

**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 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 Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer William J. Robb III, MD

Signature of Treasurer

William J. Robb III, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

|  | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                      |
|--|---|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |   | <span style="border: 1px solid black; padding: 2px;">977438.67</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <span style="border: 1px solid black; padding: 2px;">611301.56</span> |  |
| (c) Total Receipts (from Line 19) .....  | <span style="border: 1px solid black; padding: 2px;">29241.94</span>  | <span style="border: 1px solid black; padding: 2px;">1351907.99</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <span style="border: 1px solid black; padding: 2px;">640543.50</span> | <span style="border: 1px solid black; padding: 2px;">2329346.66</span> |
| 7. Total Disbursements (from Line 31) .....  | <span style="border: 1px solid black; padding: 2px;">19442.05</span>  | <span style="border: 1px solid black; padding: 2px;">1708245.21</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <span style="border: 1px solid black; padding: 2px;">621101.45</span> | <span style="border: 1px solid black; padding: 2px;">621101.45</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>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><br>the Committee (Itemize all on<br>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 | Y | Y |
| 1 | 1 |   | 2 | 5 |   | 2 | 0 | 1 | 4 |   |   |

To:

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 4 |   |   |

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A).....            | 26027.33                      | 1168325.66                        |
| (ii) Unitemized .....   | 2643.00                       | 130536.66                         |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii))..... ►   | 28670.33                      | 1298862.32                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines<br>11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5) .....  | 28670.33                      | 1298862.32                        |
| 12. Transfers From Affiliated/Other<br>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<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)..... | 562.29                        | 19204.50                          |
| 16. Refunds of Contributions Made<br>to Federal Candidates and Other<br>Political Committees.....           | 0.00                          | 33750.00                          |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.).....  | 9.32                          | 91.17                             |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account<br>(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),<br>12, 13, 14, 15, 16, 17, and 18(c))..... ►                           | 29241.94                      | 1351907.99                        |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                      | 29241.94                      | 1351907.99                        |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 692.05                        | 19240.03                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 692.05                        | 19240.03                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 18500.00                      | 1094400.00                        |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 589005.18                         |
| 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 .....                                  | 250.00                        | 250.00                            |
| (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)).....                            | 250.00                        | 250.00                            |
| 29. Other Disbursements .....  | 0.00                          | 5350.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 19442.05                      | 1708245.21                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19442.05                      | 1708245.21                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 28670.33                      | 1298862.32                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 250.00                        | 250.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 28420.33                      | 1298612.32                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 692.05                        | 19240.03                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 562.29                        | 19204.50                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 129.76                        | 35.53                             |

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amend contribution to Ted Lieu for Congress on 11/26/14 to indicate 2014 Debt Retirement.

Form/Schedule:  
Transaction ID:

# **SCHEDULE 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. Andre Nicolas Gay MD**

Mailing Address 35550 Monterra Ter Apt 302

City State Zip Code  
 Union City CA 94587-8055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beloit 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  
 11 / 25 / 2014

**Transaction ID : 6605094**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Andrew D Bries MD**

Mailing Address 3126 Westminster Rd

City State Zip Code  
 Bettendorf IA 52722-4792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2014

**Transaction ID : 6612830**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : 6612831**

Amount of Each Receipt this Period

50.00

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

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

400.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME 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 ▼

670.00

Date of Receipt

11 / 28 / 2014

**Transaction ID : 6612832**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Scott Edward Porter MD**

Mailing Address Dept of Ortho, Acad Serv  
701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1256.00

