| Image# 202004129216642071   |  |   | _                       |                            | PAGE 1 / 300   |
|---|--|---|-------------------------|----------------------------|--|
|   | EPORT OF R<br>ND DISBURS<br>Other Than An Author             | EMENTS                                    | ;                       | Office Use C               | Dnly   |
| 1. NAME OF TYP<br>COMMITTEE (in full)   | PE OR PRINT V  | Example: If typing over the lines.        | , type 12FI             | E4M5                       |  |
|   | e of the American As   |   | rthopaedic Su           | IrgeonsPAC                 | of AAOS  |
|   |  |   |                         |                            |  |
| ADDRESS (number and street)   | 17 Massachusetts Ave., N.E.                                  |   |                         |                            |  |
| Check if different  | st Floor<br>Mashington                                       |   |                         | 20002                      |  |
| 2. FEC IDENTIFICATION NUME  | SER V CITY   |   | STATE                   | ZIF                        | CODE   |
| C C00343137   | 3. IS TH<br>REPO   |   |                         | AMENDED<br>(A)             |  |
| <ul> <li><b>4. TYPE OF REPORT</b><br/>(Choose One)</li> <li>(a) Quarterly Reports:</li> </ul> | (b) Monthly<br>Report<br>Due On:<br>Mar 20                   | (M3) Ju                                   | ay 20 (M5)              | Aug 20 (M8)<br>Sep 20 (M9) | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15<br>Quarterly Report (Q1)<br>July 15<br>Quarterly Report (Q2)<br>October 15           | (c) 12-Day<br>PRE-Election<br>Report for the:                | M4) Ju<br>Primary (12P)<br>Convention (12 |                         | Oct 20 (M10)               | Jan 31 (YE)<br>Runoff (12R)  |
| Quarterly Report (Q3)<br>January 31<br>Year-End Report (YE)<br>July 31 Mid-Year               | Election or  |   |                         |                            | the ate of   |
| Report (Non-election<br>Year Only) (MY)   | (d) 30-Day<br><b>POST</b> -Election<br>Report for the:       | General (30G)                             | Ru                      | noff (30R)                 | Special (30S)  |
| Termination Report<br>(TER)   | Election of  | M = M /                                   | D D / Y Y               |                            | the ate of   |
| 5. Covering Period  | / D D / Y Y Y Y<br>01 2020                                   | through                                   | M M / D<br>03 31        | D / Y Y Y<br>2020          | Ŷ  |
| I certify that I have examined this R<br>Type or Print Name of Treasurer                      | leport and to the best of my<br>Lundy, W, , Douglas, MD, MBA | knowledge and be                          | elief it is true, corre | ect and complete.          |  |
| Signature of Treasurer  | , Douglas, MD, MBA   | [Electronically I                         | Filed] Date             | M M / D D<br>04 / 12       | / 2020   |
| NOTE: Submission of false, erroneous  | , or incomplete information ma                               | ay subject the perso                      | n signing this Repo     | rt to the penalties of     | of 52 U.S.C. § 30109   |
| Office<br>Use<br>Only   |  |   |                         |                            | ORM 3X<br>05/2016  |

04/12/2020 16 : 42

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

| R   | eport Covering the Period: From:   | 01 / D D / Y Y Y Y<br>01 / 2020 To | b: 03 / D D / Y Y Y Y Y<br>03 / 31 / 2020 |
|-----|--|------------------------------------|---|
|     |  | COLUMN A<br>This Period            | COLUMN B<br>Calendar Year-to-Date         |
| 6.  | (a) Cash on Hand<br>January 1, 2020  |                                    | 556233.75                                 |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 556233.75                          |   |
|     | (c) Total Receipts (from Line 19)  | 466979.01                          | 466979.01                                 |
|     | <ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul> | 1023212.76                         | 1023212.76                                |
| 7.  | Total Disbursements (from Line 31)   | 387201.64                          | 387201.64                                 |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 636011.12                          | 636011.12                                 |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                               |   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                               |   |

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

| Political Action Committee of the Americ  |                               |                                   |
|---|-------------------------------|-----------------------------------|
| Report Covering the Period: From:   |                               | To: 03 / 0 0 / 9 9 9 9            |
| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| 1. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other   |                               |                                   |
| Than Political Committees   | 202702.66                     | 000700.00                         |
| (i) Itemized (use Schedule A)   | 392783.66                     | 392783.66                         |
| (ii) Unitemized   | 65346.58                      | 65346.58                          |
| (iii) TOTAL (add  |                               |                                   |
| Lines 11(a)(i) and (ii)   | 458130.24                     | 458130.24                         |
|   |                               |                                   |
| (b) Political Party Committees  | 0.00                          | 0.00                              |
| (c) Other Political Committees  |                               |                                   |
| (such as PACs)  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines  |                               |                                   |
| 11(a)(iii), (b), and (c)) (Carry  | 459120.24                     | 458130.24                         |
| Totals to Line 33, page 5)  | 458130.24                     | 430130.24                         |
| . Transfers From Affiliated/Other   | 0.00                          | 0.00                              |
| Party Committees  | 0.00                          | 0.00                              |
| 3. All Loans Received   | 0.00                          | 0.00                              |
|   |                               |                                   |
| L Loan Repayments Received  | 0.00                          | 0.00                              |
| 5. Offsets To Operating Expenditures  |                               |                                   |
| (Refunds, Rebates, etc.)  |                               |                                   |
| (Carry Totals to Line 37, page 5)   | 8848.77                       | 8848.77                           |
| . Refunds of Contributions Made   |                               |                                   |
| to Federal Candidates and Other   |                               |                                   |
| Political Committees  | 0.00                          | 0.00                              |
| 7. Other Federal Receipts   |                               |                                   |
| (Dividends, Interest, etc.)   | 0.00                          | 0.00                              |
| (a) Non-Federal Account   |                               |                                   |
| (from Schedule H3)  | 0.00                          | 0.00                              |
|   |                               | 4                                 |
| (b) Levin Funds (from Schedule H5)  | 0.00                          | 0.00                              |
|   |                               | 41 41 41 41                       |
| (c) Total Transfers (add 18(a) and 18(b))   | 0.00                          | 0.00                              |
|   |                               |                                   |
| <ul> <li>P. Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ul> | 466979.01                     | 466979.01                         |
| , io, ii, io, io, ii, and io(0))  | 7 7 7 7                       |                                   |
| 0. Total Federal Receipts   |                               |                                   |

