree Dunwoody Rd NE  
 Suite 700

City State Zip Code  
 Atlanta GA 30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2016

**Transaction ID : 7974416**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard W Garner MD**

Mailing Address 7201 E. Chester Heights Circle

City State Zip Code  
 Anchorage AK 99504-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Anchorage Fracture & Ortho Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : 7974788**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

2085.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 267

☒ 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**

<p>Full Name (Last, First, Middle Initial)  <b>A. Benjamin D MacLennan MD</b></p> <p>Mailing Address 275 Holiday Rd. #4</p> <p>City State Zip Code  Coralville IA 52241-4035</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 04 / 2016</p> <p><b>Transaction ID : 7976530</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Neal D Lintecum MD</b></p> <p>Mailing Address 789 N 1500 Road</p> <p>City State Zip Code  Lawrence KS 66049-9194</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Ortho Kansas Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 05 / 2016</p> <p><b>Transaction ID : 7976537</b></p> <p>Amount of Each Receipt this Period  100.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Mark Michael Allard MD</b></p> <p>Mailing Address 3010 Cortney Circle</p> <p>City State Zip Code  Siloam Springs AR 72761-4736</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Northwest Medical Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  336.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 05 / 2016</p> <p><b>Transaction ID : 7976538</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>434.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David A Abrutyn MD**

Mailing Address 20 Pltney Court

City

Basking Ridge

State

NJ

Zip Code

07920-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : 7976539**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas C McLaughlin MD**

Mailing Address 2667 Berkshire Rd

City

Cleveland

State

OH

Zip Code

44106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSCVAMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : 797732**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric T Johnson MD**

Mailing Address 2 Nest Court

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1st State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : 797734**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2084.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David J Mansfield MD

Mailing Address 1720 Murchison

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : 7977750

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Louis Pierron MD

Mailing Address 30765 Overlook Run

City

Buena Vista

State

CO

Zip Code

81211-9836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

College Park Family Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : 7977751

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Davis Lucey MD

Mailing Address 3517 Primrose Ave

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sports Medicine &amp; Joint Replacement

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : 7978109

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

635.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Justin D Saliman MD**

Mailing Address PNB 281

8391 Beverly Blvd

City

Los Angeles

State

CA

Zip Code

90048-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

**Transaction ID : 7979742**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Paul Seaberg MD**

Mailing Address 2931 Georgetown Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

**Transaction ID : 7979743**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen Kim MD**

Mailing Address 3183 Powers Ford

City

Marietta

State

GA

Zip Code

30067-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

**Transaction ID : 7979749**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Daniel William Green MD**

Mailing Address 535 E 70th St

City  
New YorkState  
NYZip Code  
10021-4823FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

**Transaction ID : 7979750**

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Casey Lee Lagan MD**

Mailing Address 224 E 2nd Street

City  
DumasState  
TXZip Code  
79029-3808FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore County Hospital District

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

**Transaction ID : 7979751**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffery D Angel MD**

Mailing Address 501 Virginia Dr Ste C

City  
BatesvilleState  
ARZip Code  
72501-7331FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

**Transaction ID : 7993424**

Amount of Each Receipt this Period

84.00

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

509.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. James P Jamison MD**

Mailing Address 7092 Kildeer Dr

City

State

Zip Code

Canfield

OH

44406-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Youngstown Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : 7993425**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chaim Rogozinski MD**

Mailing Address 3716 University Blvd S Ste 3

City

State

Zip Code

Jacksonville

FL

32216-4318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : 7993427**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Abraham Rogozinski MD**

Mailing Address 3716 University Blvd S Ste 3

City

State

Zip Code

Jacksonville

FL

32216-4318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : 7993429**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1084.00



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

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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. Gregory Solis MD**

Mailing Address 10620 Quail Ridge Dr.

City State Zip Code  
 Ponte Vedra FL 32081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jacksonville Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : 8011573**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Patrick T McCulloch MD**

Mailing Address 12 Caley Drive

City State Zip Code  
 Canonsburg PA 15317-5990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopaedics & Rehabilitation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : 8011939**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. James Alexander Foley MD**

Mailing Address 1705 E Bristlecone Dr

City State Zip Code  
 Hartland WI 53029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : 8011940**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1584.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael R Clain MD**

Mailing Address 9 Indian Head Rd

City

Riverside

State

CT

Zip Code

06878-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2016

**Transaction ID : 8011942**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gordon C Lundy MD**

Mailing Address 2100 Webster St Ste 117

City

San Francisco

State

CA

Zip Code

94115-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Branick Medical Corp

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2016

**Transaction ID : 8011943**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey C Wint MD**

Mailing Address Hand Center of Western Mass  
3550 Main St Ste 204

City

Springfield

State

MA

Zip Code

01107-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Hand Center of Western MA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2016

**Transaction ID : 8011944**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

418.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Johnathan Bernard MD, MPH

Mailing Address 20843 Medix Run PI

City

Ashburn

State

VA

Zip Code

20147-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2016

Transaction ID : 8011945

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alejandro Badia MD

Mailing Address 3650 NW 82nd Ave Ste 103

City

Doral

State

FL

Zip Code

33166-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

Transaction ID : 8011946

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John T Gill MD

Mailing Address 4153 Hyer St, #7

City

Dallas

State

TX

Zip Code

75205-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

Transaction ID : 8011947

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

419.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph E Alhadeff MD**

Mailing Address 710 Oakwood Dr

City

Red Lion

State

PA

Zip Code

17356-8285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic &amp; Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

**Transaction ID : 8012943**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald A MacBeth Jr, MD**

Mailing Address P.O. Box 37

800 Austin Drive

City

Demorest

State

GA

Zip Code

30535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Habersham County Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

**Transaction ID : 8016722**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Charles Kofoed MD**

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sutter Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

**Transaction ID : 8016725**

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: PAGE 21 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William C Roden MD**

Mailing Address 70 Kingsford Xing

City

Acworth

State

GA

Zip Code

30101-2667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

Transaction ID : 8016739

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anthony F Pachelli MD**

Mailing Address 11200 San Rafael Ave N E

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

Transaction ID : 8016740

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James A Moore MD**

Mailing Address P.O. Box 1243

City

Southampton

State

NY

Zip Code

11969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southampton Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

Transaction ID : 8016741

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jose Miguel Santiago-Figueroa MD**

Mailing Address Cond Plaza de Diego  
 310 Ave de Diego Ste 301

City State Zip Code  
 San Juan PR 00909-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : 8016742

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey A Geller MD**

Mailing Address 25 Apawamis Avenue

City State Zip Code  
 Rye NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

Transaction ID : 8016754

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John F Tompkins II, MD**

Mailing Address 3024 Stonybrook Rd

City State Zip Code  
 Oklahoma City OK 73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VA Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

Transaction ID : 8016872

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. Robert Thomas Fisher MD</b></p> <p>Mailing Address 52 Thomas Johnson Dr</p> <p>City State Zip Code Frederick MD 21702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Orthopaedic Specialists of Frederick Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2016 <b>Transaction ID : 8016873</b></p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. James Lee Knavel MD</b></p> <p>Mailing Address 352 Peller Rd</p> <p>City State Zip Code Lake Geneva WI 53147-4543</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Mercy Health Systems Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2016 <b>Transaction ID : 8016875</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial) <b>c. George B Verghese MD, FRCS</b></p> <p>Mailing Address 1385 E 3130 N Rd</p> <p>City State Zip Code Chebanse IL 60922</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2016 <b>Transaction ID : 8016876</b></p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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

FOR LINE NUMBER: PAGE 24 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John W Acampa MD**

Mailing Address 64 Bayberry Rd W

City State Zip Code  
Islip NY 11751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016884**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Josef Karl Eichinger MD**

Mailing Address 1225 North Sunset Drive

City State Zip Code  
Tacoma WA 98406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Army

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016885**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John F Tompkins II, MD**

Mailing Address 3024 Stonybrook Rd

City State Zip Code  
Oklahoma City OK 73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VA Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016887**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 267

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bryan Scott Kamps MD**

Mailing Address 3741 Monarch Dr NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spectrum Health Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

**Transaction ID : 8016889**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher John Evanich MD**Mailing Address 2323 North Mayfair Rd  
Suite 300

City

Wauwatosa

State

WI

Zip Code

53226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

**Transaction ID : 8016890**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael J Hejna MD**

Mailing Address 353 E Burlington St Ste 100

City

Riverside

State

IL

Zip Code

60546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Riverside

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2016

**Transaction ID : 8016925**

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. R William Petty MD**

Mailing Address 6717 N.E. 48th Lane

City

Gainesville

State

FL

Zip Code

32653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exactech, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016926**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Anthony Osterkamp MD**

Mailing Address 1818 Verdugo Blvd Ste 402

City

Glendale

State

CA

Zip Code

91208-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016928**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John J Larkin Jr, MD**

Mailing Address 2845 Chancellor Dr Ste 100

City

Crestview Hls

State

KY

Zip Code

41017-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : 8016939**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 267

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Tye Ouzounian MD**

Mailing Address 17401 Magnolia Blvd

City State Zip Code  
 Encino CA 91316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2016

Transaction ID : 8016942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Donald Mark Arms MD**

Mailing Address 513 Clinton Road

City State Zip Code  
 Lexington KY 40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lifepoint Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2016

Transaction ID : 8016943

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Bryan Scott Moon MD**

Mailing Address 1026 Split Elm Drive

City State Zip Code  
 Missouri City TX 77459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

04 / 13 / 2016

Transaction ID : 8016961

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

1584.00

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

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

FOR LINE NUMBER: PAGE 28 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul G Johnson MD**

Mailing Address 18646 Vogel Farm Trail

City State Zip Code  
 Eden Prairie MN 55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : 8016962**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael P Gruber MD**

Mailing Address 135 Torrey Pines Ct

City State Zip Code  
 Newnan GA 30265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Bone & Joint Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : 8016963**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ryan Patrick Dunlay MD**

Mailing Address 2300 53rd Avenue #100

City State Zip Code  
 Bettendorf IA 52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : 8016964**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 267  
(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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Francis G Alberta MD**

Mailing Address 539 Bennington Terrace

City	State	Zip Code
Ridgewood	NJ	07450-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2016

**Transaction ID : 8016965**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Evander F Fogle MD**

Mailing Address 4162 North Stratford Rd, NE

City	State	Zip Code
Atlanta	GA	30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2016

**Transaction ID : 8019209**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas M McQuail MD**

Mailing Address 4125 Oberon Dr

City	State	Zip Code
Smyrna	GA	30080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2016

**Transaction ID : 8019214**

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Suleman M Hussain MD**

Mailing Address 2300 53rd Street, Suite #100

City	State	Zip Code
Bettendorf	IA	52722-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2016

Transaction ID : 8019228

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew David Olin MD**

Mailing Address 605 Sunset Dr

City	State	Zip Code
Greensboro	NC	27408-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Greensboro Orthopaedic Center

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
04	/	14	/	2016

Transaction ID : 8019229

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey Mark Smith MD**

Mailing Address 610 San Elijo St

City	State	Zip Code
San Diego	CA	92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2016

Transaction ID : 8019230

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  
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(check only one)

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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. James Stuart Melvin III, MD**

Mailing Address 3331 Idaho Ave NW

City  
Washington

State Zip Code  
DC 20016-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoVirginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : 8019319**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amber L Randall MD**

Mailing Address 5395 East Copeland Lane

City  
Flagstaff

State Zip Code  
AZ 86004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2016

**Transaction ID : 8019320**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stephen R Davenport MD**

Mailing Address 1718 Guilford Lane

City  
Nichols Hills

State Zip Code  
OK 73120-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : 8019325**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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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. Douglas W Lundy MD, MBA**

Mailing Address 1368 Wynbrook Trace

City

Mableton

State

GA

Zip Code

30126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : 8019326**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bennett D Grimm MD**

Mailing Address 1151 Oxford Rd NE

City

Atlanta

State

GA

Zip Code

30306-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : 8019867**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard N Weinstein MD**

Mailing Address 21 Long Pond Rd

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bone & Joint Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : 8021077**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00



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

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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. Mary Johanna Albert MD**

Mailing Address 4181 Riverview Run Ct

City

State

Zip Code

Suwanee

GA

30024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : 8021080**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher W Maender MD**

Mailing Address 4509 Turtle Bay

City

State

Zip Code

Springfield

IL

62711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

OCI

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : 8021302**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas D Nowak MD**

Mailing Address 8602 54th PI W

City

State

Zip Code

Mukilteo

WA

98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Proliance Surgeons

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : 8021303**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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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. Andrew T Saltzman MD**

Mailing Address 610 Winterwood Drive

City State Zip Code  
 Evansville IN 47715-4279

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tri-State Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : 8023218**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. R Dale Blasier MD**

Mailing Address 205 Hickory Creek Ln

City State Zip Code  
 Little Rock AR 72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : 8023374**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric Martin Boyden MD**

Mailing Address 1101 Dartmouth Dr

City State Zip Code  
 Reno NV 89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reno Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : 8023419**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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(check only one)

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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. Gerald W Rothacker Jr, MD**

Mailing Address 817 Woodfield Dr

City State Zip Code  
 Lititz PA 17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of Lancaster

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

Transaction ID : 8023490

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Goodman MD**

Mailing Address 380 Woodcreek Ln

City State Zip Code  
 Fayetteville GA 30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

Transaction ID : 8023515

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott Snow Cooper MD**

Mailing Address 8296 West Brown Road

City State Zip Code  
 Lowell AR 72745-9495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Clinic Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8023539

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

2084.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. G Peter Maiers II, MD

Mailing Address 201 Pennsylvania Pkwy #100

City State Zip Code  
 Indianapolis IN 46280

FEC ID number of contributing federal political committee.

C

Name of Employer

Methodist Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8024137

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Gerard Cimino MD

Mailing Address 1830 Merwins Ln

City State Zip Code  
 Fairfield CT 06824

FEC ID number of contributing federal political committee.

C

Name of Employer

Beach Road Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8024373

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gary S Simon MD

Mailing Address 150 Helmsley Dr NW

City State Zip Code  
 Atlanta GA 30327-4901

FEC ID number of contributing federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8024446

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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **Todd A Schmidt MD**

Mailing Address 2865 Lake Park Drive

City

Jonesboro

State

GA

Zip Code

30236-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024451

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **David R Chandler MD**

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024452

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **Ross Alan Benthien MD**

Mailing Address 25 Lakeview Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates of Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024453

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

419.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey P Beckenbaugh DO**

Mailing Address 5379 Scenic View Drive SW

City

Rochester

State

MN

Zip Code

55902-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024454

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Basil R Besh MD**

Mailing Address 6135 Clubhouse Dr

City

Pleasanton

State

CA

Zip Code

94566-9864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024455

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John J McCrosson MD**

Mailing Address 125 Doughty St Ste 680

City

Charleston

State

SC

Zip Code

29403-5731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper St. Francis Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : 8024456

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

435.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael J Taunton MD**

Mailing Address 5045 Connemara Drive NE

City  
Rochester

State  
MN

Zip Code  
55906-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2016

**Transaction ID : 8024458**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Jevsevar MD, MBA**

Mailing Address P.O. Box 870

City  
Grantham

State  
NH

Zip Code  
03753-0870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8024958**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David A Halsey MD**

Mailing Address 151 Proctor Kelly Lane

City  
Shelburne

State  
VT

Zip Code  
05482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fletcher Allen Health Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8024961**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1335.00

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

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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. Robert Cameron More MD**

Mailing Address 8100 Wescott Drive  
Suite 101

City State Zip Code  
Flemington NJ 08822-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MidJersey Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8024964**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Jevsevar MD, MBA**

Mailing Address P.O. Box 870

City State Zip Code  
Graham NH 03753-0870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : 8028320**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David J Yasgur MD**

Mailing Address 11 Katonah Crossing Court

City State Zip Code  
Katonah NY 10536-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : 8028321**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2084.00



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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. David D Bullek MD</b></p> <p>Mailing Address 769 Kimball Avenue</p> <p>City State Zip Code  Westfield NJ 07090</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Summit Medical Group Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 19 / 2016</p> <p><b>Transaction ID : 8028323</b></p> <p>Amount of Each Receipt this Period  1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Amy L Ladd MD</b></p> <p>Mailing Address 641 Cabrillo Ave</p> <p>City State Zip Code  Stanford CA 94305</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Stanford University Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 20 / 2016</p> <p><b>Transaction ID : 8028324</b></p> <p>Amount of Each Receipt this Period  1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. John Quentin Smith MD</b></p> <p>Mailing Address 3235 S Westbury Pl</p> <p>City State Zip Code  Eagle ID 83616</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  West Idaho Orthopaedic &amp; Sports Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 15 / 2016</p> <p><b>Transaction ID : 8028340</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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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. Robert Clark Rhoad MD**

Mailing Address 6685 Wyman Ln

City State Zip Code  
Cincinnati OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellington Orthopaedic &amp; Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : 8028342