Date of Receipt

12 / 03 / 2014

**Transaction ID : 6630292**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Steven G Wynder MD**

Mailing Address 5290 W 612 N

City

Huntington

State

IN

Zip Code

46750-8964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 03 / 2014

**Transaction ID : 6630293**

Amount of Each Receipt this Period

250.00

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

418.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

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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)<br/> <b>A. John Minoru Itamura MD</b></p>   |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 02 / 2014<br/> <b>Transaction ID : 6643508</b></p> |  |  |
| <p>Mailing Address 921 Monterey Rd</p>   |                     |  | <p>Amount of Each Receipt this Period<br/> 250.00</p>  |  |  |
| <p>City<br/>South Pasadena</p>   | <p>State<br/>CA</p> | <p>Zip Code<br/>91030-3106</p>               |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>Kerlan-Jobe Orthopaedic Clinic</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 500.00</p>  |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Michael F Schafer MD</b></p>   |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 02 / 2014<br/> <b>Transaction ID : 6643509</b></p> |  |  |
| <p>Mailing Address 1815 W Ridgewood Lane</p>   |                     |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>   |  |  |
| <p>City<br/>Glenview</p>   | <p>State<br/>IL</p> | <p>Zip Code<br/>60025</p>                    |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>Northwestern Univ Medical School</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 1000.00</p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Andrew Stoeckl MD</b></p>  |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 02 / 2014<br/> <b>Transaction ID : 6643514</b></p> |  |  |
| <p>Mailing Address 90 Fairlawn Dr</p>  |                     |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>   |  |  |
| <p>City<br/>Amherst</p>  | <p>State<br/>NY</p> | <p>Zip Code<br/>14226</p>                    |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>Excelsior Ortho</p>  |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 1000.00</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**

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

FOR LINE NUMBER:  
(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)<br/> <b>A. Matthew P Gardner MD</b></p>  |             |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 02 / 2014<br/> <b>Transaction ID : 6643515</b></p> |  |  |
| <p>Mailing Address 207 Cumberland Dr</p>  |             |  | <p>Amount of Each Receipt this Period<br/> 150.00</p>  |  |  |
| City<br>Rochester   | State<br>IL | Zip Code<br>62563-9286                 |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer<br>Springfield Clinic  |             | Occupation<br>Orthopaedic Surgeon      |  |  |  |
| <p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | <p>Aggregate Year-to-Date ▼</p> 450.00 |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Ronald W B Wyatt MD</b></p>   |             |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 03 / 2014<br/> <b>Transaction ID : 6643555</b></p> |  |  |
| <p>Mailing Address 533 Carleton Way</p>   |             |  | <p>Amount of Each Receipt this Period<br/> 100.00</p>  |  |  |
| City<br>Alamo   | State<br>CA | Zip Code<br>94507-2863                 |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer<br>Self Employed   |             | Occupation<br>Orthopaedic Surgeon      |  |  |  |
| <p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | <p>Aggregate Year-to-Date ▼</p> 900.00 |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Dominic S Carreira MD</b></p>   |             |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 02 / 2014<br/> <b>Transaction ID : 6646293</b></p> |  |  |
| <p>Mailing Address 2325 Barcelona Dr</p>  |             |  | <p>Amount of Each Receipt this Period<br/> 300.00</p>  |  |  |
| City<br>Fort Lauderdale   | State<br>FL | Zip Code<br>33301-1554                 |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer<br>Broward Health  |             | Occupation<br>Orthopaedic Surgeon      |  |  |  |
| <p>Receipt For:</p> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | <p>Aggregate Year-to-Date ▼</p> 300.00 |  |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>  |             |  | 550.00   |  |  |
| <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. Brian R Hamlin MD**

Mailing Address 3169 Beechwood Drive

City State Zip Code  
Allison Park PA 15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UPMC

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  
12 / 02 / 2014

**Transaction ID : 6646294**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bryan T Edwards MD**

Mailing Address 17616 River Ford Drive

City State Zip Code  
Davidson NC 28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Novant Health

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  
12 / 02 / 2014

**Transaction ID : 6646295**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David J Mansfield MD**

Mailing Address 5550 Cory Dr

City State Zip Code  
El Paso TX 79932-3010

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 6648823**

Amount of Each Receipt this Period

85.00

**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. Neal D Lintecum MD**

Mailing Address 789 N 1500 Rd

City State Zip Code  
Lawrence KS 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 6648824**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Chad A Krueger MD**

Mailing Address 14827 Forward Pass

City State Zip Code  
San Antonio TX 78248-0974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 06 / 2014