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

466979.01

#### DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 05/2016)  |                               | Page 4                            |  |  |
|---|-------------------------------|-----------------------------------|--|--|
| II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
| Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)                     |                               |                                   |  |  |
| (i) Federal Share   | 0.00                          | 0.00                              |  |  |
| (ii) Non-Federal Share  | 0.00                          | 0.00                              |  |  |
| (b) Other Federal Operating<br>Expenditures   | 10732.44                      | 10732.44                          |  |  |
| (c) Total Operating Expenditures  |                               |                                   |  |  |
| (add 21(a)(i), (a)(ii), and (b))►<br>Transfers to Affiliated/Other Party  | 10732.44                      | 10732.4                           |  |  |
| Committees<br>Contributions to  | 0.00                          | 0.00                              |  |  |
| Federal Candidates/Committees<br>and Other Political Committees   | 375301.20                     | 375301.20                         |  |  |
| Independent Expenditures<br>(use Schedule E)<br>Coordinated Party Expenditures                                  | 0.00                          | 0.00                              |  |  |
| (52 U.S.C. § 30116(d))<br>(use Schedule F)  | 0.00                          | 0.0                               |  |  |
| Loan Repayments Made  | 0.00                          | 0.00                              |  |  |
| Loans Made<br>Refunds of Contributions To:  | 0.00                          | 0.00                              |  |  |
| a) Individuals/Persons Other<br>Than Political Committees   | 1168.00                       | 1168.00                           |  |  |
| (b) Political Party Committees  | 0.00                          | 0.00                              |  |  |
| (c) Other Political Committees<br>(such as PACs)  | 0.00                          | 0.0                               |  |  |
| <ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>                        | 1168.00                       | 1168.00                           |  |  |
| Other Disbursements (Including Non-Federal Donations)   | 0.00                          | 0.00                              |  |  |
| Federal Election Activity (52 U.S.C. § 30101(2<br>(a) Allocated Federal Election Activity<br>(from Schedule H6) | 41 41 45                      |                                   |  |  |
| (i) Federal Share   | 0.00                          | 0.00                              |  |  |
| <ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>                                 | 0.00                          | 0.00                              |  |  |
| <ul> <li>(c) Total Federal Election Activity (add</li> </ul>  | 0.00                          | 0.00                              |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))  | 0.00                          | 0.00                              |  |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                              | 387201.64                     | 387201.64                         |  |  |
| Total Federal Disbursements   |                               |                                   |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)   | 387201.64                     | 207204.04                         |  |  |
|   | 507201.04                     | 387201.64                         |  |  |

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

| FEC Form | 1 3X | (Rev. | 05/2016) |  |
|----------|------|-------|----------|--|
|----------|------|-------|----------|--|

#### III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
|     | (from Line 11(d), page 3)              |
| 34. | Total Contribution Refunds             |
|     | (from Line 28(d))                      |
| 35. | Net Contributions (other than loans)   |
|     | (subtract Line 34 from Line 33)        |
| 36. | Total Federal Operating Expenditures   |
|     | (add Line 21(a)(i) and Line 21(b))     |
| 37. | Offsets to Operating Expenditures      |
|     | (from Line 15, page 3)                 |
| 38. | Net Operating Expenditures             |

(subtract Line 37 from Line 36) .....

|       |    |   |   |    | 458130.24 |
|-------|----|---|---|----|-----------|
|       | -7 |   |   | -7 |           |
|       |    |   |   |    | 1168.00   |
|       | -  |   |   | -  | 1168.00   |
|       |    |   |   |    |           |
| <br>4 | 7  |   |   | -  | 456962.24 |
|       |    |   |   |    | 10722.44  |
|       | -7 |   |   | 7  | 10732.44  |
|       |    |   |   |    |           |
|       | 7  |   |   | 7  | 8848.77   |
|       |    |   |   |    |           |
| _     |    | _ | _ |    | 1883.67   |
|       |    |   |   |    |           |

458130.24 1168.00 456962.24 10732.44 8848.77 1883.67

COLUMN B

Calendar Year-to-Date

#### Page 5

#### .... odulo(o) .

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)       ▼       11a       11b       11c       12       13       14       15       16       17 |  |  |
|--|---|---|--|--|--|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the  |   |   |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America   | an Association of Ortho   | ppaedic SurgeonsPAC of AAOS  |  |  |
| Full Name of Individual (Last, First, Middle Initi<br>A. Cantrell, Michael, W, , MD, FAAOS<br>Mailing Address 2303 Annandale Road SE<br>City<br>Huntsville | State   | Zip Code<br>35801   | Date of Receipt  |  |  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | С   | pation (for Individual)   | 1000.00  |  |  |
| Crestwood Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orth  | opaedic Surgeon<br>Year-to-Date ▼<br>1000.00                                  |  |  |  |
| Full Name of Individual (Last, First, Middle Initi<br>B. Casey, Brett, Edward, , MD,FAAOS<br>Mailing Address 249 Country Club Dr                           | al) or Full Or  | Zip Code  | Date of Receipt  |  |  |
| Houma<br>FEC ID number of contributing<br>federal political committee.   | LA  | 70360-7576  | Transaction ID : 10410518         Amount of Each Receipt this Period         250.00                          |  |  |
| Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼                       | Orth  | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | Memo Item  |  |  |
|  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Anderson, Robert, O, , MD, FAAOS<br>Mailing Address 9800 55th St N |   |  |  |  |
| City<br>Lake Elmo  | State<br>MN   | Zip Code<br>55042-8598  | Transaction ID : 10411364 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.   | С   |   | 250.00   |  |  |
| Name of Employer (for Individual)<br>Summit Orthopedics<br>Receipt For:<br>Primary General<br>Other (specify)  | Ortho   | pation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00        | Memo Item  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   | <b>r</b>  | 1500.00  |  |  |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Maender, Christopher, W, , MD, FAAOS Date of Receipt Α. Mailing Address 4509 Turtle Bay 1 2020 01 07 City Zip Code State Transaction ID: 10413626 IL Springfield 62711-7891 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lyons, Steven, Thomas, , MD, FAAOS Date of Receipt Mailing Address 12927 Darby Ridge Dr 01 2020 07 City State Zip Code Transaction ID : 10414051 FL Tampa 33624 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Robbe, Frederick, G, , III, MD, F Date of Receipt Mailing Address 8400 Shiloh Church Rd М 01 07 2020 City State Zip Code Transaction ID: 10418219 KΥ Hopkinsville 42240-8099 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WKOSM Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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PAGE