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marc J Michaud MD**

Mailing Address 11 Cherry Ln

City State Zip Code  
Bedford NH 03110-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : 8028343

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. J Teig Port MD**

Mailing Address 456 Wyndemere

City State Zip Code  
Heath TX 75032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : 8028345

Amount of Each Receipt this Period

1500.00

☐ 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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. Glenn B Rankin MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016 <b>Transaction ID : 8028347</b>	
Mailing Address 651 N Granados Ave			Amount of Each Receipt this Period 250.00	
City Solana Beach	State CA	Zip Code 92075	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00	
Name of Employer Southern California Permanente Medical		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) <b>B. Terry Jackman Beal MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016 <b>Transaction ID : 8028348</b>	
Mailing Address 1309 Eagle Trail			Amount of Each Receipt this Period 600.00	
City Copperas Cove	State TX	Zip Code 76522-1967	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1350.00	
Name of Employer Central Texas Orthopaedic Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) <b>C. Howard J Gelb MD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016 <b>Transaction ID : 8028350</b>	
Mailing Address 6214 NW 120th Dr			Amount of Each Receipt this Period 500.00	
City Coral Springs	State FL	Zip Code 33076	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1350.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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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. Robert N Hensinger MD**

Mailing Address 261 Corrie Rd

City State Zip Code  
 Ann Arbor MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Univ of Michigan Medical Center

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028351**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carlos Guanche MD**

Mailing Address 3608 Crownridge Drive

City State Zip Code  
 Sherman Oaks CA 91403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 South Cal Ortho Institute

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028352**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lawrence D Lieber MD**

Mailing Address 600 Woodland Ave

City State Zip Code  
 Hinsdale IL 60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028353**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

950.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. William L Hennrikus Jr, MD</b></p> <p>Mailing Address 75 Laurel Ridge Rd</p> <p>City State Zip Code  Hershey PA 17033</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Penn State Hershey Medical Ctr Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 15 / 2016  <b>Transaction ID : 8028354</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Evangelos Megariotis MD</b></p> <p>Mailing Address 12 Coyles Ct</p> <p>City State Zip Code  Clifton NJ 07013-3306</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 15 / 2016  <b>Transaction ID : 8028355</b></p> <p>Amount of Each Receipt this Period  1000.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial)  <b>c. Stephen D Helper MD</b></p> <p>Mailing Address 29001 Cedar Rd Ste 519</p> <p>City State Zip Code  Lyndhurst OH 44124-4041</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 15 / 2016  <b>Transaction ID : 8028356</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Mark A Deitch MD**

Mailing Address 2 Ivey Trace Ct

City State Zip Code  
Cockeysville MD 21030-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellspring Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028386**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Michael J Axe MD**

Mailing Address 4745 Ogletown Stanton Rd Ste 225

City State Zip Code  
Newark DE 19713-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028387**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Sean E McCance MD**

Mailing Address 1155 Park Ave

City State Zip Code  
New York NY 10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spine Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028388**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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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. Peter C Janes MD**

Mailing Address P.O. Box 1303

City  
Frisco

State  
CO

Zip Code  
80443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vail Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028390**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Raymond M P Sherman MD**

Mailing Address 865 East Sawgrass Trail

City

Dakota Dunes

State

SD

Zip Code

57049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028391**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert A Arciero MD**

Mailing Address 10 Fallbrook

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Connecticut

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028393**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2000.00

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

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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. Peter S Harvey MD**

Mailing Address P.O. Box 1660

City  
Senoia

State  
GA

Zip Code  
30276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028437**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin G Shea MD**

Mailing Address 4620 N Bantry PI

City  
Boise

State  
ID

Zip Code  
83702-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Lukes Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028438**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Makhuli MD**

Mailing Address 1748 Woodwalk Creek

City  
Atlanta

State  
GA

Zip Code  
30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : 8028439**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lowry Jones Jr, MD**

Mailing Address 2609 W 65th St

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dickson Diveley Midwest Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2016

**Transaction ID : 8028440**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian M Torpey MD**

Mailing Address 31 Deputy Minister Dr

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2016

**Transaction ID : 8028441**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David L Glaser MD**

Mailing Address 725 Cedar Ln

City

Villanova

State

PA

Zip Code

19085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2016

**Transaction ID : 8028453**

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

FOR LINE NUMBER: PAGE 50 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephen C Weber MD**

Mailing Address 4440 Willard Way  
 #319

City State Zip Code  
 Chevy Chase MD 20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028454

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cooper L Terry MD**

Mailing Address 1106 S Lamar Blvd

City State Zip Code  
 Oxford MS 38655-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028455

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Davis C Peterson MD**

Mailing Address 9641 Arlene Drive

City State Zip Code  
 Anchorage AK 99502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Anchorage Fracture &amp; Ortho Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028456

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 51 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Keith S Hechtman MD**

Mailing Address 13821 SW 97th Ave

City State Zip Code  
 Miami FL 33176

FEC ID number of contributing federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028459

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. J Wesley Mesko MD**Mailing Address 2815 S Pennsylvania Ave  
Ste 204

City State Zip Code  
 Lansing MI 48910

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028460

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Patrick A Smith MD**

Mailing Address 1305 Westview Terrace

City State Zip Code  
 Columbia MO 65203

FEC ID number of contributing federal political committee.

C

Name of Employer

Columbia Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : 8028461

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

1450.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. James R Santangelo MD**

Mailing Address 355 Edinburgh Dr

City State Zip Code  
 Fayetteville NC 28303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028464**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel Patrick Bouvier MD**

Mailing Address 26 Swallow Drive

City State Zip Code  
 Hollis NH 03049-6291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028465**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lois Kathleen Osier MD**

Mailing Address OrthoCarolina  
 1915 Randolph Rd

City State Zip Code  
 Charlotte NC 28207-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : 8028470**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Anthony R Marino MD**

Mailing Address 12 Misty Lane

City

Londonderry

State

NH

Zip Code

03053-2675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : 8028493

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gary M Schniegenberg MD**

Mailing Address 2474 Alexandria Dr

City

Lima

State

OH

Zip Code

45806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Institute of Ohio

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : 8028494

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven M Sanders MD**

Mailing Address 9124 Eagle Hills Dr

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : 8028495

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Merritt A Pember MD**

Mailing Address 3906 Champions Dr

City  
Lufkin

State  
TX

Zip Code  
75901-7748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

**Transaction ID : 8028497**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John W Gainor MD**

Mailing Address P.O. Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sansum Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

**Transaction ID : 8028498**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James A Shaffer MD**

Mailing Address 1919 Miracle Drive

City

Casper

State

WY

Zip Code

82609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wyoming Health Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

**Transaction ID : 8028499**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael J Morris MD**

Mailing Address 4037 Redford Court

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : 8028500**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adolph V Lombardi Jr, MD**

Mailing Address 7277 Smith's Mill Rd  
 Ste 200

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : 8028501**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven R Garfin MD**

Mailing Address 3386 Bayside Walk

City State Zip Code  
 San Diego CA 92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UCSD

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : 8028502**

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

2750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph B White MD**Mailing Address 423 E Main St  
Suite A

City	State	Zip Code
Carson City	MI	48811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

**Transaction ID : 8028504**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. C Michael Morris MD**

Mailing Address 2606 Boddie Pl

City	State	Zip Code
Duluth	GA	30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028548**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Mark A Noffsinger MD**

Mailing Address 7208 Selah Court

City	State	Zip Code
Mattawan	MI	49071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Borgess Health Alliance

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
04		23		2016

**Transaction ID : 8028552**

Amount of Each Receipt this Period

250.00

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

1050.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 267  
(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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Darrell Kevin Scales MD**

Mailing Address 2000 Tee Dr

City

Braselton

State

GA

Zip Code

30517-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2016

**Transaction ID : 8028553**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Langdon A Hartsock MD**

Mailing Address 188 Tradd Street

City

Charleston

State

SC

Zip Code

29401-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2016

**Transaction ID : 8028555**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Torres MD**

Mailing Address 1327 W 30th St

City

Erie

State

PA

Zip Code

16508-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2016

**Transaction ID : 8028556**

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

269.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Christopher A Wills MD</b></p> <p>Mailing Address 280 South Main Street  Suite 200</p> <p>City State Zip Code  Orange CA 92868-3852</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  336.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  04 / 25 / 2016</p> <p><b>Transaction ID : 8028562</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Rafael M Fernandez MD</b></p> <p>Mailing Address P.O. Box 800809</p> <p>City State Zip Code  Coto Laurel PR 00780-0809</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  04 / 25 / 2016</p> <p><b>Transaction ID : 8028563</b></p> <p>Amount of Each Receipt this Period  100.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. William A Matarese MD</b></p> <p>Mailing Address 248 Hidden Pond Path</p> <p>City State Zip Code  Franklin Lakes NJ 07417</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  750.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  04 / 20 / 2016</p> <p><b>Transaction ID : 8029907</b></p> <p>Amount of Each Receipt this Period  750.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>934.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
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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. Drew Eugene Warnick MD

Mailing Address 2067 Michigan Ave NE

City State Zip Code  
 Saint Petersburg FL 33703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8029908

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul J Zak MD

Mailing Address 879 Harbor Island

City State Zip Code  
 Clearwater Beach FL 33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8029909

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Neil J Maki MD

Mailing Address 525 St Mary St

City State Zip Code  
 Thibodaux LA 70301-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Thibodaux Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

Transaction ID : 8029915

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Gregory William Stocks MD**

Mailing Address 5207 Valerie

City  
Bellaire

State  
TX

Zip Code  
77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fondren Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8029917**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rudolf Hoellrich MD**

Mailing Address 84553 Pheasant Ln

City

Pleasant Hill

State

OR

Zip Code

97455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Slocum Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8029918**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael J Archibeck MD**

Mailing Address 4409 Chinlee Ave

City

Albuquerque

State

NM

Zip Code

87110-5715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8029921**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

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

Use separate schedule(s)  
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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. Nicholas John Connors MD**

Mailing Address 123 Creek Dr

City

Port Charlotte

State

FL

Zip Code

33952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopedic Centers

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2016

Transaction ID : 8029922

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William V Gardner MD**

Mailing Address P. O. Box 1103

City

Palmer

State

AK

Zip Code

99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denali Orthopaedic Surgery PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 20 / 2016

Transaction ID : 8029936

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carter John Maurer MD**

Mailing Address 1367 Via Alta

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharp Rees-Stealy Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2016

Transaction ID : 8029937

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 267  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Steven J Bruce MD**

Mailing Address 1533 Lakeway Pl

City	State	Zip Code
Bellingham	WA	98229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

**Transaction ID : 8029939**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William John Hopkinson MD**

Mailing Address 351 E 59th St

City	State	Zip Code
Hinsdale	IL	60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loyola University Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

**Transaction ID : 8029940**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. George V Russell Jr, MD**

Mailing Address 102 Hawthorne Vale

City	State	Zip Code
Ridgeland	MS	39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

**Transaction ID : 8029941**

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

835.00

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

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

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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. Robert Willse Meyer MD

Mailing Address 4066 West Lake Rd

City State Zip Code  
 Canandaigua NY 14424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Canandaigua Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

Transaction ID : 8029942

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul T Rud MD

Mailing Address 15684 Birchwood Ln

City State Zip Code  
 Brainerd MN 56401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

Transaction ID : 8029953

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Geoffrey M McCullen MD

Mailing Address 2828 Stratford Ave

City State Zip Code  
 Lincoln NE 68502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

Transaction ID : 8029954

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**

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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. Scott P Fischer MD**

Mailing Address 34 Cape Andover

City State Zip Code  
 Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : 8029955**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark R Wilson MD**

Mailing Address 9825 Finnegan Dr

City State Zip Code  
 Brighton MI 48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

IHA

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : 8029956**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth Ortega DO**

Mailing Address 1903 Sunset Ave

City State Zip Code  
 Utica NY 13502-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MV Health System

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : 8029957**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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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. Carl R Weinert Jr, MD**

Mailing Address 1310 W Stewart Dr Ste 508

City	State	Zip Code
Orange	CA	92868-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

APOS

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
04	/	22	/	2016

**Transaction ID : 8029963**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Philip Justin Glassner MD**

Mailing Address 67 Kingwood Stockton Rd

City	State	Zip Code
Stockton	NJ	08559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hunterdon Ortho Institute

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
04	/	25	/	2016

**Transaction ID : 8029977**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julie M Keller MD**

Mailing Address 75 Forest Hills Way

City	State	Zip Code
Cedar Grove	NJ	07009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2016

**Transaction ID : 8029980**

Amount of Each Receipt this Period

250.00

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

1500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bert C Callahan MD

Mailing Address 511 N Center St

City

Beaver Dam

State

WI

Zip Code

53916-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaver Dam Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : 8029981

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William H Seitz Jr, MD

Mailing Address 1730 W 25th St

City

Cleveland

State

OH

Zip Code

44113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : 8029982

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Green MD

Mailing Address 22 Keene St

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : 8030124

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

2334.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Edward Diao MD**

Mailing Address 2440 Jackson Street

City State Zip Code  
San Francisco CA 94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : 8030173**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rick F Papandrea MD**

Mailing Address N28 W30628 Red Fox Ct

City State Zip Code  
Pewaukee WI 53072-4292

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Associates of Wisconsin

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : 8030191**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Roshan P. Shah MD, JD**

Mailing Address 610 West 110th Street  
Apt 3E

City State Zip Code  
New York NY 10025-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

**Transaction ID : 8030194**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

1584.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bernard G Kirol MD**

Mailing Address 106 Buckthorn Circle

City State Zip Code  
 Elgin SC 29045-8695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midlands Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : 8030195**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. R Bruce Lutz MD**

Mailing Address 16 Lakewood Dr

City State Zip Code  
 Media PA 19063-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : 8030197**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jane Soon-Yuen Tan MD**

Mailing Address 925 Sycamore Drive

City State Zip Code  
 Decatur GA 30300-1642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alpena Regional Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : 8031605**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1575.00

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

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

FOR LINE NUMBER: PAGE 69 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Donald A Hackbarth Jr, MD**

Mailing Address N70 W14567 Terrace Drive

City State Zip Code  
 Menomonee Falls WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031672**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen F Mitros MD**

Mailing Address 51045 Erin Glen Dr

City State Zip Code  
 Granger IN 46530-9089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031673**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric Louis Smith MD**

Mailing Address 1573 Beacon St

City State Zip Code  
 Waban MA 02468-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031675**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

669.00

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

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

FOR LINE NUMBER: PAGE 70 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kent R Adamson MD**

Mailing Address 225 Via Rancho

City State Zip Code  
 San Clemente CA 92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031676**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joshua Layne Gary MD**

Mailing Address 6400 Fannin St  
 Suite 1700

City State Zip Code  
 Houston TX 77030-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Texas

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031677**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark E Easley MD**

Mailing Address Duke Medicine  
 4709 Creekstone Drive

City State Zip Code  
 Durham NC 27703-9822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : 8031678**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

418.00

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

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

FOR LINE NUMBER: PAGE 71 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gregory Francis Carolan MD**

Mailing Address 1806 Meadow Ridge Ct

City State Zip Code  
Bethlehem PA 18015-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8031679**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark James Albritton MD**

Mailing Address 250 Ashmere Ct

City State Zip Code  
Tyrone GA 30290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : 8032985**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Randall Evan Marcus MD**

Mailing Address 13467 North Park Lane

City State Zip Code  
Cleveland OH 44188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University Hospitals

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033087**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

1284.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 267  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jack C Nichols II, MD**

Mailing Address 5948 Riverside Drive

City	State	Zip Code
Redding	CA	96001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Valley Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033089**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. George Thomas Stollsteimer MD**

Mailing Address 277 Saxony Dr

City	State	Zip Code
NEWTOWN	PA	18940-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033091**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Terrell Joseph MD**

Mailing Address 2030-B Meadowbrook Dr

City	State	Zip Code
Vail	CO	81657-3986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vail Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033094**

Amount of Each Receipt this Period

250.00

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

1000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 267

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richard Mills Roberts MD**

Mailing Address 1505 Cottonwood Valley Circ North

City	State	Zip Code
Irving	TX	75038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arlington Ortho Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033095**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. J Christopher Banwart MD**

Mailing Address 3130 Skelley Ct

City	State	Zip Code
Joplin	MO	64804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033096**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard Blake Curd MD**Mailing Address 810 E 23rd St  
PO Box 5116

City	State	Zip Code
Sioux Falls	SD	57117-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033097**

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Keith M Baumgarten MD**

Mailing Address 807 W Chicory

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033098**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shepard R Hurwitz MD**

Mailing Address 400 Silver Cedar Ct Ste 100

City

Chapel Hill

State

NC

Zip Code

27514-1585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033099**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Theodore Thomas Manson MD**

Mailing Address 1401 Muirfield Close

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033101**

Amount of Each Receipt this Period

750.00

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

2350.00

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

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

FOR LINE NUMBER: PAGE 75 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John M Faggard MD**