**Transaction ID : 6655117**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

586.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 06 / 2014

**Transaction ID : 6655118**

Amount of Each Receipt this Period

84.00

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

214.00

**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)<br/> <b>A. Bruce J Sangeorzan MD</b></p> <p>Mailing Address Dept of Ortho<br/> 325 Ninth Ave Box 359798</p> <p>City State Zip Code<br/> Seattle WA 98104-2499</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/> University of Washington Orthopaedic Surgeon</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 500.00</p> |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 08 / 2014</p> <p><b>Transaction ID : 6656838</b></p> <p>Amount of Each Receipt this Period<br/> 500.00</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Christopher S Raffo MD</b></p> <p>Mailing Address 9409 Crimson Leaf Terrace</p> <p>City State Zip Code<br/> Potomac MD 20854</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/> Self Employed Orthopaedic Surgeon</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 500.00</p>                                  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 08 / 2014</p> <p><b>Transaction ID : 6656842</b></p> <p>Amount of Each Receipt this Period<br/> 500.00</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>c. Kevin Joseph Sprague MD</b></p> <p>Mailing Address 4573 Chelsea Ln</p> <p>City State Zip Code<br/> Bloomfield Hills MI 48301</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/> Henry Ford Wyandotte Hospital Orthopaedic Surgeon</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 1000.00</p>                 |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 10 / 2014</p> <p><b>Transaction ID : 6662361</b></p> <p>Amount of Each Receipt this Period<br/> 1000.00</p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>  |  | <p>2000.00</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. 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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673780**

Amount of Each Receipt this Period

84.00

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673781**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**c. Jeffery P Beckenbaugh DO**

Mailing Address 1302 Lecy Lane NE

City

Stewartville

State

MN

Zip Code

55976-2500

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673782**

Amount of Each Receipt this Period

100.00

**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. Eric Louis Smith MD**

Mailing Address 1573 Beacon St

City

Waban

State

MA

Zip Code

02468-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673783**

Amount of Each Receipt this Period

84.00

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673784**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Paul Joseph Beauvais MD**

Mailing Address 86 Cedar Grove Rd

City

Southbury

State

CT

Zip Code

06488-1930

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2014

**Transaction ID : 6673787**

Amount of Each Receipt this Period

300.00

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

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

469.00

# **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)<br/> <b>A. John R Tongue MD</b></p>   |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 21 / 2014<br/> <b>Transaction ID : 6673789</b></p> |  |  |
| <p>Mailing Address 6485 SW Borland Rd<br/> Ste A</p>   |  |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>   |  |  |
| <p>City Tualatin State OR Zip Code 97062-9762</p>  |  |  |  |  |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |  |  |  |  |  |
| <p>Name of Employer<br/> Self Employed</p>   |  | <p>Occupation<br/> Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |  | <p>Aggregate Year-to-Date ▼<br/> 2000.00</p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Frank P Giammattei MD</b></p>  |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 22 / 2014<br/> <b>Transaction ID : 6673792</b></p> |  |  |
| <p>Mailing Address 30 Woodbrook Rd</p>   |  |  | <p>Amount of Each Receipt this Period<br/> 83.33</p>   |  |  |
| <p>City Swarthmore State PA Zip Code 19081-1234</p>  |  |  |  |  |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |  |  |  |  |  |
| <p>Name of Employer<br/> Premier Orthopaedics</p>  |  | <p>Occupation<br/> Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |  | <p>Aggregate Year-to-Date ▼<br/> 333.32</p>  |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Daniel William Green MD</b></p>  |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 22 / 2014<br/> <b>Transaction ID : 6673793</b></p> |  |  |
| <p>Mailing Address 535 E 70th St</p>   |  |  | <p>Amount of Each Receipt this Period<br/> 175.00</p>  |  |  |
| <p>City New York State NY Zip Code 10021-4823</p>  |  |  |  |  |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |  |  |  |  |  |
| <p>Name of Employer<br/> Hospital for Special Surgery</p>  |  | <p>Occupation<br/> Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |  | <p>Aggregate Year-to-Date ▼<br/> 700.00</p>  |  |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |  |  | <p>1258.33</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. Paul J Duwelius MD**

Mailing Address 16925 Scott Ct

City State Zip Code  
 Lake Oswego OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Orthopedic & Fracture Specialists

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  
 12 / 09 / 2014

**Transaction ID : 6675011**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Douglas P Tewes MD**

Mailing Address P.O. Box 6939

City State Zip Code  
 Lincoln NE 68506-0939

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : 6675013**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John Z Edwards MD**

Mailing Address 915 Dorchester Place  
 Apt 204

City State Zip Code  
 Charlottesville VA 22911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Martha Jefferson Hospital