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |             | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 8 OF 300<br>(check only one)  |  |
|---|-------------|---|---|--|
|   |             | Detailed Summary Page                             | X         11a         11b         11c         12           13         14         15         16         17 |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |             |   |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | ne America  | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Middle Ir<br>Osterkamp, John, Anthony, , MD, FAA          |             | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 515 S Orange Grove Blvd<br>Apt #100<br>City                                     | State       | Zip Code  | 01 09 2020  |  |
| Pasadena  | CA          | 91105-3501  | Transaction ID : 10418229 Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                                      | С           |   | 250.00  |  |
| Name of Employer (for Individual)<br>Kerlan - Jobe Orthopedic Clinic                            |             | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>250.00                          |   |  |
| 3. Samuelson, Thomas, S, , MD, FAA  |             |   |   |  |
| Mailing Address 12101 Catalina St   |             |   | 01 09 2020  |  |
| City<br>Leawood   | State<br>KS | Zip Code<br>66209                                 | Transaction ID : 10418231<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                                      | С           |   | 500.00  |  |
| Name of Employer (for Individual)<br>Signature Medical Group of KC                              |             | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                    |   |  |
| Other (specify) ▼   |             | 500.00  |   |  |
| Full Name of Individual (Last, First, Middle Ir<br>Crowell, Robert, R, , MD,FAAOS               |             | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 888 Vernon Heights Cir  |             |   | 01 09 / Y Y Y Y   |  |
| City<br>Marion  | State<br>OH | Zip Code<br>43302                                 | Transaction ID : 10418232<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                                      | С           |   | 250.00  |  |
| Name of Employer (for Individual)<br>Ohio Health  |             | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>250.00                          |   |  |
| SUBTOTAL of Receipts This Page (optional)   |             | •   | 1000.00   |  |
| TOTAL This Period (last page this line number   | r only)     | ••••••  |   |  |

FOR LINE NUMBER:

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| IT | EMIZED RECEIPTS  |                  | for each category of the<br>Detailed Summary Page | `_     | eck only<br>11a<br>13 | / one)   | 11c                   | 12<br>16 17              |
|----|--|------------------|---|--------|-----------------------|----------|-----------------------|--------------------------|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                            |                  |   |        |                       |          |                       | g contributions          |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America          | an Association of Or                              | thopae | edic S                | urgeo    | nsPA                  | C of AAOS                |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Bieber, Edward, J, , MD, FAAOS<br>Mailing Address 7407 Beverly Road | al) or Full Oi   | rganization Name                                  |        | M M                   |          |                       | 2020                     |
|    | City<br>Bethesda   | State<br>MD      | Zip Code<br>20814                                 |        |                       |          | : 104182              | 2020<br>34<br>his Period |
|    | FEC ID number of contributing federal political committee.   | С                |   |        |                       |          |                       | 500.00                   |
|    | Name of Employer (for Individual)<br>Self Employed<br>Receipt For:   | Orth             | upation (for Individual)<br>nopaedic Surgeon      |        | Me                    | emo Item |                       |                          |
|    | Primary General<br>Other (specify) ▼   | Aggregate        | Year-to-Date ▼<br>500.00                          |        |                       |          |                       |                          |
| в. | Full Name of Individual (Last, First, Middle Initia<br>Vadala, Cathryn, Joyce, , MD, FAAO<br>Mailing Address 3502 S Keller | rganization Name |   | M M    | Receipt               |          | 2000                  |                          |
|    | City<br>Kennewick  | State<br>WA      | Zip Code<br>99337                                 |        |                       |          | : 104182              | 2020<br>35<br>his Period |
|    | FEC ID number of contributing federal political committee.   | С                |   |        |                       |          |                       | 500.00                   |
|    | Name of Employer (for Individual)<br>Tri City Orthopaedics   |                  | upation (for Individual)<br>nopaedic Surgeon      |        | Me                    | emo Item |                       |                          |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   |                  |   |        |                       |          |                       |                          |
| C. |  |                  | rganization Name                                  |        | Date of               | Receipt  |                       |                          |
|    | Mailing Address 902 Silver Spring Ln   |                  | 01  |        | 8                     | 2020     |                       |                          |
|    | Wexford  | State<br>PA      | Zip Code<br>15090                                 |        |                       |          | : 104182<br>Receipt t | his Period               |
|    | FEC ID number of contributing federal political committee.   | С                |   |        |                       | emo Item |                       | 250.00                   |
|    | Name of Employer (for Individual)<br>Tri-State Orthopaedics & Sports Medici<br>Receipt For:                                | ,                |   |        |                       |          |                       |                          |
|    | Primary General<br>Other (specify)   | Aggregate        | Year-to-Date ▼<br>250.00                          |        |                       |          |                       |                          |
| s  | UBTOTAL of Receipts This Page (optional)   |                  |   |        |                       | ,        | . ,                   | 1250.00                  |
| т  | OTAL This Period (last page this line number o   | nly)             |   | 🕨      |                       |          |                       |                          |