Mailing Address 1005 Hwy 2 W

City  
Sandpoint

State Zip Code  
ID 83864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : 8033102

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert J Bercik MD**

Mailing Address 1445 Raritan Rd

City  
Clark

State Zip Code  
NJ 07066-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : 8033103

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. R Christopher Glattes MD**

Mailing Address 4104 Skyline Dr

City  
Nashville

State Zip Code  
TN 37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : 8033104

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David R Moore MD**

Mailing Address 2021 Church St Ste 200

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033105**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Keith S Feder MD**

Mailing Address 1200 Rosecrans Ave Ste 208

City

Manhattan Beach

State

CA

Zip Code

90266-2470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033152**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sean Lager MD**

Mailing Address 101 Leonard Street  
Apt 6E

City

New York

State

NY

Zip Code

10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gotham City Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033153**

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael C Momont MD**

Mailing Address 535 Marshall Street

City

Duluth

State

MN

Zip Code

55803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Duluth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033154**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gordon M Mead MD**

Mailing Address P.O. Box 51455

City

Shreveport

State

LA

Zip Code

71135-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033155**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew Carl Sardelli MD**

Mailing Address 7248 Ardsley Lane

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMichigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033156**

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Felix H Savoie III, MD**

Mailing Address 80 Audubon Blvd

City

New Orleans

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033157**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Troy D Pierce MD**

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

Bone & Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033169**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert A Kelly MD**

Mailing Address 3084 W Roxboro Rd NE

City

Atlanta

State

GA

Zip Code

30324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : 8033170**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Daniel J Daluga MD**

Mailing Address 4601 Penelope Ct

City

West Lafayette

State

IN

Zip Code

47906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033171**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David M Bell MD**Mailing Address 5924 Stoneridge Drive  
Suite 202

City

Pleasanton

State

CA

Zip Code

94588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bell Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033172**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Z Edwards MD**

Mailing Address 2500 Summit Ridge Trl

City

Charlottesville

State

VA

Zip Code

22911-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : 8033173**

Amount of Each Receipt this Period

500.00

☐ 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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. Edward R Sweetser MD</b></p> <p>Mailing Address 5020 Creosote Run Rd</p> <p>City State Zip Code Las Cruces NM 88011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Mountain View Regional Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2016 <b>Transaction ID : 8033174</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) <b>B. David P Mesna MD</b></p> <p>Mailing Address 3704 Camino Codorniz</p> <p>City State Zip Code Calabasas CA 91302-3043</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Kaiser Permanente Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2016 <b>Transaction ID : 8033175</b></p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Aram M Donigian MD</b></p> <p>Mailing Address 3846 Woodhurst Ct</p> <p>City State Zip Code Beavercreek OH 45430</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Kettering Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2016 <b>Transaction ID : 8033176</b></p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>650.00</p>



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 267  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael John Dunn MD**

Mailing Address 139 Stillwater Dr

City	State	Zip Code
Saint Simons Island	GA	31522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033177**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dean R Schueller MD**

Mailing Address 1778 Sheridan

City	State	Zip Code
Ann Arbor	MI	48104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ann Arbor Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033178**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregory H Portland MD**

Mailing Address 666 Garland Ave

City	State	Zip Code
Winnetka	IL	60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Bone &amp; Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 8033309**

Amount of Each Receipt this Period

500.00

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jared A Toman MD, MBA**

Mailing Address 105 Lower Meigs Rd

City

Moultrie

State

GA

Zip Code

31768-0495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SouthActive Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033310**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Cautilli MD**

Mailing Address 305 Cottonwood Dr

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033311**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Patricia McHale MD**

Mailing Address 15819 Glenmiro Dr

City

Huntersville

State

NC

Zip Code

28078-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033312**

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Dale Langford MD**

Mailing Address 7186 FM 1249 East

City

Kilgore

State

TX

Zip Code

75662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Longview Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033313**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Louis J Mariorenzi MD**

Mailing Address 84 Bay View Drive

City

Jamestown

State

RI

Zip Code

02835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033340**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James S Elliott MD**

Mailing Address 3616 Timberline Dr

City

Billings

State

MT

Zip Code

59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 8033341**

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

FOR LINE NUMBER: PAGE 84 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph A Meis MD

Mailing Address 782 Timber Hill

City State Zip Code  
 Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

Transaction ID : 8033342

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keith D Osborn MD

Mailing Address 1840 Ridgefield Dr

City State Zip Code  
 Roswell GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

Transaction ID : 8033343

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric A Monesmith MD

Mailing Address 5726 Central Avenue

City State Zip Code  
 Indianapolis IN 46220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortholndy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

Transaction ID : 8033345

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Nicholas Rajacich MD**

Mailing Address 619 North I Street

City State Zip Code  
Tacoma WA 98403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Multicare Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

**Transaction ID : 8033940**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Eric Winter MD**

Mailing Address 773 Oakhurst

City State Zip Code  
Cheyenne WY 82009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : 8034614**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Wayne Anthony Colizza MD**

Mailing Address 3 Hillside Court East

City State Zip Code  
Morris Plains NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tri-County Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : 8034619**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Lee Granberry MD**

Mailing Address 120 McGregor Avenue South

City	State	Zip Code
Mobile	AL	36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : 8034642**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul Strawn Sherbondy MD**

Mailing Address 507 Beaumont Drive

City	State	Zip Code
State College	PA	16801-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn State Hershey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2016

**Transaction ID : 8034674**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James L Rungee MD**

Mailing Address 2802 Pavilion Pl

City	State	Zip Code
Murfreesboro	TN	37129-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Ortho Alliance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2016

**Transaction ID : 8034675**

Amount of Each Receipt this Period

100.00

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

1184.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richard C Mather III, MD**

Mailing Address 115 Watts St

City State Zip Code  
Durham NC 27701-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Medical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : 8034676**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Renny Uppal MD**

Mailing Address 1730 Sharpe Hill Circle

City State Zip Code  
Reno NV 89523-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reno Orthopedic Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2016

**Transaction ID : 8034807**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Powers MD**

Mailing Address 447 Office Plaza  
600 Plaza Court Ste C

City State Zip Code  
East Stroudsburg PA 18301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2016

**Transaction ID : 8034808**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

419.00

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

Use separate schedule(s)  
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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. Ronald W B Wyatt MD**

Mailing Address 533 Carleton Way

City State Zip Code  
 Alamo CA 94507-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2016

Transaction ID : 8037452

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen G J Eckrich MD**

Mailing Address 5511 Shooting Star Trail

City State Zip Code  
 Rapid City SD 57702-8867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Black Hills Orthopaedic &amp; Spine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2016

Transaction ID : 8037453

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Chad A Krueger MD**

Mailing Address 208 Sundew Court

City State Zip Code  
 Southern Pines NC 28387-3068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Army

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2016

Transaction ID : 8037454

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

267.50



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Teuscher MD

Mailing Address 3650 Laurel Ave

City

Beaumont

State

TX

Zip Code

77707-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : 8037455

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. W Stanley Foster MD

Mailing Address 108 Valerie Dr

City

Lafayette

State

LA

Zip Code

70508-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lafayette General Health Ventures

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : 8038075

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Richard W Garner MD

Mailing Address 7201 E. Chester Heights Circle

City

Anchorage

State

AK

Zip Code

99504-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anchorage Fracture &amp; Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : 8038076

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

585.00

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

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

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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. Isador H Lieberman MD, MBA, F**

Mailing Address 6020 W Parker Rd Ste 200

Scoliosis and Spine Tumor Center

City

Plano

State

TX

Zip Code

75093-8172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Back Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : 8038077

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Regis Louis Renard MD**

Mailing Address 21 Farnham Loop

City

Little Rock

State

AR

Zip Code

72223-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : 8038078

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Lai Williams MD**

Mailing Address 1615 NW Avery St

City

Roseburg

State

OR

Zip Code

97471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Umpqua Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : 8038300

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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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. Andrew Wilson Ryan MD**

Mailing Address 2537 Larkin Rd

City  
Lexington

State  
KY

Zip Code  
40503-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoKentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : 8039135**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hugh Bassewitz MD**

Mailing Address 15 Morning Glow Ln

City  
Las Vegas

State  
NV

Zip Code  
89135-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Desert Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : 8039225**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Neal D Lintecum MD**

Mailing Address 789 N 1500 Road

City  
Lawrence

State  
KS

Zip Code  
66049-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Kansas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2016

**Transaction ID : 8039329**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Michael Allard MD**

Mailing Address 3010 Cortney Circle

City State Zip Code  
 Siloam Springs AR 72761-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : 8039330

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Abrutyn MD**

Mailing Address 20 Pitney Court

City State Zip Code  
 Basking Ridge NJ 07920-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : 8039331

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven M Mardjetko MD**

Mailing Address 443 E. Illinois Road

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Bone &amp; Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : 8039841

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

2168.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David P Hughes MD

Mailing Address 914 Pennwood Circle

City State Zip Code  
 Lancaster PA 17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of Lancaster

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

Transaction ID : 8039846

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul D Burton DO

Mailing Address 250 Campbell Ave

City State Zip Code  
 Redlands CA 92374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arrowhead Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

Transaction ID : 8039848

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey L Lovallo MD

Mailing Address 7107 Elizabeth Dr

City State Zip Code  
 Mc Lean VA 22101-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Orthopaedic Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

Transaction ID : 8039849

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

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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. Robert J Bercik MD**

Mailing Address 1445 Raritan Rd

City

State

Zip Code

Clark

NJ

07066-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039850

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joshua D North MD**

Mailing Address 1100 S. Coulter

City

State

Zip Code

Amarillo

TX

79106-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Amarillo Bone and Joint

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039851

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alan E Hibberd MD**

Mailing Address 23704 Up Mountain Rd

City

State

Zip Code

San Antonio

TX

78255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039852

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. James P Tasto MD</b></p> <p>Mailing Address 6719 Alvarado Rd Ste 200</p> <p>City San Diego State CA Zip Code 92120-5256</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2016 <b>Transaction ID : 8039853</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Peter A Looby MD</b></p> <p>Mailing Address 810 E 23rd St Ste 5000</p> <p>City Sioux Falls State SD Zip Code 57105-2132</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2016 <b>Transaction ID : 8039854</b></p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Owen Roe O'Neill MD</b></p> <p>Mailing Address 4913 Rolling Green Parkway</p> <p>City Edina State MN Zip Code 55436</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Twin Cities Orthopedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2016 <b>Transaction ID : 8039876</b></p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		1750.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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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. Edwin Haronian MD**

Mailing Address 2586 Casiano Rd.

City

Los Angeles

State

CA

Zip Code

90077-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Synapse Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039879**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bernard N Stulberg MD**

Mailing Address 7470 Waterfall Trail

City

Chagrin Falls

State

OH

Zip Code

44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Charity Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039880**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James B Manning MD**

Mailing Address 9728 Verlaine Court

City

Las Vegas

State

NV

Zip Code

89145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039881**

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  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Joseph Tenholder MD**

Mailing Address 4507 Olde Plantation Place

City State Zip Code  
 Destin FL 32541-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

Transaction ID : 8039882

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David M Dines MD**

Mailing Address 2 Highland Ct

City State Zip Code  
 Old Westbury NY 11568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

Transaction ID : 8039883

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. James G Warmbrod Jr, MD**

Mailing Address 947 Grayson Ln

City State Zip Code  
 Jackson TN 38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Jackson Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

Transaction ID : 8039884

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

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

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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. Thomas P Sculco MD**

Mailing Address 132 E 95th St

City

New York City

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039887**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David J Kolessar MD**

Mailing Address 950 Timbergrove Rd

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039977**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher C Schmidt MD**

Mailing Address 11 Murfield Ct

City

Bridgeville

State

PA

Zip Code

15017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8039979**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Anthony W Roccisano DO</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 04 / 2016  <b>Transaction ID : 8039980</b></p>		
<p>Mailing Address 2704 Gregory Dr S</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City  Billings</p>	<p>State  MT</p>	<p>Zip Code  59102</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer  OrthoMontana</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial)  <b>B. Eric R Benson MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 04 / 2016  <b>Transaction ID : 8039983</b></p>		
<p>Mailing Address 78 Tirrell Rd</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City  Bedford</p>	<p>State  NH</p>	<p>Zip Code  03110</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer  New Hampshire Orthopaedic Center</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial)  <b>C. Charles A Sommer MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 04 / 2016  <b>Transaction ID : 8039986</b></p>		
<p>Mailing Address 6 Wagon Dr</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Wilbraham</p>	<p>State  MA</p>	<p>Zip Code  01095</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  500.00</p>		
<p>Name of Employer  Harrington Physician Services</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			2250.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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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. Sean Christopher Adelman MD**

Mailing Address 3846 46th Ave NE

City State Zip Code  
 Seattle WA 98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Group Health

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039987

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott P Steinmann MD**

Mailing Address 1118 Plummer Circle

City State Zip Code  
 Rochester MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039990

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael S Kain MD**

Mailing Address 16 Blossom St

City State Zip Code  
 Lexington MA 02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lahey Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8039991

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. John Charles Kofoed MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 04 / 2016  <b>Transaction ID : 8039992</b></p>		
<p>Mailing Address 2619 Seminole Ct</p>			<p>Amount of Each Receipt this Period  84.00</p>		
<p>City Fairfield</p>	<p>State CA</p>	<p>Zip Code 94534-7871</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  420.00</p>		
<p>Name of Employer Sutter Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Bryan Scott Kamps MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 04 / 2016  <b>Transaction ID : 8039993</b></p>		
<p>Mailing Address 3741 Monarch Dr NE</p>			<p>Amount of Each Receipt this Period  100.00</p>		
<p>City Grand Rapids</p>	<p>State MI</p>	<p>Zip Code 49525</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  500.00</p>		
<p>Name of Employer Spectrum Health Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Hal J McCutchan MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 05 / 2016  <b>Transaction ID : 8040110</b></p>		
<p>Mailing Address 14221 92nd St SE</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Snohomish</p>	<p>State WA</p>	<p>Zip Code 98290-9029</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>434.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David J Mansfield MD**

Mailing Address 1720 Murchison

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

**Transaction ID : 8040252**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alan Steven Nasar MD**

Mailing Address 45 Georgetown Dr

City

Eatontown

State

NJ

Zip Code

07724-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

**Transaction ID : 8040253**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel William Green MD**

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

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2016

**Transaction ID : 8041781**

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

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

760.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeffery D Angel MD**

Mailing Address 501 Virginia Dr Ste C

City

Batesville

State

AR

Zip Code

72501-7331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	6

**Transaction ID : 8041793**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James P Jamison MD**

Mailing Address 7092 Kildeer Dr

City

Canfield

State

OH

Zip Code

44406-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Youngstown Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	6

**Transaction ID : 8041794**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Patrick T McCulloch MD**

Mailing Address 12 Caley Drive

City

Canonsburg

State

PA

Zip Code

15317-5990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopaedics &amp; Rehabilitation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

**Transaction ID : 8041797**

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael R Clain MD**

Mailing Address 9 Indian Head Rd

City  
Riverside

State  
CT

Zip Code  
06878-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : 8041798**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gordon C Lundy MD**

Mailing Address 2100 Webster St Ste 117

City

San Francisco

State

CA

Zip Code

94115-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Branick Medical Corp

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : 8041799**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. M Bradford Henley MD, MBA, F**

Mailing Address 6853 West Mercer Way

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : 8041853**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

418.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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**

<b>A. Johnathan Bernard MD, MPH</b> Full Name (Last, First, Middle Initial) Mailing Address 20843 Medix Run PI City Ashburn State VA Zip Code 20147-2861 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2016 <b>Transaction ID : 8043478</b> Amount of Each Receipt this Period 85.00 <input type="checkbox"/> Memo Item
<b>B. Andrew N Pollak MD</b> Full Name (Last, First, Middle Initial) Mailing Address 1692 Bullock Circle City Owings Mills State MD Zip Code 21117 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation University of Maryland Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2016 <b>Transaction ID : 8044794</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
<b>C. Brian S Parsley MD</b> Full Name (Last, First, Middle Initial) Mailing Address Suite 2400 5420 West Loop South City Bellaire State TX Zip Code 77401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Baylor College of Medicine Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2016 <b>Transaction ID : 8044795</b> Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1169.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andrew W Piasecki MD**

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Camden Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	03	/	2016

**Transaction ID : 8044798**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karen L Hackett FACHE, CAE**

Mailing Address 9400 W Higgins Rd

City

Rosemont

State

IL

Zip Code

60018-4974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Orthopaedic Surg

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2016

**Transaction ID : 8044800**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Demian M Yakel DO**

Mailing Address 4439 E 23rd St

City

Casper

State

WY

Zip Code

82609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Casper Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2016

**Transaction ID : 8044802**

Amount of Each Receipt this Period

1000.00

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

3000.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael V Jablonski MD**

Mailing Address 1602 Lookout Landing Circle

City

Winter Park

State

FL

Zip Code

32789-5941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : 8044803**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David W Polly Jr, MD**