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : 6675015**

Amount of Each Receipt this Period

500.00

**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)<br/> <b>A. John Charles Kofoed MD</b></p>   |                     |   | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 12 / 2014<br/> <b>Transaction ID : 6675018</b></p> |  |  |
| <p>Mailing Address 2619 Seminole Ct</p>  |                     |   | <p>Amount of Each Receipt this Period<br/> 84.00</p>   |  |  |
| <p>City<br/>Fairfield</p>  | <p>State<br/>CA</p> | <p>Zip Code<br/>94534-7871</p>              |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |   |  |  |  |
| <p>Name of Employer<br/>Sutter Medical Group</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 916.00</p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. John O Cletcher Jr, MD</b></p>   |                     |   | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 12 / 2014<br/> <b>Transaction ID : 6675019</b></p> |  |  |
| <p>Mailing Address Box 150</p>   |                     |   | <p>Amount of Each Receipt this Period<br/> 50.00</p>   |  |  |
| <p>City<br/>Hygiene</p>  | <p>State<br/>CO</p> | <p>Zip Code<br/>80533</p>                   |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |   |  |  |  |
| <p>Name of Employer<br/>Retired</p>  |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 300.00</p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Norman B Livermore III, MD</b></p>   |                     |   | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 12 / 2014<br/> <b>Transaction ID : 6675020</b></p> |  |  |
| <p>Mailing Address 120 La Casa Via Ste 206</p>   |                     |   | <p>Amount of Each Receipt this Period<br/> 150.00</p>  |  |  |
| <p>City<br/>Walnut Creek</p>   | <p>State<br/>CA</p> | <p>Zip Code<br/>94598-3007</p>              |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |   |  |  |  |
| <p>Name of Employer<br/>Self Employed</p>  |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 700.00</p> |  |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |                     |   | <p>284.00</p>  |  |  |
| <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. David S Girdany MD**

Mailing Address 609 Clover Hill Rd

City State Zip Code  
Somerset PA 15501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Somerset Hospital

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  
12 / 12 / 2014

**Transaction ID : 6675021**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. J Wendell Duncan MD**

Mailing Address 5321 Columbia Rd

City State Zip Code  
Grovetown GA 30813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Ortho & Sports Med 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  
12 / 12 / 2014

**Transaction ID : 6675022**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Simon Mears MD**

Mailing Address 3825 Mapleshade Lane, #7102

City State Zip Code  
Plano TX 75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Texas

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  
12 / 12 / 2014

**Transaction ID : 6675025**

Amount of Each Receipt this Period

100.00

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

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

450.00

# **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. Kayvon S Riggi MD**

Mailing Address 14536 Rocksborough Rd

City

Minnetonka

State

MN

Zip Code

55345

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 ▼

500.00

Date of Receipt

12 / 12 / 2014

Transaction ID : 6675027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Victor Goldberg MD**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 12 / 2014

Transaction ID : 6675028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 1 Morningside Drive  
Apt 515

City

New York

State

NY

Zip Code

10025-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPenn

Occupation

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

12 / 24 / 2014

Transaction ID : 6676612

Amount of Each Receipt this Period

85.00

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

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

585.00

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

Mailing Address 102 Hawthorne Vale

City  
Ridgeland

State Zip Code  
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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

**Transaction ID : 6677573**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Andrew Philip Manista MD**

Mailing Address 1909 Golden Maple Ct NW

City  
Olympia

State Zip Code  
WA 98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olympia Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

**Transaction ID : 6677575**

Amount of Each Receipt this Period

542.00

Full Name (Last, First, Middle Initial)

**C. William Andrew Lighthart MD**

Mailing Address 448 Curtis Brook Rd

City  
Rutland

State Zip Code  
VT 05701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rutland Regional 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  
12 18 2014

**Transaction ID : 6677576**

Amount of Each Receipt this Period

250.00

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

877.00

**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. David F Apple Jr, MD**

Mailing Address 660 Collier Commons Circle

City State Zip Code  
 Atlanta GA 30318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shepherd Center

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  
 12 18 2014

**Transaction ID : 6677577**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael F Sacco MD**

Mailing Address 120 Norlyn Dr

City State Zip Code  
 Walnut Creek CA 94596-4258

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  
 12 18 2014

**Transaction ID : 6677579**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anthony Scillia MD**

Mailing Address 110 Clark Road

City State Zip Code  
 Bernardsville NJ 07924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Orthopaedic Institute