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| SCHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)         | FOR LINE NUMBER: PAGE 10 OF 300                    |  |  |  |
|--|--|----------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS  |  | for each category of the         | (check only one)                                   |  |  |  |
|  |  | Detailed Summary Page            | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 17          |  |  |  |
| Any information copied from such Reports and S                                       |  |                                  | person for the purpose of soliciting contributions |  |  |  |
| or for commercial purposes, other than using the                                     | e name and a   | ddress of any political committe | e to solicit contributions from such committee.    |  |  |  |
| NAME OF COMMITTEE (In Full)  | ο Amorio   | an Association of Orth           | opaedic SurgeonsPAC of AAOS                        |  |  |  |
|  |  |                                  | opaedic SurgeonsFAC of AAOS                        |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>A. Malvitz, Thomas, A, , MD,FAAOS | itial) or Full C   | rganization Name                 | Date of Receipt                                    |  |  |  |
| Mailing Address 5480 Forest Bend Dr  |  |                                  |  |  |  |  |
|  |  |                                  |  |  |  |  |
| City   | State  | Zip Code                         | Transaction ID : 10418282                          |  |  |  |
| Ada  | MI   | 49301                            | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing federal political committee.                           | С  |                                  | 500.00   |  |  |  |
| Name of Employer (for Individual)  | Occ  | upation (for Individual)         | Memo Item  |  |  |  |
| Ortho Assoc of Michigan City   | Orth   | nopaedic Surgeon                 |  |  |  |  |
| Receipt For:   | Aggregate  | Year-to-Date ▼                   |  |  |  |  |
| Primary General<br>Other (specify) ▼   |  | 500.00                           | 1  |  |  |  |
|  |  |                                  | 1  |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>B. Katz, Ralph, P, , MD, FAAOS    | itial) or Full C   | rganization Name                 | Date of Receipt                                    |  |  |  |
| Mailing Address 5629 Cherlyn Dr  | M = M / D = D / Y = Y = Y                                  |                                  |  |  |  |  |
|  |  |                                  |  |  |  |  |
| City<br>New Orleans  | State<br>LA  | Zip Code<br>70124-1138           | Transaction ID : 10418283                          |  |  |  |
|  |  | 70124 1130                       | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing<br>federal political committee.                        | С  |                                  | 250.00   |  |  |  |
| Name of Employer (for Individual)  | Occ  | upation (for Individual)         | Memo Item  |  |  |  |
| Westside Ortho Clinic  |  | nopaedic Surgeon                 |  |  |  |  |
| Receipt For:   | Aggregate  | Year-to-Date ▼                   |  |  |  |  |
| Primary General  |  | 250.00                           | 1  |  |  |  |
| Other (specify) V  |  | 250.00                           | 1  |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>C. Gill, John, T, , MD,FAAOS      | itial) or Full C   | rganization Name                 | Date of Receipt                                    |  |  |  |
| Mailing Address 8230 Walnut Hill Lane  |  |                                  |  |  |  |  |
|  |  |                                  | 01 11 2020   |  |  |  |
| City   | State  | Zip Code                         | Transaction ID : 10418477                          |  |  |  |
| Dallas   | ТХ   | 75231-4431                       | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing federal political committee.                           | FEC ID number of contributing federal political committee. |                                  |  |  |  |  |
| Name of Employer (for Individual)  |  | upation (for Individual)         | Memo Item  |  |  |  |
| Self Employed<br>Receipt For:  |  | opaedic Surgeon                  |  |  |  |  |
| Primary General  | Aggregate  | Year-to-Date ▼                   | -  |  |  |  |
| Other (specify)  |  | 250.00                           |  |  |  |  |
|  |  | 7 1 7 1 4                        | -  |  |  |  |
|  |  |                                  | 1000.00  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |  |                                  |  |  |  |  |

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

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

# Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |  |  |
|--|----------------------|---|---|--|--|
| Any information conject from such Reports a                                      | nd Statements m      |   | 13     14     15     16     17       berson for the purpose of soliciting contributions |  |  |
|  |                      |   | e to solicit contributions from such committee.   |  |  |
| NAME OF COMMITTEE (In Full) Political Action Committee o                         | f the Americ         | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Kelly, James, D, , II, MD,FAA  | e Initial) or Full C | rganization Name  | Date of Receipt   |  |  |
| Mailing Address 3838 California Street Suite 715                                 |                      |   | 01 / D D / Y Y Y Y<br>2020  |  |  |
| City<br>San Francisco  | State<br>CA          | Zip Code<br>94118-1509  | Transaction ID : 10418478           Amount of Each Receipt this Period                  |  |  |
| FEC ID number of contributing federal political committee.                       | C                    |   | 250.00  |  |  |
| Name of Employer (for Individual)<br>Self Employed                               |                      | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate            | Year-to-Date ▼<br>250.00  | ]   |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Cohen, Nathaniel, P, , MD,FAAC |                      | rganization Name  | Date of Receipt   |  |  |
| Mailing Address 15294 Via Palomino   |                      |   | 01 / Y Y Y Y<br>01 11 2020  |  |  |
| City<br>Monte Sereno   | State<br>CA          | Zip Code<br>95030-2227  | Transaction ID : 10418479   |  |  |
| FEC ID number of contributing federal political committee.                       | С                    |   | Amount of Each Receipt this Period  |  |  |
| Name of Employer (for Individual)<br>OrthoNorCal                                 |                      | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate            | Year-to-Date ▼<br>250.00  | ]   |  |  |
| Full Name of Individual (Last, First, Middl<br>c. Song, Suzette, J, , MD,FAAOS   |                      | rganization Name  | Date of Receipt   |  |  |
| Mailing Address 2864 Deer Chase Ln   |                      |   | 01 / D D / Y Y Y Y<br>01 11 2020  |  |  |
| City<br>York   | State<br>PA          | Zip Code<br>17403   | Transaction ID : 10418486 Amount of Each Receipt this Period                            |  |  |
| FEC ID number of contributing federal political committee.                       | C                    |   | 1000.00   |  |  |
| Name of Employer (for Individual)<br>OSS Orthopaedic Hospital                    |                      | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate            | Year-to-Date ▼<br>1000.00   | ]   |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)                   |   | 1500.00   |  |  |
| TOTAL This Period (last page this line num                                       | ber only)            |   |   |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | K     11a     11b     11c     12       13     14     15     16     17   |
|---|--|---|
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na                         | ements may not be sold or used by any pe<br>me and address of any political committee  | rson for the purpose of soliciting contributions to solicit contributions from such committee.                              |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A   | American Association of Ortho  | paedic SurgeonsPAC of AAOS  |
| Name of Employer (for Individual)<br>Self Employed  | or Full Organization Name          State<br>NC       Zip Code<br>27707         C       Occupation (for Individual)<br>Orthopaedic Surgeon         Aggregate Year-to-Date ▼ | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initial)<br>B. Archibeck, Michael, J, , MD,FAAOS<br>Mailing Address 4409 Chinlee Ave | or Full Organization Name  | Date of Receipt   |
| Albuquerque<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>NM Ortho     | NM     87110-5715       C     Occupation (for Individual)<br>Orthopaedic Surgeon       Aggregate Year-to-Date ▼       500.00   | Transaction ID : 10418513         Amount of Each Receipt this Period         500.00         Memo Item                       |
| Name of Employer (for Individual)<br>Plymouth Bay Orthopedic Associates, In   |  | Date of Receipt<br>01 / 11 / 2020<br>Transaction ID : 10418515<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)   |  | 2000.00   |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | (check only one)                                  |
|---|--|---|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the  |  | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of the   | American Association of Orth   | opaedic SurgeonsPAC of AAOS                       |
| Full Name of Individual (Last, First, Middle Initi         A.       Thordarson, David, B, , MD,FAAOS         Mailing Address 832 Hanley Ave         City         Los Angeles         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Cedars Sinai Hospital         Receipt For:         Primary       General         Other (specify) ▼    | al) or Full Organization Name          State       Zip Code         C       90049         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼                                 | Date of Receipt                                   |
| Full Name of Individual (Last, First, Middle Initi         B.       Chambers, Henry, G, , MD, FAAOS         Mailing Address 5458 Sandburg Ave         City         San Diego         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University of California         Receipt For:         Primary       General         Other (specify) ▼ | al) or Full Organization Name          State       Zip Code         C       92122         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼                                 | Date of Receipt                                   |
| Full Name of Individual (Last, First, Middle Initi         C. Martin, Christopher, T, , MD         Mailing Address 3191 Shorewood Dr         City         Arden Hills         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University of Minnesota         Receipt For:         Primary       General         Other (specify)           | al) or Full Organization Name          State       Zip Code         MN       55112-7948         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00 | Date of Receipt                                   |
| SUBTOTAL of Receipts This Page (optional)   |  | 1000.00   |