Mailing Address 7405 Hyde Park Dr

City

Minneapolis

State

MN

Zip Code

55439-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : 8044805**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nick M DiGiovine MD**

Mailing Address 425 Two Bit Ln

City

Butte

State

MT

Zip Code

59701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : 8044808**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

Use separate schedule(s)  
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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. Brian Miller MD**

Mailing Address 8509 E Appaloosa Trail

City State Zip Code  
 Scottsdale AZ 85258-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sonoran Orthopaedic Trauma Surgeons

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8044811

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John P Sheehan MD**

Mailing Address 6621 Cuming St

City State Zip Code  
 Omaha NE 68132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Boys Town Hospital

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 05 / 2016

Transaction ID : 8044814

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin B Shrock MD**

Mailing Address 1414 SE 3rd Ave

City State Zip Code  
 Fort Lauderdale FL 33316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ft. Lauderdale Orthopaedics

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2016

Transaction ID : 8044817

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1334.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephen William Samelson MD**

Mailing Address 365 Timberlane Rd

City

Pike Road

State

AL

Zip Code

36064-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	11	/	2016

**Transaction ID : 8071048**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alejandro Badia MD**

Mailing Address 3650 NW 82nd Ave Ste 103

City

Doral

State

FL

Zip Code

33166-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	11	/	2016

**Transaction ID : 8071049**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregory K Johnson MD**

Mailing Address 288 Groveland St

City

Haverhill

State

MA

Zip Code

01830-6669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associates in Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8072462**

Amount of Each Receipt this Period

250.00

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael A Rauh MD**

Mailing Address 46 Middlebury Rd

City State Zip Code  
 Orchard Park NY 14127-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 University Orthopedic Specialists

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : 8072512**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Francis G Alberta MD**

Mailing Address 539 Bennington Terrace

City State Zip Code  
 Ridgewood NJ 07450-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : 8072515**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Suleman M Hussain MD**

Mailing Address 2300 53rd Street, Suite #100

City State Zip Code  
 Bettendorf IA 52722-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2016

**Transaction ID : 8074722**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

418.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Mark C Pinto MD**

Mailing Address 1382 Waterways Dr

City

Ann Arbor

State

MI

Zip Code

48108-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2016

Transaction ID : 8074864

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Christopher J Walsh MD**

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

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2016

Transaction ID : 8077636

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Michael J Pushkarewicz MD**

Mailing Address 1510 Braken Ave

City

Wilmington

State

DE

Zip Code

19808-4399

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 17 / 2016

Transaction ID : 8077867

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

542.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William E Carlson MD**

Mailing Address 3 S.E. Tuscan Lane

City  
StuartState  
FLZip Code  
34996-6754FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Florida Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

**Transaction ID : 8077868**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Randall L Davidson Jr, MD**

Mailing Address Ste 200

1050 N James Campbell Blvd

City

Columbia

State

TN

Zip Code

38401-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Middle Tennessee Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

**Transaction ID : 8077869**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Sean C Tracy MD**

Mailing Address W211 N5455 Carters Crossing Circle

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Bone and Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

**Transaction ID : 8078160**

Amount of Each Receipt this Period

150.00

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

650.00



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

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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. Gerald J Ortiz MD**

Mailing Address 188 Steadmill Rd

City State Zip Code  
 Amsterdam NY 12010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078161**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ricardo Orlando Pyfrom MD**

Mailing Address 996 Wayson Way

City State Zip Code  
 Davidsonville MD 21035-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078163**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brendan J MacKay MD**

Mailing Address 215 McNeel Ln

City State Zip Code  
 North Platte NE 69101-6054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Great Plains Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078169**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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for each category of the  
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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. Benjamin David Curtis MD**

Mailing Address 1990 E Browning Ave

City

Salt Lake Cty

State

UT

Zip Code

84108-2274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 17 / 2016

Transaction ID : 8078186

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. S Robert Rozbruch MD**

Mailing Address 519 East 72nd Street  
Suite 204

City

New York

State

NY

Zip Code

10021-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2016

Transaction ID : 8078187

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Annunziato Amendola MD**

Mailing Address Duke Sports Sciences Institute  
3475 Erwin Drive, DUMC Box 3639

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 12 / 2016

Transaction ID : 8078188

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Robert Allan Teitge MD</b></p> <p>Mailing Address 858 Lake Shore</p> <p>City State Zip Code  Grosse Pointe Shores MI 48236-1351</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016</p> <p><b>Transaction ID : 8078190</b></p> <p>Amount of Each Receipt this Period  500.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. David G Scott MD</b></p> <p>Mailing Address 9330 Bluffwind Chase</p> <p>City State Zip Code  Roswell GA 30076-3281</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Resurgens Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016</p> <p><b>Transaction ID : 8078208</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Stephen B Sexson MD</b></p> <p>Mailing Address 7436 Glenvista Pl</p> <p>City State Zip Code  Fishers IN 46038-1190</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Community Hospitals Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016</p> <p><b>Transaction ID : 8078209</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shervondalonn R Brown MD**

Mailing Address 1516 Winterberry Dr

City

Murfreesboro

State

TN

Zip Code

37130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Alliance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078210**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Reginald L Tall MD**

Mailing Address 1285 Orange Ave

City

Winter Park

State

FL

Zip Code

32789-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078211**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James P O'Hara MD**

Mailing Address 134 Mesa Rd

City

Point Reyes Station

State

CA

Zip Code

94956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078212**

Amount of Each Receipt this Period

250.00

☐ 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  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Anthony Andres Sanchez MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016  <b>Transaction ID : 8078213</b></p>		
<p>Mailing Address 358 Twin Oaks Drive</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Spartanburg</p>	<p>State SC</p>	<p>Zip Code 29306</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer Orthopaedic Specialties of Spartanburg</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Marc D Connell MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016  <b>Transaction ID : 8078214</b></p>		
<p>Mailing Address 4900 Jamestown Road</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Bethesda</p>	<p>State MD</p>	<p>Zip Code 20816</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  500.00</p>		
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Steven G Wynder MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 12 / 2016  <b>Transaction ID : 8078215</b></p>		
<p>Mailing Address 5290 W 612 N</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Huntington</p>	<p>State IN</p>	<p>Zip Code 46750</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer Parkview Health</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. James H Carson MD**

Mailing Address 608 Belgian Way

City State Zip Code  
Lititz PA 17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of Lancaster

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2016

**Transaction ID : 8078218**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John C Rodgers MD**

Mailing Address 2163 Meadow Ridge Dr

City State Zip Code  
Lancaster PA 17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of Lancaster

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2016

**Transaction ID : 8078219**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rodney E Brenneman MD**

Mailing Address 170 North Pointe Blvd

City State Zip Code  
Lancaster PA 17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of Lancaster

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2016

**Transaction ID : 8078220**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael W Gish MD**

Mailing Address 2630 Old Orchard Rd

City  
LancasterState  
PAZip Code  
17601FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078221**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Frank Mike Essis Jr, MD**

Mailing Address 2111 Waterford Dr

City  
LancasterState  
PAZip Code  
17601FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078222**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian K Barnard MD**

Mailing Address 1285 Orange Ave

City  
Winter ParkState  
FLZip Code  
32789-4984FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2016

**Transaction ID : 8078223**

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)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark A Beckner MD**

Mailing Address 7623 Sadler Ave

City State Zip Code  
 Mount Dora FL 32757-7241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078224**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joseph B Billings DO**

Mailing Address 1451 Dunbrooke Loop

City State Zip Code  
 Longwood FL 32779-3084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078225**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John R Chase MD**

Mailing Address 813 Suwanee Court

City State Zip Code  
 Maitland FL 32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078226**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Steven C Choung MD**

Mailing Address 1753 Lookout Landing Circle

City State Zip Code  
 Winter Park FL 32789-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078227**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey A Deren MD**

Mailing Address 3451 Technological, Ave Ste 15

City State Zip Code  
 Orlando FL 32817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078228**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Adam S Fenichel MD**

Mailing Address 801 Quinwood Ln

City State Zip Code  
 Maitland FL 32751-4574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078229**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kurt A Gasner MD**

Mailing Address 1225 Prestige Pt

City State Zip Code  
 Oviedo FL 32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078230**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael V Jablonski MD**

Mailing Address 1602 Lookout Landing Circle

City State Zip Code  
 Winter Park FL 32789-5941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078231**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard M Konsens MD**

Mailing Address 1696 Bridgewater Drive

City State Zip Code  
 Heathrow FL 32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewett Orthopaedic Clinic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : 8078232**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kenneth A Krumins MD**

Mailing Address 1628 Holts Grove Cr

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 12 / 2016

**Transaction ID : 8078233**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Craig Mitchell Mintzer MD**

Mailing Address 1428 Holts Grove Circle

City

Winter Park

State

FL

Zip Code

32789-5104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2016

**Transaction ID : 8078234**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hugh B Morris MD**

Mailing Address 1285 Orange Ave

City

Winter Park

State

FL

Zip Code

32789-4984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2016

**Transaction ID : 8078235**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Janet M Robison MD**

Mailing Address 160 Alexander Pl

City

Winter Park

State

FL

Zip Code

32789-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2016

**Transaction ID : 8078236**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sourendra Sean Raut MD**

Mailing Address 2450 Copper Mill Trail

City

Cumming

State

GA

Zip Code

30041-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 18 / 2016

**Transaction ID : 8080609**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Minoru Itamura MD**

Mailing Address 921 Monterey Rd

City

South Pasadena

State

CA

Zip Code

91030-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kerlan-Jobe Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2016

**Transaction ID : 8083202**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

834.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph R Hsu MD**

Mailing Address 2816 Hedgewyk Pl

City

Charlotte

State

NC

Zip Code

28211-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	6

**Transaction ID : 8083203**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott Snow Cooper MD**

Mailing Address 8296 West Brown Road

City

Lowell

State

AR

Zip Code

72745-9495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Clinic Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	6

**Transaction ID : 8083204**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Graham Newson**

Mailing Address 317 Massachusetts Ave NE

1st Floor

City

Washington

State

DC

Zip Code

20002-5769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Orthopaedic Surg

Occupation

Director, Office of Government Relation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	6

**Transaction ID : 8085561**

Amount of Each Receipt this Period

250.00

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

584.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Todd A Schmidt MD**

Mailing Address 2865 Lake Park Drive

City State Zip Code  
 Jonesboro GA 30236-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southern Orthopaedic Specialists

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2016

**Transaction ID : 8085589**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David R Chandler MD**

Mailing Address 165 Middle Plantation Ln

City State Zip Code  
 Gulf Breeze FL 32561-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2016

**Transaction ID : 8085590**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jeffrey P Beckenbaugh DO**

Mailing Address 5379 Scenic View Drive SW

City State Zip Code  
 Rochester MN 55902-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Olmsted Medical Center

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2016

**Transaction ID : 8085591**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

269.00

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

Use separate schedule(s)  
for each category of the  
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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. Basil R Besh MD**

Mailing Address 6135 Clubhouse Dr

City

Pleasanton

State

CA

Zip Code

94566-9864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 21 / 2016

Transaction ID : 8085592

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Michael J Taunton MD**

Mailing Address 5045 Connemara Drive NE

City

Rochester

State

MN

Zip Code

55906-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 21 / 2016

Transaction ID : 8085593

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Scott Paschal MD**

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

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2016

Transaction ID : 8085652

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1170.00

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

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Cameron More MD**

Mailing Address 8100 Wescott Drive  
Suite 101

City State Zip Code  
Flemington NJ 08822-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MidJersey Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2016

**Transaction ID : 8085658**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Jeffrey Bear MD**

Mailing Address 324 Roxbury Rd

City State Zip Code  
Rockford IL 61107-5090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2016

**Transaction ID : 8085659**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald G Hayter MD**

Mailing Address 1660 Gulf to Bay Blvd

City State Zip Code  
Clearwater FL 33755-6423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Knee & Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2016

**Transaction ID : 8085660**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

584.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Darrell Kevin Scales MD**

Mailing Address 2000 Tee Dr

City

Braselton

State

GA

Zip Code

30517-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

**Transaction ID : 8085662**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gerald J Lang MD**

Mailing Address 1309 Redan Drive

City

Verona

State

WI

Zip Code

53593-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

**Transaction ID : 8085663**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Linda J Rasmussen MD**

Mailing Address 649 Kanaha St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windward Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2016

**Transaction ID : 8085818**

Amount of Each Receipt this Period

500.00

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

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey S Abrams MD**

Mailing Address 23 Foulet Dr

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2016

**Transaction ID : 8085819**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Laura Lowe Tosi MD**

Mailing Address 3729 Harrison St, NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2016

**Transaction ID : 8085820**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John P Heiner MD**Mailing Address Med Found Centennial Bldg  
1685 Highland Ave 6th Flr

City

Madison

State

WI

Zip Code

53705-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2016

**Transaction ID : 8085821**

Amount of Each Receipt this Period

1000.00

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<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**

<b>A. William F Donaldson III, MD</b> Full Name (Last, First, Middle Initial) Mailing Address 151 Alter Road City State Zip Code Natrona Heights PA 15065-2809 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2016 <b>Transaction ID : 8085822</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>B. Thomas R Lyons MD</b> Full Name (Last, First, Middle Initial) Mailing Address 1429 Seventh St City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Orthopedic Center for Sports Medicine Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2016 <b>Transaction ID : 8085823</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>c. Claiborne Lake Moseley MD</b> Full Name (Last, First, Middle Initial) Mailing Address 1607 Castle Drive City State Zip Code Jonesboro AR 72401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2016 <b>Transaction ID : 8085850</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey A Baum MD**

Mailing Address 1094 Fox Chapel Rd

City State Zip Code  
Pittsburgh PA 15238-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Three Rivers Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

**Transaction ID : 8085852**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jerome Gregory Piontek MD**

Mailing Address 16 Algonquin Lane

City State Zip Code  
Webster Groves MO 63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

**Transaction ID : 8085854**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. George V Russell Jr, MD**

Mailing Address 102 Hawthorne Vale

City State Zip Code  
Ridgeland MS 39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

**Transaction ID : 8085857**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

1335.00

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Sergio Andres Mendoza-Lattes MD**

Mailing Address 302 Telluride Trail

City

Chapel Hill

State

NC

Zip Code

27514-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2016

Transaction ID : 8085859

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Langdon A Hartsock MD**

Mailing Address 188 Tradd Street

City

Charleston

State

SC

Zip Code

29401-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 24 / 2016

Transaction ID : 8086419

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Torres MD**

Mailing Address 1327 W 30th St

City

Erie

State

PA

Zip Code

16508-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

05 / 24 / 2016

Transaction ID : 8086421

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

419.00

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

Use separate schedule(s)  
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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. Kathryn Stabile MD, MS**

Mailing Address 324 Royal Hunt Way

City State Zip Code  
 Lititz PA 17543-7614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 24 / 2016

Transaction ID : 8086604

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alicia Karin Harrison MD**

Mailing Address 1451 Knob Hill Ln

City State Zip Code  
 Excelsior MN 55331-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8086656

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter T Hodges MD**

Mailing Address 1600 Charles Pl

City State Zip Code  
 Manhattan KS 66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2016

Transaction ID : 8086657

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2250.00

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

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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. Robert Allen Green MD**

Mailing Address 421 Cottage Grove Rd Ste B

City State Zip Code  
 Bloomfield CT 06002-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 St. Francis Medical Group 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  
 05 / 04 / 2016

**Transaction ID : 8086658**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey A Greenberg MD**

Mailing Address 8501 Harcourt Rd

City State Zip Code  
 Indianapolis IN 46280-0434

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Indiana Hand & Shoulder Center Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

**Transaction ID : 8086659**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cassim M Igram MD**

Mailing Address 1755 NW 130th Street

City State Zip Code  
 Clive IA 50325

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Iowa Orthopaedic Center Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

**Transaction ID : 8086660**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00

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

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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. Andrew G Urquhart MD**

Mailing Address 9222 Northpointe Rd.