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  
 12 18 2014

**Transaction ID : 6677580**

Amount of Each Receipt this Period

250.00

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

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

850.00

# **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)<br/> <b>A. Sidney Premer Migliori MD</b></p>  |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 18 / 2014<br/> <b>Transaction ID : 6677583</b></p> |  |  |
| <p>Mailing Address 40 Chief Botelho Ct.</p>  |                     |  | <p>Amount of Each Receipt this Period<br/> 100.00</p>  |  |  |
| <p>City<br/>East Greenwich</p>   | <p>State<br/>RI</p> | <p>Zip Code<br/>02818</p>                    |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>Orthopaedic Associates</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 350.00</p>  |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Kevin W Lanighan MD</b></p>  |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 26 / 2014<br/> <b>Transaction ID : 6677584</b></p> |  |  |
| <p>Mailing Address 5527 Pine Loch Ln</p>   |                     |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>   |  |  |
| <p>City<br/>Williamsville</p>  | <p>State<br/>NY</p> | <p>Zip Code<br/>14221</p>                    |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>Northtowns Orthopaedics</p>  |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 2000.00</p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Mark W Zawadsky MD</b></p>   |                     |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 12 / 26 / 2014<br/> <b>Transaction ID : 6677585</b></p> |  |  |
| <p>Mailing Address 3460 Ordway Street NW</p>   |                     |  | <p>Amount of Each Receipt this Period<br/> 100.00</p>  |  |  |
| <p>City<br/>Washington</p>   | <p>State<br/>DC</p> | <p>Zip Code<br/>20016</p>                    |  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> C</p>   |                     |  |  |  |  |
| <p>Name of Employer<br/>MedStar</p>  |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>    |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                     | <p>Aggregate Year-to-Date ▼<br/> 350.00</p>  |  |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |                     |  | <p>1200.00</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. Charles Cannon Edwards II, MD**

Mailing Address 308 N Wind Rd

City State Zip Code  
Towson MD 21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Maryland Spine 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  
12 26 2014

**Transaction ID : 6677586**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David F Apple Jr, MD**

Mailing Address 660 Collier Commons Circle

City State Zip Code  
Atlanta GA 30318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shepherd 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  
12 26 2014

**Transaction ID : 6677588**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Peter G Noordsij MD**

Mailing Address Concord Orthopaedics PA  
264 Pleasant St

City State Zip Code  
Concord NH 03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Concord Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 26 2014

**Transaction ID : 6677589**

Amount of Each Receipt this Period

300.00

**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**

|   |                     |   |  |  |  |
|---|---------------------|---|--|--|--|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. Michael A Rauh MD</b></p>   |                     |   | <p>Date of Receipt<br/> <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 28 / 2014</div> </div> </p> |  |  |
| <p>Mailing Address 46 Middlebury Rd</p>   |                     |   | <p><b>Transaction ID : 6678897</b></p>   |  |  |
| <p>City<br/>Orchard Park</p>  | <p>State<br/>NY</p> | <p>Zip Code<br/>14127-3962</p>  | <p>Amount of Each Receipt this Period<br/> <div> <div>Y Y Y Y Y</div> <div>50.00</div> </div> </p>   |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>                      |                     |   |  |  |  |
| <p>Name of Employer<br/>University Orthopedic Specialists</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ </p> |                     | <p>Aggregate Year-to-Date ▼<br/> <div> <div>Y Y Y Y Y</div> <div>475.00</div> </div> </p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Jeffery D Angel MD</b></p>  |                     |   | <p>Date of Receipt<br/> <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 28 / 2014</div> </div> </p> |  |  |
| <p>Mailing Address 501 Virginia Dr Ste C</p>  |                     |   | <p><b>Transaction ID : 6678898</b></p>   |  |  |
| <p>City<br/>Batesville</p>  | <p>State<br/>AR</p> | <p>Zip Code<br/>72501-7331</p>  | <p>Amount of Each Receipt this Period<br/> <div> <div>Y Y Y Y Y</div> <div>84.00</div> </div> </p>   |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>                      |                     |   |  |  |  |
| <p>Name of Employer<br/>Self Employed</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ </p> |                     | <p>Aggregate Year-to-Date ▼<br/> <div> <div>Y Y Y Y Y</div> <div>754.00</div> </div> </p> |  |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Nicky L Leung MD</b></p>  |                     |   | <p>Date of Receipt<br/> <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 29 / 2014</div> </div> </p> |  |  |
| <p>Mailing Address 88 Cedar St</p>  |                     |   | <p><b>Transaction ID : 6680873</b></p>   |  |  |
| <p>City<br/>Wellesley</p>   | <p>State<br/>MA</p> | <p>Zip Code<br/>02481</p>   | <p>Amount of Each Receipt this Period<br/> <div> <div>Y Y Y Y Y</div> <div>250.00</div> </div> </p>  |  |  |
| <p>FEC ID number of contributing federal political committee.<br/> <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>                      |                     |   |  |  |  |
| <p>Name of Employer<br/>Newton Wellesley Orthopaedics</p>   |                     | <p>Occupation<br/>Orthopaedic Surgeon</p>   |  |  |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ </p> |                     | <p>Aggregate Year-to-Date ▼<br/> <div> <div>Y Y Y Y Y</div> <div>250.00</div> </div> </p> |  |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>  |                     |   | <div> <div>Y Y Y Y Y</div> <div>384.00</div> </div>  |  |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>  |                     |   | <div> <div>Y Y Y Y Y</div> <div></div> </div>  |  |  |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Terry Younger MD**