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FOR LINE NUMBER:

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300

| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (check only one)         X         11a         11b         11c         12         13         14         15         16         17 |
|--|-------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                   |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.                              |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                                 | he Americ         | an Association of Orth                            | nopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle  <br>A. Cusmariu, Jeffrey, R, , MD, FAAOS         | nitial) or Full C | rganization Name                                  | Date of Receipt  |
| Mailing Address 494 Lake Colony Way  |                   |   | 01 12 2020   |
| City<br>Birmingham   | State<br>AL       | Zip Code<br>35242                                 | Transaction ID : 10418531 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                 |   | 500.00   |
| Name of Employer (for Individual)<br>OrthoSports Associates                                    |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>500.00                          | ]  |
| Full Name of Individual (Last, First, Middle I<br>B. Irvine, David, , , MD, FAAOS              | nitial) or Full C | rganization Name                                  | Date of Receipt  |
| Mailing Address 13012 Sunny Dawn Ct  | 01-1-             | 7.0.0.1   | 01 12 2020   |
| City<br>Saint Louis  | State<br>MO       | Zip Code<br>63127                                 | Transaction ID : 10418533<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 1000.00  |
| Name of Employer (for Individual)<br>Self Employed   |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>1000.00                         | ]  |
| Full Name of Individual (Last, First, Middle I<br>C. Grutter, Paul, , , MD, FAAOS              | nitial) or Full C | rganization Name                                  | Date of Receipt  |
| Mailing Address 1374 Rozella Way   |                   |   | M M / D D / Y Y Y Y<br>01 12 2020  |
| City<br>Gallatin   | State<br>TN       | Zip Code<br>37066                                 | Transaction ID : 10418535           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 1000.00  |
| Name of Employer (for Individual)<br>Tennessee Orthopedic Alliance                             |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional).   |                   |   | 2500.00  |

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

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

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| SCHEDULE A (FEC Form 3X)   |                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 15 OF 30<br>(check only one)   |
|--|--------------------|---|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | X     11a     11b     11c     12       13     14     15     16     17                              |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                    |   | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of t                                    | the America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>Deutsch, Allen, A, , MD,FAAOS                  | Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 4018 Falkirk Lane  |                    |   | 01 / D D / Y Y Y Y<br>2020   |
| City<br>Houston  | State<br>TX        | Zip Code<br>77025                                 | Transaction ID : 10418545  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)  | Occu               | pation (for Individual)                           | Memo Item  |
| Self Employed  | Orth               | opaedic Surgeon                                   |  |
| Receipt For:   | Aggregate          | Year-to-Date 🔻                                    |  |
| Primary     General       Other (specify) ▼  |                    | 1000.00   | ]  |
| Full Name of Individual (Last, First, Middle<br>3. McHale, Patricia, , , MD, FAAOS             | Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 15819 Glenmiro Dr  |                    | 01 12 2020  |  |
| City   | State              | Zip Code  | Transaction ID : 10418551  |
| Huntersville   | NC                 | 28078   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Self Employed   |                    | upation (for Individual)<br>Iopaedic Surgeon      | Memo Item  |
| Receipt For:   | Aggregate          | Year-to-Date 🔻                                    |  |
| Other (specify) ▼  |                    | , 1000.00   | ]  |
| Full Name of Individual (Last, First, Middle<br>S. Sutker, Benjamin, David, , MD, I            |                    | rganization Name                                  | Date of Receipt  |
| Mailing Address 2429 Red Fox Trl   |                    |   | 01 12 2020   |
| City   | State              | Zip Code  | Transaction ID : 10418553  |
| Charlotte  | NC                 | 28211-3766  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Optim Orthopaedics  |                    | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 3000.00  |

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

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

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| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 16 OF 300<br>(check only one)  |  |
|---|--|--|--|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | $\mathbf{X}$ 11a         11b         11c         12           13         14         15         16         17 |  |
| or for commercial purposes, other than using the                                      |  | person for the purpose of soliciting contributions ee to solicit contributions from such committee.          |  |
|   |  | nopaedic SurgeonsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Middle I<br>Baker, James, Keith, , MD, FAAOS    | nitial) or Full Organization Name                  | Date of Receipt  |  |
| Mailing Address 727 Belvin St   | State Zip Code                                     | 01 / 12 / 2020<br>Transaction ID : 10418555  |  |
| San Marcos  | TX 78666   | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                            | C  | 300.00   |  |
| Name of Employer (for Individual)<br>Self Employed                                    | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                           |  |  |
| Primary     General       Other (specify) ▼   | 300.00   |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Meyer, Robert, Willse, , MD,FAAO |  | Date of Receipt  |  |
| Mailing Address 4066 West Lake Rd   | Aailing Address 4066 West Lake Rd                  |  |  |
| City  | State Zip Code                                     | Transaction ID : 10418558  |  |
| Canandaigua<br>FEC ID number of contributing  |  | Amount of Each Receipt this Period   |  |
| federal political committee.  | C  | 1000.00  |  |
| Name of Employer (for Individual)<br>Self Employed                                    | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                           |  |  |
| Primary     General       Other (specify) ▼   | 1000.00  |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Garino, Jonathan, P, , MD, MBA   |  | Date of Receipt  |  |
| Mailing Address 835 Stoke Road  |  | 01 12 2020   |  |
| City<br>Villanova   | State Zip Code<br>PA 19085                         | Transaction ID : 10418560  |  |
| FEC ID number of contributing federal political committee.                            | C  | Amount of Each Receipt this Period   |  |
| Name of Employer (for Individual)<br>Premier Orthopedics                              | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate Year-to-Date ▼<br>2500.00                |  |  |
| SUBTOTAL of Receipts This Page (optional)   | L  | 3800.00  |  |
| TOTAL This Period (last page this line numbe  | r only)  |  |  |