City State Zip Code  
Brighton MI 48114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8086661**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ian D Crabb MD**

Mailing Address 9737 Fieldcrest Dr

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoWest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : 8086662**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher A Wills MD**

Mailing Address 280 South Main Street  
Suite 200

City State Zip Code  
Orange CA 92868-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2016

**Transaction ID : 8086664**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

1084.00



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

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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. Rafael M Fernandez MD**

Mailing Address P.O. Box 800809

City

Coto Laurel

State

PR

Zip Code

00780-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2016

Transaction ID : 8086665

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. E Jeff Kennedy MD**

Mailing Address 235 Johnstone Dr

City

Madison

State

MS

Zip Code

39110-7686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2016

Transaction ID : 8088472

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward C Littlejohn MD**

Mailing Address 14911 National Ave Ste 6

City

Los Gatos

State

CA

Zip Code

95032-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho NorCal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 26 / 2016

Transaction ID : 8088474

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bert C Callahan MD**

Mailing Address 511 N Center St

City

Beaver Dam

State

WI

Zip Code

53916-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaver Dam Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088475**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew David Bries MD**

Mailing Address 3126 Westminster Rd

City

Bettendorf

State

IA

Zip Code

52722-4792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

**Transaction ID : 8089086**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Roshan P. Shah MD, JD**Mailing Address 610 West 110th Street  
Apt 3E

City

New York

State

NY

Zip Code

10025-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

**Transaction ID : 8089087**

Amount of Each Receipt this Period

84.00

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

418.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bernard G Kirol MD**

Mailing Address 106 Buckthorn Circle

City

State

Zip Code

Elgin

SC

29045-8695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Midlands Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

**Transaction ID : 8089088**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert Gorman MD**

Mailing Address 2312 Shelter Pointe Drive

City

State

Zip Code

Kalamazoo

MI

49008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Healthcare Midwest

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

**Transaction ID : 8090454**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew Austin MD**

Mailing Address 840 Harriton Rd

City

State

Zip Code

Bryn Mawr

PA

19010-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2016

**Transaction ID : 8090455**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1325.00

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

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

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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. Joseph John Mesa MD**

Mailing Address 214 Paddock Ln

City

Wilmington

State

DE

Zip Code

19803-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delaware Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 27 / 2016

Transaction ID : 8090469

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William David Weiss MD**

Mailing Address 490 Tommy Aaron Dr

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Specialty Clinics of Georgia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2016

Transaction ID : 8090470

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert T Jackson MD**

Mailing Address Timp Med Office Ste 100  
700 W 800 North

City

Orem

State

UT

Zip Code

84057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Utah Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2016

Transaction ID : 8090471

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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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. Jerry A Lubliner MD**

Mailing Address 215 E 73 St Ste 1C

City

New York

State

NY

Zip Code

10021-3653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : 8090472**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Danielle Katz MD**

Mailing Address 5122 Reis Cir

City

Fayetteville

State

NY

Zip Code

13066-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY Upstate

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : 8090497**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mayo Noerdlinger MD**

Mailing Address 1 Edward Circle

City

York

State

ME

Zip Code

03909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : 8090498**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Keith D Merrill MD**

Mailing Address 4961 Steeplechase Ln

City	State	Zip Code
Hollywood	SC	29449

FEC ID number of contributing federal political committee.

C

Name of Employer

Charleston Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2016

Transaction ID : 8090499

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald Guiao MD**

Mailing Address 6954 Friendship Ln

City	State	Zip Code
Middleton	WI	53562

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2016

Transaction ID : 8090500

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Evan L Flatow MD**

Mailing Address 390 Riverside Dr #3G

City	State	Zip Code
New York	NY	10025

FEC ID number of contributing federal political committee.

C

Name of Employer

Mt Sinai Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2016

Transaction ID : 8090502

Amount of Each Receipt this Period

1000.00

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. John Charles Kofoed MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 27 / 2016  <b>Transaction ID : 8090504</b></p>		
<p>Mailing Address 2619 Seminole Ct</p>			<p>Amount of Each Receipt this Period  84.00</p>		
<p>City Fairfield</p>	<p>State CA</p>	<p>Zip Code 94534-7871</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  504.00</p>		
<p>Name of Employer Sutter Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Stephen F Mitros MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 28 / 2016  <b>Transaction ID : 8091293</b></p>		
<p>Mailing Address 51045 Erin Glen Dr</p>			<p>Amount of Each Receipt this Period  85.00</p>		
<p>City Granger</p>	<p>State IN</p>	<p>Zip Code 46530-9089</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  425.00</p>		
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Eric Louis Smith MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 28 / 2016  <b>Transaction ID : 8091294</b></p>		
<p>Mailing Address 1573 Beacon St</p>			<p>Amount of Each Receipt this Period  84.00</p>		
<p>City Waban</p>	<p>State MA</p>	<p>Zip Code 02468-1507</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  420.00</p>		
<p>Name of Employer Tufts Medical Center</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>253.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Joshua Layne Gary MD</b></p> <p>Mailing Address 6400 Fannin St  Suite 1700</p> <p>City State Zip Code  Houston TX 77030-1526</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  University of Texas Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  420.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 28 / 2016</p> <p><b>Transaction ID : 8091295</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Mark E Easley MD</b></p> <p>Mailing Address Duke Medicine  4709 Creekstone Drive</p> <p>City State Zip Code  Durham NC 27703-9822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  420.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 28 / 2016</p> <p><b>Transaction ID : 8091296</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. Gregory Francis Carolan MD</b></p> <p>Mailing Address 1806 Meadow Ridge Ct</p> <p>City State Zip Code  Bethlehem PA 18015-5003</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  420.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 28 / 2016</p> <p><b>Transaction ID : 8091297</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>252.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

Use separate schedule(s)  
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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. Joel S Tupper MD**

Mailing Address 175 Lary Ln

City State Zip Code  
 Guthrie OK 73044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : 8094101**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric M Parsons MD**

Mailing Address 255 Sterncrest Dr

City State Zip Code  
 Moreland Hills OH 44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : 8094333**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Howard R Epps MD**

Mailing Address 1936 Wroxtton Road

City State Zip Code  
 Houston TX 77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Baylor College of Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2016

**Transaction ID : 8094334**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Strawn Sherbondy MD**

Mailing Address 507 Beaumont Drive

City

State

Zip Code

State College

PA

16801-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Penn State Hershey

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 01 / 2016

Transaction ID : 8095398

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James L Rungee MD**

Mailing Address 2802 Pavilion Pl

City

State

Zip Code

Murfreesboro

TN

37129-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tennessee Ortho Alliance

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 01 / 2016

Transaction ID : 8095399

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard C Mather III, MD**

Mailing Address 115 Watts St

City

State

Zip Code

Durham

NC

27701-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Duke University Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 01 / 2016

Transaction ID : 8095400

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

269.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John S Early MD**

Mailing Address 8210 Walnut Hill Ln Ste 130

City State Zip Code  
 Dallas TX 75231-4418

FEC ID number of contributing federal political committee.

C

Name of Employer

Texas Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

Transaction ID : 8095401

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Louis M Kwong MD**

Mailing Address 1000 W Carson Street, Box 422

City State Zip Code  
 Torrance CA 90502-2004

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 8097280

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Renny Uppal MD**

Mailing Address 1730 Sharpe Hill Circle

City State Zip Code  
 Reno NV 89523-3924

FEC ID number of contributing federal political committee.

C

Name of Employer

Reno Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 8097281

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 PageFOR LINE NUMBER: PAGE 148 OF 267  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ronald W B Wyatt MD**

Mailing Address 533 Carleton Way

City	State	Zip Code
Alamo	CA	94507-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : 8098617

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen G J Eckrich MD**

Mailing Address 5511 Shooting Star Trail

City	State	Zip Code
Rapid City	SD	57702-8867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Black Hills Orthopaedic &amp; Spine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : 8098618

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chad A Krueger MD**

Mailing Address 208 Sundew Court

City	State	Zip Code
Southern Pines	NC	28387-3068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Army

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
06	/	03	/	2016

Transaction ID : 8098619

Amount of Each Receipt this Period

84.00

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

267.50

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

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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. Richard W Garner MD**

Mailing Address 7201 E. Chester Heights Circle

City

State

Zip Code

Anchorage

AK

99504-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Anchorage Fracture & Ortho Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 04 / 2016

Transaction ID : 8100075

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John William Hinchey MD**

Mailing Address 126 Normandy Ave

City

State

Zip Code

San Antonio

TX

78209-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2016

Transaction ID : 8100131

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Neal D Lintecum MD**

Mailing Address 789 N 1500 Road

City

State

Zip Code

Lawrence

KS

66049-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ortho Kansas

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 05 / 2016

Transaction ID : 8100142

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

435.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Michael Allard MD**

Mailing Address 3010 Cortney Circle

City State Zip Code  
 Siloam Springs AR 72761-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Northwest Medical Center 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  
 06 / 05 / 2016

**Transaction ID : 8100143**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Abrutyn MD**

Mailing Address 20 Pitney Court

City State Zip Code  
 Basking Ridge NJ 07920-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Summit Medical Group 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  
 06 / 05 / 2016

**Transaction ID : 8100144**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David J Mansfield MD**

Mailing Address 1720 Murchison

City State Zip Code  
 El Paso TX 79902-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 El Paso Orthopaedic Surg Group Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : 8100150**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

253.00

**SCHEDULE A (FEC Form 3X)**  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Daniel William Green MD**

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

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

Transaction ID : 8100816

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffery D Angel MD**

Mailing Address 501 Virginia Dr Ste C

City

Batesville

State

AR

Zip Code

72501-7331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

Transaction ID : 8101729

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James P Jamison MD**

Mailing Address 7092 Killdeer Dr

City

Canfield

State

OH

Zip Code

44406-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Youngstown Orthopaedics

Occupation

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
06	/	08	/	2016

Transaction ID : 8101730

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

343.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael R Clain MD**

Mailing Address 9 Indian Head Rd

City  
Riverside

State  
CT

Zip Code  
06878-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 09 / 2016

Transaction ID : 8104223

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gordon C Lundy MD**

Mailing Address 2100 Webster St Ste 117

City

San Francisco

State

CA

Zip Code

94115-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Branick Medical Corp

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 09 / 2016

Transaction ID : 8104224

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. J Mark Blue MD**

Mailing Address 844 Washington Rd  
Suite102

City

Westminster

State

MD

Zip Code

21157-5782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carroll Health Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 02 / 2016

Transaction ID : 8104948

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1168.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 267

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Francis Carroll MD**

Mailing Address 170 N Pointe Blvd

City	State	Zip Code
Lancaster	PA	17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 8104949**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adam Todd Griska MD**Mailing Address 2 Silverstein Bldg - Orthopaedics  
3400 Spruce St

City	State	Zip Code
Philadelphia	PA	19104-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital of the University of Pennsylv

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 8104954**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vincent Battista MD**

Mailing Address 1336 Sylvan Road

City	State	Zip Code
Lancaster	PA	17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 8104955**

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Mark Hazel MD**

Mailing Address 1812 Valley Rd NE

City

Gainesville

State

GA

Zip Code

30501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8104956**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Fisher MD**

Mailing Address 351 Breakwater Dr

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedics Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8104958**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert Mueller MD**

Mailing Address 4632 Stonehaven Drive

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic &amp; Sports Medicine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : 8104972**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1550.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Phillip R Bacilla Jr, MD**

Mailing Address 399 Cattle Drive

City	State	Zip Code
Opelousas	LA	70570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

**Transaction ID : 8104973**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bryan Scott Kamps MD**

Mailing Address 3741 Monarch Dr NE

City	State	Zip Code
Grand Rapids	MI	49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Spectrum Health Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

**Transaction ID : 8104974**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. J Ollie Edmunds MD, FACS**

Mailing Address 1325 Calhoun St.

City	State	Zip Code
New Orleans	LA	70118-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

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
06	/	07	/	2016

**Transaction ID : 8104975**

Amount of Each Receipt this Period

250.00

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey C Davis MD**

Mailing Address 1208 Perthshire Ct

City

Hoover

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrews Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : 8104978**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Johnathan Bernard MD, MPH**

Mailing Address 20843 Medix Run Pl

City

Ashburn

State

VA

Zip Code

20147-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

**Transaction ID : 8106257**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alejandro Badia MD**

Mailing Address 3650 NW 82nd Ave Ste 103

City

Doral

State

FL

Zip Code

33166-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

**Transaction ID : 8109887**

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

419.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Francis G Alberta MD**

Mailing Address 539 Bennington Terrace

City

Ridgewood

State

NJ

Zip Code

07450-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 13 / 2016

Transaction ID : 8110007

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Suleman M Hussain MD**

Mailing Address 2300 53rd Street, Suite #100

City

Bettendorf

State

IA

Zip Code

52722-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 14 / 2016

Transaction ID : 8112470

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael J Archibeck MD**

Mailing Address 4409 Chinlee Ave

City

Albuquerque

State

NM

Zip Code

87110-5715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2016

Transaction ID : 8112471

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

668.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 158 OF 267

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jaroslaw B Dzwinyk MD**

Mailing Address 5215 N California Ave #804

City

Chicago

State

IL

Zip Code

60625-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Covenant Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 15 / 2016

Transaction ID : 8128083

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert H Blotter MD**

Mailing Address 1414 W Fair Ave Ste 190

City

Marquette

State

MI

Zip Code

49855-2693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 8129284

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian S Parsley MD**

Mailing Address Suite 2400

5420 West Loop South

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 8129285

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

418.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael B Vessely MD**

Mailing Address 522 Second St

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willamette Valley Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	03	/	2016

**Transaction ID : 8129286**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald Emilio Delanois MD**

Mailing Address 6 Brookfield Garth

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sinai Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	03	/	2016

**Transaction ID : 8129287**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John Thomas Killian MD, BOC**

Mailing Address 314 Sterrett Ave

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2016

**Transaction ID : 8129288**

Amount of Each Receipt this Period

250.00

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

834.00

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

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

FOR LINE NUMBER: PAGE 160 OF 267

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. James A Keeney MD**

Mailing Address 1100 Virginia Avenue

City State Zip Code  
Columbia MO 65212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2016

**Transaction ID : 8129289**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John P Sheehan MD**

Mailing Address 6621 Cuming St

City State Zip Code  
Omaha NE 68132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boys Town Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2016

**Transaction ID : 8129290**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William M Granberry MD**

Mailing Address 3615 Bellefontaine

City State Zip Code  
Houston TX 77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2016

**Transaction ID : 8129292**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

584.00



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Frederic E Liss MD**

Mailing Address 554 Church Road

City

Malvern

State

PA

Zip Code

19355-8672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2016

Transaction ID : 8129328

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael J Pushkarewicz MD**

Mailing Address 1510 Braken Ave

City

Wilmington

State

DE

Zip Code

19808-4399

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 8129661

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dirk A Bakker MD**

Mailing Address 9097 Lakeshore Dr

City

West Olive

State

MI

Zip Code

49460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 8130464

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1542.00

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

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

 Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jonathan Chad Levy MD**

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

Holy Cross Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : 8130473

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christine Pui MD**

Mailing Address 639 City View Dr

City

Minnetonka

State

MN

Zip Code

55305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : 8130477

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Wesley Hanna MD**

Mailing Address 1193 Angelo Ct

City

Atlanta

State

GA

Zip Code

30319-1073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2016

Transaction ID : 8130478

Amount of Each Receipt this Period

250.00

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1750.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. Sourendra Sean Raut MD</b></p> <p>Mailing Address 2450 Copper Mill Trail</p> <p>City State Zip Code Cumming GA 30041-4909</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Resurgens Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2016</p> <p><b>Transaction ID : 8130479</b></p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. Perry Lauren Savage MD</b></p> <p>Mailing Address 1801 Gadsden Highway</p> <p>City State Zip Code Birmingham AL 35235</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 875.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2016</p> <p><b>Transaction ID : 8130487</b></p> <p>Amount of Each Receipt this Period 875.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. Anthony J Adrignolo III, MD</b></p> <p>Mailing Address 24965 Rivermere Dr</p> <p>City State Zip Code Eden MD 21822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Pennisula Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2016</p> <p><b>Transaction ID : 8130488</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1209.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David Irvine MD**

Mailing Address 13012 Sunny Dawn Ct

City	State	Zip Code
Saint Louis	MO	63127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : 8130490**

Amount of Each Receipt this Period

1125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brett D Crist MD**

Mailing Address 5208 Beacon Falls Dr

City	State	Zip Code
Columbia	MO	65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of Missouri-Columbia

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
06	/	18	/	2016

**Transaction ID : 8130497**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bertrand Paul Kaper MD**

Mailing Address 11227 E Paradise Ln

City	State	Zip Code
Scottsdale	AZ	85255-8918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

**Transaction ID : 8130499**

Amount of Each Receipt this Period

500.00

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

2125.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. James K Baker MD</b></p> <p>Mailing Address 727 Belvin St</p> <p>City State Zip Code  San Marcos TX 78666</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 19 / 2016</p> <p><b>Transaction ID : 8130501</b></p> <p>Amount of Each Receipt this Period  100.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Larry S Bankston Jr, MD</b></p> <p>Mailing Address 1854 Cedardale Ave</p> <p>City State Zip Code  Baton Rouge LA 70808</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Baton Rouge Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  750.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 19 / 2016</p> <p><b>Transaction ID : 8130503</b></p> <p>Amount of Each Receipt this Period  750.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. William Enright MD</b></p> <p>Mailing Address 3524 Euro Ln</p> <p>City State Zip Code  De Pere WI 54115-7201</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 19 / 2016</p> <p><b>Transaction ID : 8130507</b></p> <p>Amount of Each Receipt this Period  1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1850.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. Pierre Andre Bruneau MD</b></p> <p>Mailing Address 8 Cross River Road</p> <p>City State Zip Code Mount Kisco NY 10549-4036</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation US Navy Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2016</p> <p><b>Transaction ID : 8130508</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Wen Shen MD</b></p> <p>Mailing Address 33 Pond Hills Ct</p> <p>City State Zip Code Pleasant Valley NY 12569-5135</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Ortho Assoc of Dutchess County Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2016</p> <p><b>Transaction ID : 8130509</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Scott Snow Cooper MD</b></p> <p>Mailing Address 8296 West Brown Road</p> <p>City State Zip Code Lowell AR 72745-9495</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Mercy Clinic Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2016</p> <p><b>Transaction ID : 8130510</b></p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>584.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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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. K Kip Owen MD**

Mailing Address 5111 N 10th St # 268

City

McAllen

State

TX

Zip Code

78504-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2016

**Transaction ID : 8130905**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joel Horning MD**

Mailing Address 1888 Windy Hill Rd

City

Lancaster

State

PA

Zip Code

17602-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : 8130929**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. David D Sieger MD**

Mailing Address 31 Olde Mill Ct

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : 8130930**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

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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. Colin C Heinle MD**

Mailing Address 317 N Mulberry St  
Apt 1B

City Lancaster State PA Zip Code 17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 8130931

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher C Cooke MD**

Mailing Address 15 Lark Lane

City Lancaster State PA Zip Code 17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Associates of Lancaster

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 8130932

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Donald J Zoltan MD**

Mailing Address 1081 East Circle Dr.