Mailing Address 5145 N. California Ave.

City

Chicago

State

IL

Zip Code

60625-3661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barrington Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 6680880**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 6681620**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**c. David Arthur Detrisac MD**

Mailing Address 3609 E Arbutus

City

Okemos

State

MI

Zip Code

48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Lansing Orthopaedic Assoc

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  
12 / 31 / 2014

**Transaction ID : 6681621**

Amount of Each Receipt this Period

500.00

**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  
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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. Norman B Livermore III, MD**

Mailing Address 120 La Casa Via Ste 206

City

Walnut Creek

State

CA

Zip Code

94598-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 6681623**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Craig A Hogan MD**

Mailing Address 18023 East Peakview Place

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado

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  
12 / 31 / 2014

**Transaction ID : 6681624**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Nicky L Leung MD**

Mailing Address 88 Cedar St

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Wellesley 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  
12 / 31 / 2014

**Transaction ID : 6681625**

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 42  
(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. Gary F Larsen MD**

Mailing Address 7610 Caballero Dr

City State Zip Code  
Sandy UT 84093

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 Y  
12 31 2014

**Transaction ID : 6681626**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Rola H Rashid MD**

Mailing Address 42 Delancey Ct

City State Zip Code  
Pittsford NY 14534

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 Y  
12 31 2014

**Transaction ID : 6681627**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Cary M Guse MD**

Mailing Address 6013 Turtle Bay Pkwy

City State Zip Code  
Columbus IN 47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Southern Indiana Orthopedics

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  
12 31 2014

**Transaction ID : 6681629**

Amount of Each Receipt this Period

500.00

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

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

900.00

# **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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NAME 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 P Grant MD**

Mailing Address 75 Springdale Place

City State Zip Code  
Longmont CO 80504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Estes Park 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  
12 31 2014

**Transaction ID : 6681630**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jefferson C Brand Jr, MD**

Mailing Address 111th Ave, Suite 101

City State Zip Code  
Alexandria MN 56308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 6681631**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mark S Topolski MD**

Mailing Address 837 Olympic Drive

City State Zip Code  
Onalaska WI 54650-8237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gunderson Lutheran

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  
12 31 2014

**Transaction ID : 6681632**

Amount of Each Receipt this Period

250.00

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

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

750.00

# **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 P Pohl MD**

Mailing Address 5692 Far Hills Ave Ste 4

City

Dayton

State

OH

Zip Code

45429-2202

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  
12 / 31 / 2014

**Transaction ID : 6681633**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Humberto A Galleno MD**

Mailing Address Inter-Community Prof Plaza  
315 N 3rd Ave Ste 302

City

Covina

State

CA

Zip Code

91723-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

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  
12 / 31 / 2014

**Transaction ID : 6681634**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Frank J Eismont MD**

Mailing Address 4201 Palm Ln

City

Miami

State

FL

Zip Code

33137

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  
12 / 31 / 2014

**Transaction ID : 6681635**

Amount of Each Receipt this Period

1000.00

**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. Thomas J Errico MD**

Mailing Address 301 East 17th Street, Rm 400

City  
New York

State Zip Code  
NY 10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYU Medical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 6681636**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pooya Javidan MD**