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

| SCHEDULE A (FEC Form 3X)   |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 17 OF 300                 |
|--|-------------------|---|---|
| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (check only one)                                |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th  |                   |   | e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the second sec | he America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                     |
| Full Name of Individual (Last, First, Middle I<br>Muschler, George, F, , MD,FAAOS  | nitial) or Full O | rganization Name                                  | Date of Receipt                                 |
| Mailing Address 2270 Chatfield Dr  |                   |   | 01 / Y Y Y Y<br>2020                            |
| City<br>Cloveland Heighte  | State<br>OH       | Zip Code<br>44106                                 | Transaction ID : 10418562                       |
| Cleveland Heights  |                   | 44100   | Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.   | C                 |   | 500.00  |
| Name of Employer (for Individual)  | Осси              | upation (for Individual)                          | Memo Item                                       |
| Cleveland Clinic   | Orth              | opaedic Surgeon                                   |   |
| Receipt For:   | Aggregate         | Year-to-Date 🔻                                    |   |
| Primary General  |                   |   | 1   |
| Other (specify) <b>v</b>   |                   | 500.00  | 1   |
| Full Name of Individual (Last, First, Middle I<br>B. Slappey, Gregory, S, , MD, FAAOS  |                   | rganization Name                                  | Date of Receipt                                 |
| Mailing Address 3347 Oak Grove Church Rd   |                   |   |   |
| City   | State             | Zip Code  | 01 12 2020<br>Transaction ID : 10418568         |
| Carrollton   | GA                | 30117   | Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.   | С                 |   | 250.00  |
| Name of Employer (for Individual)<br>Carrollton Orthopaedic Clinic   |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item                                       |
| Receipt For:   | Aggregate         | Year-to-Date 🔻                                    |   |
| Primary     General       Other (specify) ▼  |                   | , 250.00  | 1   |
| Full Name of Individual (Last, First, Middle I<br>C. Roberts, Karl, C, , MD,FAAOS  | nitial) or Full O | rganization Name                                  | Date of Receipt                                 |
| Mailing Address 1118 Pinecrest SE  |                   |   | M M / D D / Y Y Y Y<br>01 13 2020               |
| City   | State             | Zip Code  | Transaction ID : 10418571                       |
| Grand Rapids   | MI                | 49506   | Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.   | С                 |   | 500.00  |
| Name of Employer (for Individual)<br>West Michigan Orthopaedics  |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item                                       |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>500.00                          | 1   |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 1250.00   |

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

| ITE   | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS  |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         18         OF         300           (check only one)         Image: state stat |
|---|---|---------------|---|--|
| or  | for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full)  | name and a    | ddress of any political committe  | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.   |
| <ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li>Gentile, Joseph, , , MD,FAAOS</li> <li>Mailing Address 13512 Evening Primrose Dr</li> </ul> |   | al) or Full O | rganization Name  | Date of Receipt  |
|   | City  | State         | Zip Code  | 01 13 2020   |
|   | Davidson  | NC            | 28036-8964  | Transaction ID : 10418574 Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.  | С             |   | 250.00   |
|   | Name of Employer (for Individual)<br>Self Employed  |               | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>250.00  |  |
| Β.  | Full Name of Individual (Last, First, Middle Initia<br>Christensen, Alan, W, , MD, FAAOS<br>Mailing Address 1011 Lincoln Circle | al) or Full O | rganization Name  | Date of Receipt  |
|   | City  | State         | Zip Code  | Transaction ID : 10418759  |
|   | Winter Park   | FL            | 32789   | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.  | С             |   | 1000.00  |
|   | Name of Employer (for Individual)<br>Orlando Orthopaedic Center   |               | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1000.00   |  |
| C.  | Full Name of Individual (Last, First, Middle Initia Quisling, Scott, Gunnar, , MD, FAA  |               | rganization Name  | Date of Receipt  |
|   | Mailing Address 3275 Bransley Way   | State         | Zip Code  | 01 / D D / Y Y Y Y<br>01 13 2020<br>Transaction ID : 10418778  |
|   | Duluth  | GA            | 30097   | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.  | С             |   | 500.00   |
|   | Name of Employer (for Individual)<br>Resurgens Orthopaedics   |               | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>500.00  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |               |   | ▶ 1750.00  |

| SCHEDULE A (FEC Form 3X)   |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 19 OF 30                               |
|--|-------------------|---|--|
| TEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)   |
| Any information copied from such Reports and s<br>or for commercial purposes, other than using the |                   |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th                                    | ne America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                                  |
| Full Name of Individual (Last, First, Middle In<br>Macey, Theodore, I, , MD,FAAOS                  | nitial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1212 Twin Bay Dr   |                   |   | 01 13 2020   |
| City<br>Fort Walton Beach  | State<br>FL       | Zip Code<br>32547                                 | Transaction ID : 10418833 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | С                 |   | 900.00   |
| Name of Employer (for Individual)  | Осси              | upation (for Individual)                          | Memo Item  |
| Orthopaedic Associates<br>Receipt For:   |                   | opaedic Surgeon                                   |  |
| Primary General  | Aggregate         | Year-to-Date ▼                                    |  |
| Other (specify) V  | 900.00            |   |  |
| Full Name of Individual (Last, First, Middle In<br>G. Glassner, Philip, Justin, , MD, FAA          |                   | rganization Name                                  | Date of Receipt  |
| Mailing Address 67 Kingwood Stockton Rd  |                   |   | 01 13 2020   |
| City   | State             | Zip Code  | 132020<br>Transaction ID : 10419037                          |
| Stockton   | NJ                | 08559   | Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.   | С                 |   | 1000.00  |
| Name of Employer (for Individual)<br>MidJersey Orthopaedics  |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:   | Aggregate         | Year-to-Date ▼                                    |  |
| Other (specify) ▼  |                   | 1000.00   | ]  |
| Full Name of Individual (Last, First, Middle In<br>. Rodgers, Jeffrey, A, , MD, FAAO               |                   | rganization Name                                  | Date of Receipt  |
| Mailing Address 3750 Plumwood Drive  |                   |   | 01 13 2020   |
| City   | State             | Zip Code  | Transaction ID : 10419351                                    |
| West Des Moines  | IA                | 50265   | Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.   |                   |   | 500.00   |
| Name of Employer (for Individual)<br>Self Employed   |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>500.00                          | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 2400.00  |