City Whitefish Bay State WI Zip Code 53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sports Med & Ortho Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2016

Transaction ID : 8130988

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Todd A Schmidt MD**

Mailing Address 2865 Lake Park Drive

City	State	Zip Code
Jonesboro	GA	30236-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : 8131444**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David R Chandler MD**

Mailing Address 165 Middle Plantation Ln

City	State	Zip Code
Gulf Breeze	FL	32561-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : 8131445**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jeffrey P Beckenbaugh DO**

Mailing Address 5379 Scenic View Drive SW

City	State	Zip Code
Rochester	MN	55902-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : 8131446**

Amount of Each Receipt this Period

100.00

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

269.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael J Taunton MD**

Mailing Address 5045 Connemara Drive NE

City  
Rochester

State  
MN

Zip Code  
55906-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : 8131448**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Angelo DiFelice Jr, MD**

Mailing Address 15410 Treyburn Manor View

City  
Milton

State  
GA

Zip Code  
30004-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : 8131449**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Andrew Stoeckl MD**

Mailing Address 90 Fairlawn Dr

City  
Amherst

State  
NY

Zip Code  
14226-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Excelsior Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 21 / 2016

**Transaction ID : 8131450**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

418.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Adam C Johnson MD**

Mailing Address 6411 Mulligan Rd

City

Farmington

State

NM

Zip Code

87402-4869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

**Transaction ID : 8131679**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lucas Samuel Rylander MD**

Mailing Address 7700 E Ellsworth Ave

City

Denver

State

CO

Zip Code

80230-6794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

**Transaction ID : 8131681**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert Cameron More MD**Mailing Address 8100 Wescott Drive  
Suite 101

City

Flemington

State

NJ

Zip Code

08822-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MidJersey Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

**Transaction ID : 8131686**

Amount of Each Receipt this Period

84.00

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

1584.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 267  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Darrell Kevin Scales MD**

Mailing Address 2000 Tee Dr

City	State	Zip Code
Braselton	GA	30517-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

**Transaction ID : 8134712**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Langdon A Hartsock MD**

Mailing Address 188 Tradd Street

City	State	Zip Code
Charleston	SC	29401-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Medical University of South Carolina

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
06	/	24	/	2016

**Transaction ID : 8136293**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Torres MD**

Mailing Address 1327 W 30th St

City	State	Zip Code
Erie	PA	16508-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

**Transaction ID : 8136294**

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

269.00

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

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Christopher A Wills MD**

Mailing Address 280 South Main Street  
Suite 200

City State Zip Code  
Orange CA 92868-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : 8138040**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rafael M Fernandez MD**

Mailing Address P.O. Box 800809

City State Zip Code  
Coto Laurel PR 00780-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : 8138041**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Suk MD**

Mailing Address 1095 Limestoneville Road

City State Zip Code  
Milton PA 17847-8064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Geisinger Medical System

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2016

**Transaction ID : 8138042**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

434.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert H Blotter MD**

Mailing Address 1414 W Fair Ave Ste 190

City

Marquette

State

MI

Zip Code

49855-2693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2016

**Transaction ID : 8138043**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Niels J Linschoten MD**

Mailing Address 11428 Center Court Blvd

City

Baton Rouge

State

LA

Zip Code

70810-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2016

**Transaction ID : 8138044**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Adam Carlton Schaaf MD**

Mailing Address 161 King George Street

City

Daniel Island

State

SC

Zip Code

29492-8139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Low Country Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2016

**Transaction ID : 8138059**

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Claudette Malvina Lajam MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2016  <b>Transaction ID : 8138067</b></p>	
<p>Mailing Address 30 Knollwood Dr</p>			<p>Amount of Each Receipt this Period  1500.00</p>	
<p>City Larchmont</p>	<p>State NY</p>	<p>Zip Code 10538-1238</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1500.00</p>	
<p>Name of Employer Hospital for Joint Diseases</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Bert C Callahan MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2016  <b>Transaction ID : 8138185</b></p>	
<p>Mailing Address 511 N Center St</p>			<p>Amount of Each Receipt this Period  84.00</p>	
<p>City Beaver Dam</p>	<p>State WI</p>	<p>Zip Code 53916-2023</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  504.00</p>	
<p>Name of Employer Beaver Dam Community Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Karl C Roberts MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2016  <b>Transaction ID : 8138194</b></p>	
<p>Mailing Address 1118 Pinecrest SE</p>			<p>Amount of Each Receipt this Period  500.00</p>	
<p>City Grand Rapids</p>	<p>State MI</p>	<p>Zip Code 49506-3411</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  500.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2084.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Wagdy S Rizk MD**

Mailing Address 3542 Smith Rd

City

Beaumont

State

TX

Zip Code

77713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2016

Transaction ID : 8138200

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael W Cantrell MD**

Mailing Address 2303 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2016

Transaction ID : 8138202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shawn P Hennigan MD**

Mailing Address 3467 Country Winds Ct

City

Green Bay

State

WI

Zip Code

54311-6906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2016

Transaction ID : 8138204

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1800.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. Roshan P. Shah MD, JD</b> Full Name (Last, First, Middle Initial) Mailing Address 610 West 110th Street Apt 3E City State Zip Code New York NY 10025-2105 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="504.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/> <b>Transaction ID : 8138207</b> Amount of Each Receipt this Period <input type="text" value="84.00"/> <input type="checkbox"/> Memo Item	
<b>B. Bernard G Kirol MD</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Buckthorn Circle City State Zip Code Elgin SC 29045-8695 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Midlands Orthopaedics Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/> <b>Transaction ID : 8138208</b> Amount of Each Receipt this Period <input type="text" value="75.00"/> <input type="checkbox"/> Memo Item	
<b>C. Carolyn Hettrich MD, MPH</b> Full Name (Last, First, Middle Initial) Mailing Address 2983 Oliver Lane NE City State Zip Code Iowa City IA 52240-7960 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation University of Iowa Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/> <b>Transaction ID : 8138209</b> Amount of Each Receipt this Period <input type="text" value="250.00"/> <input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<input type="text" value="409.00"/>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<input type="text"/>	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gary W Pushkin MD**

Mailing Address 4101 Greenway

City State Zip Code  
 Baltimore MD 21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cohen & Pushkin, MD, PA

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

**Transaction ID : 8140144**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Basil R Besh MD**

Mailing Address 6135 Clubhouse Dr

City State Zip Code  
 Pleasanton CA 94566-9864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : 8140148**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jose E Rodriguez MD**

Mailing Address 315 Electrc Dr

City State Zip Code  
 Houston TX 77073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Orthopaedic Institute for Spinal Disor

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : 8140149**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

834.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Charles Richard Clark MD**

Mailing Address 9 Wildberry Ct NE

City State Zip Code  
Iowa City IA 52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : 8140171**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John K Wollaeger MD**

Mailing Address 1624 S High Point Rd

City State Zip Code  
Madison WI 53719-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW Health Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : 8140174**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian A Shaw MD**

Mailing Address 8340 Westwood Rd

City State Zip Code  
Colorado Springs CO 80919-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : 8140175**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William A Junglas MD**

Mailing Address 820 Los Molinos Way

City

Sacramento

State

CA

Zip Code

95864-5252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8140176**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Glenn R Buttermann MD**

Mailing Address 1725 Park Ave

City

Mahtomedi

State

MN

Zip Code

55115-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Spine &amp; Brain Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8140177**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey A Kazaglis MD**

Mailing Address 11 Stoneridge Drive

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8140195**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

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

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

Use separate schedule(s)  
for each category of the  
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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. Trevor R Pickering MD**

Mailing Address 232 Calumet Dr

City

Madison

State

MS

Zip Code

39110-8685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

**Transaction ID : 8140196**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Douglas E Carlan MD**

Mailing Address 6220 Pasadena Pt Blvd S

City

Gulfport

State

FL

Zip Code

33707-3873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Easton Orthopaedics

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

**Transaction ID : 8140197**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wade C Van Sice MD**

Mailing Address 207 Edenberry Ave

City

Jupiter

State

FL

Zip Code

33458-6533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2016

**Transaction ID : 8141640**

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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John T Prather MD**

Mailing Address 301 W Broughton St #4A

City State Zip Code  
 Savannah GA 31401

FEC ID number of contributing federal political committee.

C

Name of Employer

Chatham Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : 8141642

Amount of Each Receipt this Period

438.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen F Mitros MD**

Mailing Address 51045 Erin Glen Dr

City State Zip Code  
 Granger IN 46530-9089

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : 8141663

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric Louis Smith MD**

Mailing Address 1573 Beacon St

City State Zip Code  
 Waban MA 02468-1507

FEC ID number of contributing federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

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  
 06 / 28 / 2016

Transaction ID : 8141664

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

607.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Joshua Layne Gary MD</b></p> <p>Mailing Address 6400 Fannin St  Suite 1700</p> <p>City Houston State TX Zip Code 77030-1526</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer University of Texas Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  504.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 28 / 2016</p> <p><b>Transaction ID : 8141665</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Mark E Easley MD</b></p> <p>Mailing Address Duke Medicine  4709 Creekstone Drive</p> <p>City Durham State NC Zip Code 27703-9822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  504.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 28 / 2016</p> <p><b>Transaction ID : 8141666</b></p> <p>Amount of Each Receipt this Period  84.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. A Philip Fontanetta MD</b></p> <p>Mailing Address 700 Hunt Ln</p> <p>City Manhasset State NY Zip Code 11030-2756</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 28 / 2016</p> <p><b>Transaction ID : 8141667</b></p> <p>Amount of Each Receipt this Period  250.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>418.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Gregory Francis Carolan MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8141668</b></p>		
<p>Mailing Address 1806 Meadow Ridge Ct</p>			<p>Amount of Each Receipt this Period  84.00</p>		
<p>City Bethlehem</p>	<p>State PA</p>	<p>Zip Code 18015-5003</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  504.00</p>		
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Frank P Giammattei MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8141717</b></p>		
<p>Mailing Address 30 Woodbrook Rd</p>			<p>Amount of Each Receipt this Period  84.00</p>		
<p>City Swarthmore</p>	<p>State PA</p>	<p>Zip Code 19081-1234</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  333.99</p>		
<p>Name of Employer Premier Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Scott M Sporer MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8142027</b></p>		
<p>Mailing Address 1040 Golf Ln</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Wheaton</p>	<p>State IL</p>	<p>Zip Code 60187</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Name of Employer Midwest Orthopaedics at Rush</p>		<p>Occupation Orthopaedic Surgeon</p>	<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>418.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephen M Cyphers MD**

Mailing Address 4020 Macphedris Way

City	State	Zip Code
El Dorado Hls	CA	95762-7541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Sierra Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8142029**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Evander F Fogle MD**

Mailing Address 4162 North Stratford Rd, NE

City	State	Zip Code
Atlanta	GA	30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8142036**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin Michael McGee MD**

Mailing Address 1532 Eagle Ridge Dr. NE

City	State	Zip Code
Albuquerque	NM	87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8142181**

Amount of Each Receipt this Period

1000.00

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

1400.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Cassie Gyuricza Root MD**

Mailing Address 815 N Garfield St

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nirschl Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8142183**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brett Raymond Grebing MD**

Mailing Address 719 Schwarz Rd

City State Zip Code  
Edwardsville IL 62025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8142185**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen L Curtin MD**

Mailing Address 5810 N Moccasin Trl

City State Zip Code  
Tucson AZ 85750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tucson Ortho Institute

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : 8142187**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Marks MBA, MD**

Mailing Address 24 Marine Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

**Transaction ID : 8143090**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John R Dorris MD**

Mailing Address 725 Milledge Circle

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athens Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8143923**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ruth Lourdes Thomas MD**

Mailing Address 13609 Frazier Pike

City

Little Rock

State

AR

Zip Code

72206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8143924**

Amount of Each Receipt this Period

250.00

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

1125.00

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

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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. Jonathan P Keeve MD**

Mailing Address 12410 E. Sinto Ave  
Suite 201

City State Zip Code  
Spokane Valley WA 99216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NWOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8143926**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William H Spellman MD**

Mailing Address Central Montgomery Ortho  
1011 S Broad St

City State Zip Code  
Lansdale PA 19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Montgomery Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8143927**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Todd J Albert MD**

Mailing Address Hospital for Special Surgery  
535 E 70th St Rm 836W

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8143929**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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for each category of the  
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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. Robert D Haar MD**

Mailing Address 880 5th Ave  
Apt 9B

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143932**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arthur L Valadie III, MD**

Mailing Address 526 56th St

City State Zip Code  
Holmes Beach FL 34217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Coastal Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143952**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anthony Louis Finuoli DO**

Mailing Address 23 Legends Circle

City State Zip Code  
Melville NY 11747-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143953**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thomas G Sampson MD

Mailing Address 2299 Post St #107

City

San Francisco

State

CA

Zip Code

94115-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : 8143954

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James A Moore MD

Mailing Address P.O. Box 1243

City

Southampton

State

NY

Zip Code

11969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southampton Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : 8143956

Amount of Each Receipt this Period

188.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Ruoff MD

Mailing Address 15 Sierra Ct

City

Hillsdale

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : 8143957

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

1063.00

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

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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jon J Cherney MD**
 Mailing Address Hand and Upper Extremity Center  
 2323 N Casaloma Dr

 City State Zip Code  
 Appleton WI 54912-7079

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Hand to Shoulder Center of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 28 2016

Transaction ID : 8143958

Amount of Each Receipt this Period

394.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John W Durham MD**

Mailing Address 512 W Fir Ave

 City State Zip Code  
 Flagstaff AZ 86001

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 28 2016

Transaction ID : 8143959

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas M Goumas MD**

Mailing Address 4 Three Corners Rd

 City State Zip Code  
 Bedford NH 03110

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 28 2016

Transaction ID : 8143961

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2394.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jonathan P Garino MBA, MD**

Mailing Address 835 Stoke Road

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

**Transaction ID : 8143962**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John A Iceton MD**

Mailing Address 4840 Littlewood

City

Beaumont

State

TX

Zip Code

77706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

**Transaction ID : 8143966**

Amount of Each Receipt this Period

438.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Samuel Secord Wellman MD**

Mailing Address 1614 Pinecrest Rd.

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

**Transaction ID : 8143967**

Amount of Each Receipt this Period

438.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1876.00

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



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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Thomas E Baier MD**

Mailing Address 725 Stonegate

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenleaf Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143996**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ciro Cirrincione MD**

Mailing Address 19 S Meadow Ct

City

South Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barrington Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143997**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James J Purtill MD**

Mailing Address 651 Darby Paoli Rd

City

Villanova

State

PA

Zip Code

19085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8143999**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

2375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Craig H Rosen MD**

Mailing Address 1802 Champlain Dr

City

Voorhees Township

State

NJ

Zip Code

08043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cooper Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8144001**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Henry George Krull MD**

Mailing Address 36156 Tremolo Circle

City

Soldotna

State

AK

Zip Code

99669-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenai Peninsula Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8144002**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin Charles Booth MD**

Mailing Address 1078 S. Wedgewood Rd

City

San Ramon

State

CA

Zip Code

94582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NCSI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8144003**

Amount of Each Receipt this Period

500.00

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

2000.00

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

 Use separate schedule(s)  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John H Bargren MD**
 Mailing Address 1724 W. Union  
 #100

City	State	Zip Code
Tacoma	WA	98405

FEC ID number of contributing federal political committee.

C

Name of Employer

Puget Sound Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : 8144005

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James W Scott MD**

Mailing Address P.O. Box 7630

City	State	Zip Code
Tifton	GA	31793-7630

FEC ID number of contributing federal political committee.