Mailing Address 8500 Highland Plaza Dr  
Apt 519

City  
Saint Louis

State Zip Code  
MO 63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of St. Louis

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  
12 31 2014

**Transaction ID : 6681637**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Chad Efird MD**

Mailing Address 147 Royal Dornoch Dr

City  
Branson

State Zip Code  
MO 65616-7414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cox Medical Center Branson

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  
12 31 2014

**Transaction ID : 6681639**

Amount of Each Receipt this Period

250.00

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

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

1350.00

# **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. Hal S Crane MD**

Mailing Address 3511 Bonfield Rd

City

Pikesville

State

MD

Zip Code

21208-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Washington 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  
12 / 31 / 2014

**Transaction ID : 6681640**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey J Lazarus MD**

Mailing Address 31 S River Rd

City

Stuart

State

FL

Zip Code

34996-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Treasure Coast Ortho Assoc

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  
12 / 31 / 2014

**Transaction ID : 6681641**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 6681692**

Amount of Each Receipt this Period

500.00

**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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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**

|  |  |  |   |  |
|--|--|--|---|--|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. William M Strassberg MD</b></p> <p>Mailing Address 36 Sailors Bluff</p> <p>City Northport State ME Zip Code 04849</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mount Desert Island Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">750.00</span></p> |  |  | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">12 / 09 / 2014</span></p> <p><b>Transaction ID : 6861819</b></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p><b>[MEMO ITEM]</b><br/> Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$750.00</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>  |  |  | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>  |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>  |  |  | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></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><span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p><span style="border: 1px solid black; padding: 2px;">26027.33</span></p>   |  |

# **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. American Association of Orthopaedic Surgeons**

Mailing Address 6300 N River Road

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 ▼

19204.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 17 2014

**Transaction ID : 6672108**

Amount of Each Receipt this Period

562.29

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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 Y

Amount of Each Receipt this Period

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

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

562.29

562.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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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 / D D / Y Y Y Y Y  
11 / 26 / 2014**Transaction ID : 6626666**

Amount of Each Disbursement this Period

81.49

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 / D D / Y Y Y Y Y  
12 / 05 / 2014**Transaction ID : 6667680**

Amount of Each Disbursement this Period

211.70

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 / D D / Y Y Y Y Y  
12 / 05 / 2014**Transaction ID : 6667681**

Amount of Each Disbursement this Period

153.47

Bank fees deducted from account

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

446.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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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

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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 |
| 12    |   | 09    |   | 2014      |

**Transaction ID : 6667682**

Amount of Each Disbursement this Period

|       |
|-------|
| 41.25 |
|-------|

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<br><input type="checkbox"/> Senate<br><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 |
| 12    |   | 16    |   | 2014      |

**Transaction ID : 6667748**

Amount of Each Disbursement this Period

|       |
|-------|
| 74.38 |
|-------|

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<br><input type="checkbox"/> Senate<br><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 |
| 12    |   | 23    |   | 2014      |

**Transaction ID : 6687392**

Amount of Each Disbursement this Period

|       |
|-------|
| 64.88 |
|-------|

Bank fees deducted from account

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

180.51

**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 37 OF 42

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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<br><input type="checkbox"/> Senate<br><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 |
| 12    |   | 31    |   | 2014        |

**Transaction ID : 6687393**

Amount of Each Disbursement this Period

|       |
|-------|
| 64.88 |
|-------|

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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

|  |
|--|
|  |
|--|

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

|       |
|-------|
| 64.88 |
|-------|

|        |
|--------|
| 692.05 |
|--------|

**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 38 OF 42

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ralph Abraham for Congress**

Mailing Address P.O. Box 270

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Archibald | LA    | 71218    |

Purpose of Disbursement  
Void - Ralph Abraham for Congress

Candidate Name

**Ralph Abraham**

|                |  |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State: LA      | District: 05   |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| Runoff2014   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 25    |   | 2014      |

**Transaction ID : 6607261**

Amount of Each Disbursement this Period

|          |
|----------|
| -5000.00 |
|----------|

Void - Ralph Abraham for Congress

Full Name (Last, First, Middle Initial)

**B. Ralph Abraham for Congress**

Mailing Address P.O. Box 270

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Archibald | LA    | 71218    |