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

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

| SCHEDULE A (FEC Form 3X) |   |              | Use separate schedule(s)         | FOR LINE NUMBER: PAGE 20 OF 300   |
|--------------------------|---|--------------|----------------------------------|---|
| IT                       | EMIZED RECEIPTS                                     |              | for each category of the         | (check only one)  |
|                          |   |              | Detailed Summary Page            | X         11a         11b         11c         12           13         14         15         16         17 |
| Ar                       | ny information copied from such Reports and Sta     | tements ma   | ly not be sold or used by any po |   |
|                          | for commercial purposes, other than using the n     |              |                                  |   |
| $\backslash$             | NAME OF COMMITTEE (In Full)                         |              |                                  |   |
| $ \rangle$               | Political Action Committee of the                   | America      | an Association of Ortho          | ppaedic SurgeonsPAC of AAOS   |
| Z                        | Full Name of Individual (Last, First, Middle Initia | l) or Full O | rganization Name                 |   |
| Α.                       | Flanagin, Brody, A, , MD, FAAOS                     | ,            |                                  | Date of Receipt   |
|                          | Mailing Address 10021 Dahman Circle                 |              |                                  | M M / D D / Y Y Y Y   |
|                          | City  | State        | Zip Code                         | 01 13 2020<br>Transaction ID : 10419353   |
|                          | Dallas  | TX           | 75238                            | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing                       |              |                                  |   |
|                          | federal political committee.                        | С            |                                  | 1000.00   |
|                          | Name of Employer (for Individual)                   | Occi         | upation (for Individual)         | Memo Item   |
|                          | Orthopedic Associates of Dallas                     |              | opaedic Surgeon                  |   |
|                          | Receipt For:  | Aggregate    | Year-to-Date 🔻                   |   |
|                          | Primary General                                     |              | 1000.00                          |   |
|                          | Other (specify) <b>v</b>                            |              | 1000.00                          |   |
|                          | Full Name of Individual (Last, First, Middle Initia | l) or Full O | rganization Name                 |   |
| В.                       | Abdel, Matthew, Philip, , MD, FAAOS                 |              | -                                | Date of Receipt   |
|                          | Mailing Address 1133 Hamlet Road Southwest          |              |                                  |   |
|                          | City  | State        | Zip Code                         | 01 14 2020  |
|                          | Rochester   | MN           | 55902                            | Transaction ID : 10419364<br>Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing                       |              |                                  |   |
|                          | federal political committee.                        | С            |                                  | 1000.00   |
|                          | Name of Employer (for Individual)                   | Occi         | upation (for Individual)         | Memo Item   |
|                          | Self Employed                                       |              | nopaedic Surgeon                 |   |
|                          |   | Aggregate    | Year-to-Date 🔻                   |   |
|                          | Primary General<br>Other (specify) ▼                |              | 1000.00                          |   |
|                          |   |              | 1000.00                          |   |
|                          | Full Name of Individual (Last, First, Middle Initia | l) or Full O | rganization Name                 |   |
| C.                       | Aronow, Michael, S, , MD, FAAOS                     |              |                                  | Date of Receipt   |
|                          | Mailing Address 36 Braintree Dr                     |              |                                  | 01 14 2020  |
|                          | City  | State        | Zip Code                         | Transaction ID : 10419365   |
|                          | West Hartford                                       | СТ           | 06117                            | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing                       | С            |                                  | 1000.00   |
|                          | federal political committee.                        | U            |                                  |   |
|                          | Name of Employer (for Individual)                   | Осси         | upation (for Individual)         | Memo Item   |
|                          | Orthopedic Association of Hartford                  | Orth         | opaedic Surgeon                  |   |
|                          | Receipt For:  | Aggregate    | Year-to-Date 🔻                   |   |
|                          | Other (specify)                                     | · · ·        | 1000.00                          |   |
|                          |   |              |                                  |   |
| Γ                        | ······································              |              |                                  |   |
| s                        | UBTOTAL of Receipts This Page (optional)            |              | ••••••                           | 3000.00   |
| 1                        |   |              |                                  |   |

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

FOR LINE NUMBER:

PAGE 21 OF

300

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Check only one)       Image: Mark 11 a mark       < |
|---|--|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using the  | Statements may not be sold or used by any pe<br>ne name and address of any political committee   | prson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full) Political Action Committee of tl  | he American Association of Ortho   | paedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle II         A.       Axe, Jeremie, M, , MD,FAAOS         Mailing Address       148 Gloucester Blvd         City       Middletown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         First State Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼ | nitial) or Full Organization Name          State       Zip Code         DE       19709-8327         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle I         B. Glaser, David, L, , MD, FAAOS         Mailing Address 725 Cedar Ln         City         Villanova         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) University of Pennsylvania         Receipt For:         Primary       General         Other (specify) ▼                        | nitial) or Full Organization Name          State       Zip Code         PA       19085         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00    | Date of Receipt   |
| Full Name of Individual (Last, First, Middle I         Schulman, Jeff, Eric, , MD, FAAC         Mailing Address 3229 Highland Lane         City         Fairfax         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Inova Medical Group Orthopaedics & Spo         Receipt For:         Primary       General         Other (specify)  |  | Date of Receipt   |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numbe   | · · · · · · · · · · · · · · · · · · ·  | 1500.00   |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 22 OF 300<br>(check only one)   |  |
|--|--|---|--|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | ★         11a         11b         11c         12           13         14         15         16         17 |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full) |  |   |  |
| Political Action Committee of the  |  | opaedic SurgeonsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Middle In<br>Brandoff, Jared, , , MD, FAAOS  | nitial) or Full Organization Name                  | Date of Receipt   |  |
| Mailing Address 10 Hemlock Hills<br>City   | State Zip Code                                     | 01 / 14 2020<br>Transaction ID : 10420035   |  |
| Chappaqua  | NY 10514   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.   | C  | 250.00  |  |
| Name of Employer (for Individual)<br>White Plains Hospital Physician Associ  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00                 | ]   |  |
| Full Name of Individual (Last, First, Middle Ir<br>Bartelt, Robert, Boyd, , MD, FAAO   |  | Date of Receipt   |  |
| Mailing Address 1120 Lakeview Drive  |  | 01 / Y Y Y Y<br>2020  |  |
| City<br>Cedar Falls  | State Zip Code<br>IA 50613                         | Transaction ID : 10420037<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | С  | 250.00  |  |
| Name of Employer (for Individual)<br>Cedar Valley Medical Specialists, PC  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00                 | ]   |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Mehrle, Robert, Kersey, , MD, FA   |  | Date of Receipt   |  |
| Mailing Address 2668 Lake Cir  | Mailing Address 2668 Lake Cir                      |   |  |
| City<br>Jackson  | StateZip CodeMS39211-6761                          | Transaction ID : 10420040<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |  |
| Name of Employer (for Individual)<br>Mississippi Sports Medicine & Orthopae  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>500.00                 | ]   |  |
| SUBTOTAL of Receipts This Page (optional)  | ,<br>  | 1000.00   |  |
| TOTAL This Period (last page this line number  | r only)  |   |  |