C

Name of Employer

Tift Regional Med Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : 8144006

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carter D. Kiesau MD**

Mailing Address 1765 Aquila Ct

City	State	Zip Code
Bellingham	WA	98226-7879

FEC ID number of contributing federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : 8144007

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

1450.00

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. David E Brown MD**

Mailing Address 15617 Woolworth Ave

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoWest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8144008**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William Albert Bruck MD**

Mailing Address 9214 Westview Circle

City State Zip Code  
Dallas TX 75231-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8144009**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David M Shein MD**

Mailing Address 7 Random Farms Circle

City State Zip Code  
Chappaqua NY 10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : 8144010**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Richard Fairfax Pell IV, MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144012</b></p>		
<p>Mailing Address 12801 SW 82nd Avenue</p>			<p>Amount of Each Receipt this Period  188.00</p>		
<p>City Miami</p>	<p>State FL</p>	<p>Zip Code 33156</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  376.00</p>		
<p>Name of Employer South Florida Int'l Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial)  <b>B. Ralph P Katz MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144013</b></p>		
<p>Mailing Address 5629 Cherlyn Dr</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City New Orleans</p>	<p>State LA</p>	<p>Zip Code 70124-1138</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial)  <b>C. David B Robie MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144014</b></p>		
<p>Mailing Address 6585 Plesenton Dr S</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Worthington</p>	<p>State OH</p>	<p>Zip Code 43085-2944</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer Orthopaedic One</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>938.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

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

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for each category of the  
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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. Clifford K Boese MD**

Mailing Address 23867 Dogwood Rd

City State Zip Code  
 Council Bluffs IA 51503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miller Orthopedic Affiliates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : 8144015**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert V Knowlan MD**

Mailing Address 2266 Morgan Ave N

City State Zip Code  
 West Lakeland MN 55082-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Twin Cities Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : 8144016**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James Albert Nunley II, MD**

Mailing Address Attn Dana Norvell  
 4709 Creekstone Drive, Suite 200

City State Zip Code  
 Durham NC 27703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : 8144017**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1875.00

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

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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. Kenneth J Kress MD**

Mailing Address 655 Blakenham Ct

City  
Alpharetta

State Zip Code  
GA 30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144049**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hugh A Frederick MD**

Mailing Address 6330 Prestonshire Drive

City  
Dallas

State Zip Code  
TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144051**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John J McCarthy III, MD**

Mailing Address 104 Thomas Brice

City  
Williamsburg

State Zip Code  
VA 23185-8216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tidewater Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144052**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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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. Joanne Labriola MD**

Mailing Address 203 The Lane

City

Hinsdale

State

IL

Zip Code

60521-3750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dupage Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144054**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Edmund Topping MD**

Mailing Address 1502 Harrison Ave Ste 101

City

Elkins

State

WV

Zip Code

26241-3497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tygarts Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144056**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gary David Botimer MD**

Mailing Address 24444 Lawton Ave

City

Loma Linda

State

CA

Zip Code

92354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loma Linda University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : 8144059**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

<b>A. Richard W Nicholas Jr, MD</b> Full Name (Last, First, Middle Initial) Mailing Address 14106 Napoleon Rd City Little Rock State AR Zip Code 72211 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Univ of Arkansas Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> <b>Transaction ID : 8144061</b> Amount of Each Receipt this Period <input type="text" value="200.00"/> <input type="checkbox"/> Memo Item
<b>B. Kenneth Jay Easterling MD</b> Full Name (Last, First, Middle Initial) Mailing Address 2524 NE 37 Dr City Fort Lauderdale State FL Zip Code 33308 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Ortho Specialists of South Florida Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="438.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> <b>Transaction ID : 8144065</b> Amount of Each Receipt this Period <input type="text" value="438.00"/> <input type="checkbox"/> Memo Item
<b>C. Richard E Grant MD</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Bayberry Circle City Ambler State PA Zip Code 19002-1145 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Einstein Medical Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>			Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> <b>Transaction ID : 8144066</b> Amount of Each Receipt this Period <input type="text" value="150.00"/> <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<input type="text" value="788.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<input type="text"/>

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Timothy S Petsche MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144067</b></p>		
<p>Mailing Address 2525 Kaneville Rd</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Geneva</p>	<p>State IL</p>	<p>Zip Code 60134</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Name of Employer Fox Valley Orthopaedic Institute</p>			<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Charles N Hubbard MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144068</b></p>		
<p>Mailing Address Georgia Ortho Society 150 Clinic Ave</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Carrollton</p>	<p>State GA</p>	<p>Zip Code 30117</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Name of Employer Georgia Orthopaedic Society</p>			<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Thomas G Craven MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 28 / 2016  <b>Transaction ID : 8144069</b></p>		
<p>Mailing Address 7395 S 26th West Ave</p>			<p>Amount of Each Receipt this Period  203.00</p>		
<p>City Tulsa</p>	<p>State OK</p>	<p>Zip Code 74132-2219</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  406.00</p>		
<p>Name of Employer Central States Orthopaedic Specialists</p>			<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼  406.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>1453.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p></p>		

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

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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. Edward T Su MD

Mailing Address 11726 Valley Creek Rd

City State Zip Code  
 Woodbury MN 55129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : 8144071

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert A Kaye MD

Mailing Address 3527 S Cholla Dr

City State Zip Code  
 Yuma AZ 85365-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : 8144072

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John English Feighan MD

Mailing Address 2260 Harcourt Dr

City State Zip Code  
 Cleveland Heights OH 44106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : 8144103

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1600.00

**SCHEDULE A (FEC Form 3X)**  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. George V Russell Jr, MD**

Mailing Address 102 Hawthorne Vale

City	State	Zip Code
Ridgeland	MS	39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : 8144104**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lesley J Anderson MD**

Mailing Address 133 San Marino Dr

City	State	Zip Code
San Rafael	CA	94901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : 8144107**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul F Lachiewicz MD**

Mailing Address 417 Lyons Rd

City	State	Zip Code
Chapel Hill	NC	27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chapel Hill Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : 8144109**

Amount of Each Receipt this Period

1000.00

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

2085.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. James John Verner MD**

Mailing Address 23075 Nottingham

City

Beverly Hills

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 8144115**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Donald Knapke MD**

Mailing Address 3744 Thatcher Dr #1

City

Rochester Hills

State

MI

Zip Code

48309-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 8144119**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas W Kiburz MD**

Mailing Address 5075 Hwy Y

City

Sedalia

State

MO

Zip Code

65301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 8144148**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

875.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Constantine Charoglu MD**

Mailing Address 12 Waterford Drive

City

Hattiesburg

State

MS

Zip Code

39402-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Bone &amp; Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8144149**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Benjamin I Chu MD**

Mailing Address 2298 Weigner Road

City

Lansdale

State

PA

Zip Code

19446-5880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8144152**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William W DeMuth MD**

Mailing Address 1610 Brookline Dr

City

Hummelstown

State

PA

Zip Code

17036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

**Transaction ID : 8144158**

Amount of Each Receipt this Period

250.00

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

1600.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Christian Carson Hall MD**

Mailing Address 870 Westover Lane

City

State

Zip Code

York

PA

17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wellspring Health

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 8144159

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald E DiSimone MD**

Mailing Address 266 Spook Hollow Rd

City

State

Zip Code

Cogan Station

PA

17728-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Susquehanna Health

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 8144161

Amount of Each Receipt this Period

438.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward S Jeffries MD**

Mailing Address 24715 Little Mack Ste 100

City

State

Zip Code

Saint Clair Shores

MI

48080-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Associated Orthopaedists of Detroit

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 8144162

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1238.00

272535.83

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 208 OF 267

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10405.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : 8028213**

Amount of Each Receipt this Period

2047.57

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

## **B. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12840.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : 8086653**

Amount of Each Receipt this Period

2434.48

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

## **C. American Association of Orthopaedic Surgeons**

Mailing Address 9400 W. Higgins

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14054.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 8129321**

Amount of Each Receipt this Period

1213.99

☐ Memo Item

Refund of bank fees from affiliated organization

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

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

5696.04

5696.04



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 209 OF 267

(check only one)

<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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

Transaction ID : 8037230

Amount of Each Receipt this Period

176.16

☐ Memo Item

Interest earned on bank account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : 8037231

Amount of Each Receipt this Period

0.08

☐ Memo Item

Interest earned on bank account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : 8097306

Amount of Each Receipt this Period

0.09

☐ Memo Item

Interest earned on bank account

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

176.33

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: PAGE 210 OF 267

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Northern Trust Company**

Mailing Address 50 S La Salle St

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2016

**Transaction ID : 8097309**

Amount of Each Receipt this Period

186.04

☐ Memo Item

Interest earned on bank account

Full Name (Last, First, Middle Initial)

## **B. Northern Trust Company**

Mailing Address 50 S La Salle St

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 8145821**

Amount of Each Receipt this Period

0.08

☐ Memo Item

Interest earned on bank account

Full Name (Last, First, Middle Initial)

## **C. Northern Trust Company**

Mailing Address 50 S La Salle St

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

**Transaction ID : 8145822**

Amount of Each Receipt this Period

198.31

☐ Memo Item

Interest earned on bank account

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

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

384.43

560.76

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

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

FOR LINE NUMBER: PAGE 211 OF 267

(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. Boehner for Speaker**

Mailing Address 320 First St. SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Transaction ID : 8086654

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Refund of excess contribution

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Mailing Address P.O. Box 1151

City	State	Zip Code
Hays	KS	67601

FEC ID number of contributing federal political committee.

C C00458315

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

Transaction ID : 8145824

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Refund of excess contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

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)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 267

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

**Transaction ID : 8011951**

Amount of Each Disbursement this Period

278.78
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

**Transaction ID : 8011952**

Amount of Each Disbursement this Period

302.54
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

**Transaction ID : 8011953**

Amount of Each Disbursement this Period

238.34
--------

☐ Memo Item

Bank fees deducted from account

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

819.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2016
**Transaction ID : 8011954**

Amount of Each Disbursement this Period

245.02

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2016
**Transaction ID : 8012533**

Amount of Each Disbursement this Period

593.91

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016
**Transaction ID : 8023493**

Amount of Each Disbursement this Period

250.57

☐ Memo Item

Bank fees deducted from account

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

1089.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 267

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

**Transaction ID : 8034805**

Amount of Each Disbursement this Period

389.50
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

**Transaction ID : 8034806**

Amount of Each Disbursement this Period

282.13
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

**Transaction ID : 8038069**

Amount of Each Disbursement this Period

133.98
--------

☐ Memo Item

Bank fees deducted from account

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

805.61
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016
**Transaction ID : 8038070**

Amount of Each Disbursement this Period

284.95

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016
**Transaction ID : 8038071**

Amount of Each Disbursement this Period

616.43

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City Chicago      State IL      Zip Code 60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016
**Transaction ID : 8038072**

Amount of Each Disbursement this Period

227.26

☐ Memo Item

Bank fees deducted from account

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

1128.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 216 OF 267

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

**Transaction ID : 8081906**

Amount of Each Disbursement this Period

110.92
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 8081907**

Amount of Each Disbursement this Period

255.93
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8081908**

Amount of Each Disbursement this Period

133.38
--------

☐ Memo Item

Bank fees deducted from account

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

500.23
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 217 OF 267

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

**Transaction ID : 8098263**

Amount of Each Disbursement this Period

99.62
-------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

**Transaction ID : 8098264**

Amount of Each Disbursement this Period

148.96
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

**Transaction ID : 8098266**

Amount of Each Disbursement this Period

342.83
--------

☐ Memo Item

Bank fees deducted from account

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

591.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 218 OF 267

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

**Transaction ID : 8129293**

Amount of Each Disbursement this Period

26.53
-------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

**Transaction ID : 8129297**

Amount of Each Disbursement this Period

231.84
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

**Transaction ID : 8129299**

Amount of Each Disbursement this Period

248.76
--------

☐ Memo Item

Bank fees deducted from account

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

507.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : 8129301**

Amount of Each Disbursement this Period

115.45
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : 8138190**

Amount of Each Disbursement this Period

409.73
--------

☐ Memo Item

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8139704**

Amount of Each Disbursement this Period

209.64
--------

☐ Memo Item

Bank fees deducted from account

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

734.82
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Stop payment fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : 8145820**

Amount of Each Disbursement this Period

30.00
-------

☐ Memo Item  
Stop payment fee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00
-------

6207.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 221 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hawkeye PAC, The**

Mailing Address 621 E. 9th Street

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement  
Grassley's LPAC

011

Candidate Name

**Hawkeye PAC, The**

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
04		22		2016

**Transaction ID : 8028255**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
Grassley's LPAC

Full Name (Last, First, Middle Initial)

**B. Holding Onto Oregon's Priorities PAC**

Mailing Address P.O. Box 3314

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Wyden's LPAC

011

Candidate Name

**Holding Onto Oregon's Priorities PAC**

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028256**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
Wyden's LPAC

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address P.O. Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement

011

Candidate Name

**Charles Dent**

Office Sought:	<input checked="" type="checkbox"/> House
	Senate
	President

Disbursement For:	2016	Primary	General
		<input checked="" type="checkbox"/> Other (specify) ▼	

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028270**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Takano for Congress**

Mailing Address P.O. Box 5214

City	State	Zip Code
Riverside	CA	92517

Purpose of Disbursement

Candidate Name

**Rep. Mark Takano**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 41

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028271**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jackie Speier For Congress**

Mailing Address P.O. Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement

Candidate Name

**Jackie Speier**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 12

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028272**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Van Hollen for Senate**

Mailing Address 10605 Concord St Suite 202

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement

Candidate Name

**Chris Van Hollen**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028273**

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)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 223 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Loudermilk for Congress**

Mailing Address P.O. Box 447

City	State	Zip Code
Cassville	GA	30123

Purpose of Disbursement

011

Candidate Name

**Barry Loudermilk**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028317**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Shuster for Congress**

Mailing Address P.O. Box 27

City	State	Zip Code
Holidaysburgh	PA	16648

Purpose of Disbursement

011

Candidate Name

**Rep. William Shuster**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : 8028318**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Fitzpatrick for Congress**

Mailing Address P.O. Box 939

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement

011

Candidate Name

**Brian Fitzpatrick**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

**Transaction ID : 8029906**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Angerholzer Broz Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Mailing Address 499 S Capitol St. SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Lunch Event, March 14, 2016

011

Category/  
Type

Candidate Name

**David Scott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 13

**Transaction ID : 8038066**

Amount of Each Disbursement this Period

350.00

☐ Memo Item  
Lunch Event, March 14, 2016

Full Name (Last, First, Middle Initial)

**B. Guthrie for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 02

**Transaction ID : 8044719**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Dues

011

Category/  
Type

Candidate Name

**Republican National Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 8044720**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item  
2016 Dues**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16350.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Comm.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2016 Building Fund

011

**Transaction ID : 8044721**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**National Republican Congressional Comm.**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item  
2016 Building Fund

State: District:

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address 430 S Capitol St SE  
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2016 Building Fund

011

**Transaction ID : 8044722**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item  
2016 Building Fund

State: District:

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address P.O. Box 3314  
Suite 240

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement

011

**Transaction ID : 8044723**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Kurt Schrader**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: OR District: 05

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

32500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Funds Reported On <Enter Report Name Here>

011

Candidate Name

**Renee Ellmers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

**Transaction ID : 8071982**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Funds Reported On &lt;Enter Report Name Here&gt;

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Re-designated funds for trans. dated 2/12/2016

011

Candidate Name

**Renee Ellmers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

**Transaction ID : 8071983**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Re-designated funds for trans. dated 2/12/2016

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Mailing Address P.O. Box 387

City	State	Zip Code
West Point	GA	31833

Purpose of Disbursement

011

Candidate Name

**Anderson Ferguson IV**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 03

**Transaction ID : 8081549**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walberg for Congress**

Mailing Address P.O. Box 1362

City	State	Zip Code
Jackson	MI	49204

Purpose of Disbursement

Candidate Name

**Timothy Walberg**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 07

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

**Transaction ID : 8081550**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. George Holding for Congress Inc.**

Mailing Address P.O. Box 97187

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Funds Reported On April 15 Quarterly REport

Candidate Name

**Rep. George Holding**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 13

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

**Transaction ID : 8082876**

Amount of Each Disbursement this Period

5000.00
---------

☒ Memo Item

Funds Reported On April 15 Quarterly REport

Full Name (Last, First, Middle Initial)

**C. George Holding for Congress Inc.**

Mailing Address P.O. Box 97187

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Re-designated funds for trans. dated 2/23/2016

Candidate Name

**Rep. George Holding**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 13

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Special-Primary2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

**Transaction ID : 8082877**

Amount of Each Disbursement this Period

5000.00
---------

☒ Memo Item

Re-designated funds for trans. dated 2/23/2016

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

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Clay Jr. for Congress**

Mailing Address P.O. Box 4544

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement

011

Candidate Name

**Rep. William Clay Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088129**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Votetipton.Com**