Purpose of Disbursement

Candidate Name

**Ralph Abraham**

|                |  |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State: LA      | District: 05   |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| Runoff2014   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 25    |   | 2014      |

**Transaction ID : 6607262**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Los Angeles | CA    | 90048    |

Purpose of Disbursement  
2014 Primary Debt Retirement

Candidate Name

**Ted Lieu**

|                |  |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State: CA      | District: 33   |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| 2014 Primary Debt Re   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 26    |   | 2014      |

**Transaction ID : 6609050**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

2014 Primary Debt Retirement

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

|         |
|---------|
| 1000.00 |
|---------|

|  |
|--|
|  |
|--|

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

PAGE 39 OF 42

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. BRETPAC**

Mailing Address 608 Montgomery Ave

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| Elizabethtown | KY    | 42701    |

Purpose of Disbursement  
Guthrie's LPAC

011

Candidate Name

**BRETPAC**

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 |
| 11    |   | 26    |   | 2014      |

**Transaction ID : 6609066**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Guthrie's LPAC

Full Name (Last, First, Middle Initial)

**B. Ann Wagner for Congress**

Mailing Address P.O. Box 50

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Ballwin | MO    | 63022    |

Purpose of Disbursement

011

Candidate Name

**Rep. Ann Wagner**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 26    |   | 2014      |

**Transaction ID : 6609068**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Who Dat PAC**Mailing Address 499 S. Capitol St. SW  
Suite 422

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Richmond's LPAC

011

Candidate Name

**Who Dat 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 |
| 11    |   | 26    |   | 2014      |

**Transaction ID : 6609080**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Richmond's LPAC

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

|         |
|---------|
| 9000.00 |
|---------|

|  |
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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 40 OF 42

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Peace Through Strength PAC**Mailing Address 499 S. Capitol St. SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Hunter's LPAC

011

Category/  
Type

Candidate Name

**Peace Through Strength 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 |
| 12    |   | 12    |   | 2014      |

**Transaction ID : 6663637**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Hunter's LPAC

Full Name (Last, First, Middle Initial)

**B. BRETPAC**

Mailing Address 504 DEREK AVENUE

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement  
Guthrie's LPAC

011

Category/  
Type

Candidate Name

**BRETPAC**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 |
| 12    |   | 12    |   | 2014      |

**Transaction ID : 6663647**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Guthrie's LPAC

Full Name (Last, First, Middle Initial)

**C. Luke Messer for Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Luke Messer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 12    |   | 2014      |

**Transaction ID : 6663649**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**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)

PAGE 41 OF 42

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. GOP Generation Y Fund**

Mailing Address P.O. Box 9055

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Peoria | IL    | 61612    |

Purpose of Disbursement  
Schock's LPAC

011

Candidate Name

**GOP Generation Y Fund**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 |
| 12    |   | 12    |   | 2014        |

**Transaction ID : 6663655**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Schock's LPAC

Full Name (Last, First, Middle Initial)

**B. Capito for West Virginia**

Mailing Address P.O. Box 11519

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Charleston | WV    | 25339    |

Purpose of Disbursement  
Void - Capito For West Virginia

011

Candidate Name

**Shelley Capito**Category/  
Type

|                |  |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                   |  |
|-------------------|--|
| Disbursement For: | 2014   |
|                   | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                                   |

State: WV District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 15    |   | 2014        |

**Transaction ID : 6667799**

Amount of Each Disbursement this Period

|          |
|----------|
| -5000.00 |
|----------|

Void - Capito For West Virginia

Full Name (Last, First, Middle Initial)

**C. Brad Ashford for Congress**

Mailing Address P.O. Box 24023

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Omaha | NE    | 68124    |

Purpose of Disbursement

011

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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                                   |

State: NE District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2014        |

**Transaction ID : 6675735**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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

|      |
|------|
| 0.00 |
|------|

|          |
|----------|
| 18500.00 |
|----------|

**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 42 OF 42

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William M Strassberg MD**

Mailing Address 36 Sailors Bluff

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Northport | ME    | 04849    |

Purpose of Disbursement  
Refund contribution

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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 |
| 12    |   | 09    |   | 2014        |

**Transaction ID : 6657760**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Refund contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><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

|  |
|--|
|  |
|--|

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

|        |
|--------|
| 250.00 |
|--------|

|        |
|--------|
| 250.00 |
|--------|