Mailing Address P.O. Box 1582

City	State	Zip Code
Cortez	CO	81321

Purpose of Disbursement

011

Candidate Name

**Scott Tipton**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088130**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Doing Right - Results, Action, Unity, Leadership PAC**

Mailing Address P.O. Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement  
Ruiz' LPAC

011

Candidate Name

**Doing Right - Results, Action, Unity, Leadership PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088131**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Ruiz' LPAC

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088132**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088133**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Full House PAC**

Mailing Address P.O. Box 530520

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Rep Joe Heck LPAC

Candidate Name

**Full House PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088134**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
Rep Joe Heck LPAC**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 230 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sherman for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Brad Sherman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088135**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ted Lieu**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088136**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jenkins for Congress**

Mailing Address P.O. Box 727

City	State	Zip Code
Huntington	WV	25711

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Evan Jenkins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088137**

Amount of Each Disbursement this Period

4250.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address P.O. Box 2059

City	State	Zip Code
Lexington	KY	40588

**Transaction ID : 8088138**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Garland Barr**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address P.O. Box 1406

City	State	Zip Code
Hickory	NC	28603

**Transaction ID : 8088139**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Patrick McHenry**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brad Ashford for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address P.O. Box 24023

City	State	Zip Code
Omaha	NE	68124

**Transaction ID : 8088140**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Brad Ashford**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9250.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 232 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka	State KS	Zip Code 66601
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088142**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Engel for Congress**

Mailing Address 462 California Road

City Bronxville	State NY	Zip Code 10708
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Eliot Engel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088143**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis	State TX	Zip Code 75120
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joe Barton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

**Transaction ID : 8088144**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 233 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppersberger for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address 22 W. Padonia Road

City	State	Zip Code
Timonium	MD	21093

**Transaction ID : 8088145**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Candidate Name

**C.A. Dutch Ruppersberger**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

**B. Billy Long for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

**Transaction ID : 8088146**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Candidate Name

**Billy Long**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Mailing Address 406 Virginia Ave

City	State	Zip Code
Alexandria	VA	22302

**Transaction ID : 8088172**Purpose of Disbursement  
Barrasso's LPAC

011

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Barrasso's LPAC

Candidate Name

**Common Values PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 234 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Boozman for Congress**

Mailing Address PO Box 671

City	State	Zip Code
Rogers	AR	72757

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Boozman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088728**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for U.S. Senate**

Mailing Address P.O. Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Crapo**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088732**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoeven for Senate**

Mailing Address P.O. Box 861

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. John Hoeven**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088733**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ron Johnson for Senate, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Ron Johnson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District:

**Transaction ID : 8088734**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jerry Moran**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District:

**Transaction ID : 8088735**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Scott for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tim Scott**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

**Transaction ID : 8088736**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shelby for U.S. Senate**

Mailing Address P.O. Box 1091

City	State	Zip Code
Tuscaloosa	AL	35403

Purpose of Disbursement

Candidate Name

**Richard Shelby**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AL District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088738**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 South Royal Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Burr LPAC

Candidate Name

**Next Century Fund**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : 8088808**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Burr LPAC

Full Name (Last, First, Middle Initial)

**C. Friends of Neal Dunn**

Mailing Address 2640A Mitcham Drive

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement

Candidate Name

**Neal Dunn MD FACS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

**Transaction ID : 8096045**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hawkeye PAC, The**

Mailing Address 621 E. 9th Street

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement  
Grassley's LPAC

Candidate Name

**Hawkeye PAC, The**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

**Transaction ID : 8096046**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
Grassley's LPAC

Full Name (Last, First, Middle Initial)

**B. Kelly PAC**Mailing Address 499 S. Capitol St. SW  
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Ayotte's LPAC

Candidate Name

**Kelly PAC**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

**Transaction ID : 8096047**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item  
Ayotte's LPAC

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address P.O. Box 6312

City	State	Zip Code
Libertyville	IL	60093

Purpose of Disbursement

Candidate Name

**Robert Dold**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 10

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

**Transaction ID : 8096048**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Republican National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Mailing Address 310 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2016 Convention Fund

011

**Transaction ID : 8096050**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Republican National Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item  
2016 Convention Fund

State: District:

Full Name (Last, First, Middle Initial)

**B. Lobiondo for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P. O. Box 550

City	State	Zip Code
Vineland	NJ	08362

Purpose of Disbursement

011

**Transaction ID : 8097620**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Frank LoBiondo**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

☐ Memo Item

State: NJ District: 02

Full Name (Last, First, Middle Initial)

**C. Perlmutter for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement

011

**Transaction ID : 8097621**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Edwin Perlmutter**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

☐ Memo Item

State: CO District: 07

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

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**William Pascrell**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 08

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097623**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60189
-----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Peter Roskam**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 06

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097624**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katko for Congress**

Mailing Address 5407 Anvil Drive

City Camillus	State NY	Zip Code 13031
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Rep. John Katko**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 24

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097625**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walorski for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P.O. Box 954

City	State	Zip Code
Mishawaka	IN	46546

**Transaction ID : 8097628**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Candidate Name

**Rep. Jackie Walorski**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 02

Full Name (Last, First, Middle Initial)

**B. Scott Peters for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

**Transaction ID : 8097629**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Candidate Name

**Rep. Scott Peters**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

**C. Richmond for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 1631 Elysian Fields  
Suite 150

City	State	Zip Code
New Orleans	LA	70117

**Transaction ID : 8097630**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Candidate Name

**Cedric Richmond**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 02

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P.O. Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

**Transaction ID : 8097656**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Julia Brownley**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin Scott for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P.O. Box 2530

City	State	Zip Code
Tifton	GA	31793

**Transaction ID : 8097657**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**James Scott**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Rush**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P. O. Box 7292

City	State	Zip Code
Chicago	IL	60680

**Transaction ID : 8097658**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Bobby Rush**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 242 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Johnson for Congress**

Mailing Address P.O. Box 14496

City	State	Zip Code
Poland	OH	22301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bill Johnson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097659**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kinzinger for Congress**

Mailing Address P.O. Box 2365

City	State	Zip Code
Ottawa	IL	61350

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Adam Kinzinger**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097660**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Crapo for U.S. Senate**

Mailing Address P.O. Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Crapo**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097661**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Collins for Congress**

Mailing Address P.O. Box 386

City Clarence	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Rep. Christopher Collins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097662**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins for Congress**

Mailing Address P.O. Box 386

City Clarence	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Rep. Christopher Collins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097663**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address P.O. Box 3078

City Denver	State CO	Zip Code 80201
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Sen. Michael Bennet**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097664**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 244 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Frelinghuysen for Congress**

Mailing Address 19 Cattano Avenue

City	State	Zip Code
Morristown	NJ	07960

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rodney Frelinghuysen**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097665**

Amount of Each Disbursement this Period

4250.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mullin for Congress**

Mailing Address P.O. Box 3681

City	State	Zip Code
Muskogee	OK	74402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Markwayne Mullin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OK District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097692**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gary Palmer for Congress**

Mailing Address 1919 Oxmoor Road #235

City	State	Zip Code
Homewood	AL	35209

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gary Palmer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8097693**

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).....▶

9250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 245 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address P.O. Box 3750

City	State	Zip Code
Brentwood	TN	37027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marsha Blackburn**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 07

**Transaction ID : 8097725**

Amount of Each Disbursement this Period

4250.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diana Degette for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 01

**Transaction ID : 8099867**

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Diana Degette for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 01

**Transaction ID : 8099868**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 246 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

Candidate Name

**C Michael Thompson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 01

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 8099869**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kaptur for Congress**

Mailing Address P.O. Box 899

City	State	Zip Code
Toledo	OH	43697

Purpose of Disbursement

Candidate Name

**Marcy Kaptur**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 09

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 8099870**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Langevin for Congress**

Mailing Address 181a Knight Street

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement

Candidate Name

**Rep. Jim Langevin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: RI District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 8099871**

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).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 247 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 6545

City	State	Zip Code
Visalia	CA	93290

**Transaction ID : 8099872**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Devin Nunes**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Yoder for Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

**Transaction ID : 8099873**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Kevin Yoder**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Loudermilk for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 447

City	State	Zip Code
Cassville	GA	30123

**Transaction ID : 8099899**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Barry Loudermilk**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 248 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Don Beyer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 1751 Potomac Greens Drive

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Donald Beyer Jr**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 08

**Transaction ID : 8102776**

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bridge PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Mailing Address 499 South Capitol Street, Sw  
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Clyburn's LPAC

011

Category/  
Type

Candidate Name

**Bridge PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 8105007**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Clyburn's LPAC

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Mailing Address P.O. Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jim Clyburn**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 06

**Transaction ID : 8105008**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 249 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 387

City	State	Zip Code
West Point	GA	31833

**Transaction ID : 8129665**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Anderson Ferguson IV**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: GA District: 03

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 387

City	State	Zip Code
West Point	GA	31833

**Transaction ID : 8129666**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Anderson Ferguson IV**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: GA District: 03

Full Name (Last, First, Middle Initial)

**C. STEVE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address 228 S Washington St  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 8129668**Purpose of Disbursement  
Stiver's LPAC

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**STEVE PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

Stiver's LPAC

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

10000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 251 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address P.O. Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sam Johnson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129672**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Roger Williams for U.S. Congress Committee**

Mailing Address P.O. Box 91061

City	State	Zip Code
Austin	TX	78709

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roger Williams**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129673**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Henry Hank Johnson**Mailing Address 4262 Clausell Court  
Suite A

City	State	Zip Code
Decatur	GA	30035

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Hank Johnson Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129675**

Amount of Each Disbursement this Period

4000.00
---------

☐ 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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Erik Paulsen**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129676**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**Mailing Address 205 5th Avenue South  
Suite 428

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ronald Kind**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129677**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address P.O. Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129678**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 253 OF 267

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Takano for Congress**

Mailing Address P.O. Box 5214

City	State	Zip Code
Riverside	CA	92517

Purpose of Disbursement

Candidate Name

**Rep. Mark Takano**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 41

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129680**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	60189

Purpose of Disbursement

Candidate Name

**Peter Roskam**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 06

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129681**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Continuing America's Strength and Security**

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Cassidy's LPAC

Candidate Name

**Continuing America's Strength and Security**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129682**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Cassidy's LPAC

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Bishop for Congress**

Mailing Address P.O. Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement

Candidate Name

**Mr. Michael Bishop**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 08

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129683**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nutmeg PAC**

Mailing Address 777 Summer St, Suite 302

City	State	Zip Code
Stamford	CT	06901

Purpose of Disbursement  
Blumenthal's LPAC

Candidate Name

**Nutmeg PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129684**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Blumenthal's LPAC

Full Name (Last, First, Middle Initial)

**C. Boustany for Senate Inc**

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement

Candidate Name

**Charles Boustany**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: LA District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129685**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Diane Black for Congress**

Mailing Address P.O. Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Diane Black**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129686**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129687**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Welch for Congress**

Mailing Address P.O. Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Peter Welch**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129688**

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)..... ►

5500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr. Brian Babin for Congress**

Mailing Address P.O. Box 159

City	State	Zip Code
Woodville	TX	75979

Purpose of Disbursement

Candidate Name

**Brian Babin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 36

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129690**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Moulton for Congress**

Mailing Address P.O. Box 2013

City	State	Zip Code
Salem	MA	01970

Purpose of Disbursement

Candidate Name

**Rep. Seth Moulton**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129691**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Win in 2016**

Mailing Address 320 First St, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2016 Building Fund Re-Designation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129693**

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item

2016 Building Fund Re-Designation

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

17500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Democratic National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address 430 S Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
DNC General Account

011

Category/  
Type

Candidate Name

**Democratic National Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 8129697**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item  
DNC General Account

Full Name (Last, First, Middle Initial)

**B. Democratic National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address 430 S Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
DNC Convention Account

011

Category/  
Type

Candidate Name

**Democratic National Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 8129711**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item  
DNC Convention Account

Full Name (Last, First, Middle Initial)

**C. Toomey Pennsylvania Victory Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address 228 South Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Toomey's LPAC

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 8129720**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item  
Toomey's LPAC**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210

**Transaction ID : 8129721**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

750.00
--------

Candidate Name

**Cathy Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

☐ Memo Item

State: WA District: 05

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210

**Transaction ID : 8129738**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

250.00
--------

Candidate Name

**Cathy Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

☐ Memo Item

State: WA District: 05

Full Name (Last, First, Middle Initial)

**C. Comstock for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 831

City	State	Zip Code
McLean	VA	22101

**Transaction ID : 8129739**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Rep. Barbara Comstock**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

☐ Memo Item

State: VA District: 10

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

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Gosar for Congress**

Mailing Address P.O. Box 2967

City Prescott	State AZ	Zip Code 86302
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Paul Gosar**Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 01

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

**Transaction ID : 8129745**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Boozman for Arkansas**

Mailing Address P.O. Box 671

City Rogers	State AR	Zip Code 72757
----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Sen. John Boozman**Office Sought: ☐ House  
☒ Senate  
☐ President

State: AR District:

Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

**Transaction ID : 8129746**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**Mailing Address 700 13th Street, NW  
Suite 800

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Steny Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ President

State: DC District: 05

Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

**Transaction ID : 8129747**

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).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bucshon for Congress**

Mailing Address P.O. Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement

Candidate Name

**Larry Bucshon**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IN District: 08

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129748**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address P.O. Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement

Candidate Name

**Michael C. Burgess**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 26

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129749**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rand Paul for U.S. Senate 2016**Mailing Address P.O. Box 72928  
Suite 201

City	State	Zip Code
Newport	KY	22314

Purpose of Disbursement

Candidate Name

**Rand Paul**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 8129750**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 24551  
Suite 420

City Pittsburgh State PA Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tim Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

**Transaction ID : 8129752**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann Wagner for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address P.O. Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

**Transaction ID : 8129753**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Billy Long**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 07

**Transaction ID : 8129754**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**Mailing Address P.O. Box 23219  
Suite 301

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

Candidate Name

**Steve Scalise**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

**Transaction ID : 8129755**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
John Thune's LPAC

Candidate Name

**Heartland Values PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

**Transaction ID : 8129756**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

John Thune's LPAC

Full Name (Last, First, Middle Initial)

**C. Moran for Congress**Mailing Address 311 North Washington Street  
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Funds Reported On January 31, 2016 Year-End Report

Candidate Name

**James Moran**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : 8140135**

Amount of Each Disbursement this Period

3500.00
---------

☒ Memo Item

Funds Reported On January 31, 2016 Year-End Report

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

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Moran for Kansas**

Mailing Address P.O. Box 1151

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement  
Re-designated funds for trans. dated 7/27/2015

Candidate Name

**Jerry Moran**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : 8140136**

Amount of Each Disbursement this Period

3500.00
---------

☒ Memo Item

Re-designated funds for trans. dated 7/27/2015

Full Name (Last, First, Middle Initial)

**B. Zinke for Congress**

Mailing Address P.O. Box 1596

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

Candidate Name

**Rep. Ryan Zinke**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8141714**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Andy Harris for Congress**

Mailing Address P.O. Box 604

City	State	Zip Code
Bel Air	MD	21404

Purpose of Disbursement

Candidate Name

**Andrew Harris**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8141722**

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).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Matsui for Congress**

Mailing Address P.O. Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

011

Candidate Name

**Doris Matsui**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8141723**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Walters for Congress**

Mailing Address 300 Spectrum Center Dr. #400

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement

011

Candidate Name

**Rep. Mimi Walters**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8141724**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ron Johnson for Senate, Inc**Mailing Address 219 E Washington Ave  
Suite 101

City	State	Zip Code
Oshkosh	WI	54901

Purpose of Disbursement

011

Candidate Name

**Sen. Ron Johnson**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8141725**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richmond for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Cedric Richmond**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 02

**Transaction ID : 8141726**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bera for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address P.O.Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Amerish Bera**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

**Transaction ID : 8141727**

Amount of Each Disbursement this Period

4650.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 1150 University Ave, Bldg. 5  
Building 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Louise Slaughter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

**Transaction ID : 8141728**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Loudermilk for Congress**

Mailing Address P.O. Box 447

City	State	Zip Code
Cassville	GA	30123

Purpose of Disbursement  
Void - Loudermilk for Congress

Candidate Name

**Barry Loudermilk**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : 8145819**

Amount of Each Disbursement this Period

-1000.00
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☐ Memo Item  
Void - Loudermilk for Congress

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Comm.**

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Void - National Republican Congressional Comm.

Candidate Name

**National Republican Congressional Comm.**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : 8145825**

Amount of Each Disbursement this Period

-15000.00
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☐ Memo Item  
Void - National Republican Congressional Comm.

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-16000.00
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325250.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

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

001

Category/  
Type

 Memo Item

001

Category/  
Type

 Memo Item

011

Category/  
Type

 Memo Item

## Convention Event Honoring Southern States

45000.00

45000.00