| SCHEDULE A (FEC Form 3X)   |                       | Use separate schedule(s)                   |                                      | 23 OF 300     |
|--|-----------------------|--|--------------------------------------|---------------|
| ITEMIZED RECEIPTS  |                       | for each category of the                   | (check only one)                     | 12            |
|  |                       | Detailed Summary Page                      | 13 14 15                             |               |
| Any information copied from such Reports an  |                       |  | erson for the purpose of soliciting  | contributions |
| or for commercial purposes, other than using                                       | g the name and ad     | dress of any political committe            | e to solicit contributions from such | committee.    |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                       | the America           | n Association of Orth                      | opaedic SurgeonsPAC                  | of AAOS       |
| Full Name of Individual (Last, First, Middle<br>Mollano, Anthony, V, , MD,FAAOS    | e Initial) or Full Or | ganization Name                            | Date of Receipt                      |               |
| Mailing Address 163 Galloping Hill Rd  |                       |  | 01 / D D / Y                         | 2020          |
| City<br>Contoocook   | State<br>NH           | Zip Code<br>03229-3401                     | Transaction ID : 10420041            |               |
|  |                       | 03229-3401                                 | Amount of Each Receipt this          | Period        |
| FEC ID number of contributing federal political committee.                         | С                     |  |                                      | 1000.00       |
| Name of Employer (for Individual)  | Occu                  | pation (for Individual)                    | Memo Item                            |               |
| Concord Orthopaedics   | Ortho                 | ppaedic Surgeon                            |                                      |               |
|  | Aggregate N           | ∕ear-to-Date ▼                             |                                      |               |
| Other (specify) ▼  |                       | 1000.00                                    | 1                                    |               |
|  |                       |  | 1                                    |               |
| Full Name of Individual (Last, First, Middl<br>B. Kelly, Edward, W, , MD, FAAOS    | e Initial) or Full Or | ganization Name                            | Date of Receipt                      |               |
| Mailing Address 2255 Sargent Ave   | -                     |  |                                      | Y Y Y         |
|  |                       |  | 01 15                                | 2020          |
| City   | State                 | Zip Code                                   | Transaction ID : 10420393            |               |
| Saint Paul   | MN                    | 55105                                      | Amount of Each Receipt this          | Period        |
| FEC ID number of contributing federal political committee.                         | С                     |  |                                      | 250.00        |
| Name of Employer (for Individual)<br>Twin Cities Orthopedics                       |                       | pation (for Individual)<br>opaedic Surgeon | Memo Item                            |               |
| Receipt For:   | Aggregate \           | /ear-to-Date ▼                             |                                      |               |
| Primary General<br>Other (specify) ▼   |                       | , 250.00                                   | 1                                    |               |
| Full Name of Individual (Last, First, Middle<br>C. Albritton, Mark, James, , MD, F |                       | ganization Name                            | Date of Receipt                      |               |
| Mailing Address 250 Ashmere Ct   |                       |  |                                      | 2020          |
| City   | State                 | Zip Code                                   | Transaction ID : 10420403            |               |
| Tyrone   | GA                    | 30290                                      | Amount of Each Receipt this          | Period        |
| FEC ID number of contributing federal political committee.                         | С                     |  |                                      | 1000.00       |
| Name of Employer (for Individual)<br>Resurgens Orthopaedics                        |                       | pation (for Individual)<br>paedic Surgeon  | Memo Item                            |               |
| Receipt For:   | I                     | /ear-to-Date ▼                             |                                      |               |
| Primary General  |                       |  | 1                                    |               |
| Other (specify)  |                       | 1000.00                                    | 1                                    |               |
|  |                       |  |                                      |               |
| SUPTOTAL of Possinto This Page (antiona  | I)                    |  |                                      | 2250.00       |
| SUBTOTAL of Receipts This Page (optiona  | '/                    |  |                                      |               |

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Duplantier, Neil, Leon, , MD, FAAOS Date of Receipt Α. Mailing Address 6618 Miline Blvd 1 2020 01 15 City Zip Code State Transaction ID : 10420422 LA New Orleans 70124 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Bone and Joint Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keene, Roxanne, Renae, MD, FAAOS Date of Receipt Mailing Address 3716 6th St E 01 15 2020 City State Zip Code Transaction ID : 10424065 ND West Fargo 58078-5439 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CHI St Alexius Williston Medical Cente Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Weinstein, Richard, N., MD, FAAOS Date of Receipt Mailing Address 21 Long Pond Rd М 01 16 2020 City Zip Code State Transaction ID : 10425621 NY Armonk 10504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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300

PAGE

24 OF

| SCHEDULE A (FEC Form 3X)   |                     | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 25 OF 300  |
|--|---------------------|---|--|
| ITEMIZED RECEIPTS  |                     | for each category of the<br>Detailed Summary Page | (check only one)   |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                     |   | berson for the purpose of soliciting contributions<br>be to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                                 | the America         | n Association of Orth                             | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. Jamison, James, P, , MD, FAAOS              | Initial) or Full Or | ganization Name                                   | Date of Receipt  |
| Mailing Address 7092 Killdeer Drive  |                     |   | 01 / D D / Y Y Y Y<br>01 16  |
| City<br>Canfield   | State<br>OH         | Zip Code<br>44406                                 | Transaction ID : 10425622  |
|  |                     | 44400   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                   |   | 250.00   |
| Name of Employer (for Individual)  | Occu                | pation (for Individual)                           | Memo Item  |
| Self Employed  | Ortho               | ppaedic Surgeon                                   |  |
| Receipt For:   | Aggregate           | ′ear-to-Date ▼                                    |  |
| Primary     General       Other (specify) ▼  |                     | 250.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>B. Smith, Jeffrey, Mark, , MD,FAAOS            |                     | ganization Name                                   | Date of Receipt  |
| Mailing Address 610 San Elijo St   |                     |   | 01 16 2020   |
| City   | State               | Zip Code  | Transaction ID : 10425623  |
| San Diego  | CA                  | 92106   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                   |   | 250.00   |
| Name of Employer (for Individual)<br>UNITE Orthopaedics Foundation                             |                     | pation (for Individual)<br>opaedic Surgeon        | Memo Item  |
| Receipt For:   | Aggregate           | ′ear-to-Date ▼                                    |  |
| Primary     General       Other (specify) ▼  |                     | 250.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Battaglia, Michael, Jacob, , MD,            |                     | ganization Name                                   | Date of Receipt  |
| Mailing Address 1641 Windermere Dr E   |                     |   | 01 / D D / Y Y Y Y<br>01 16 2020   |
| City   | State               | Zip Code  | Transaction ID : 10425625  |
| Seattle  | WA                  | 98112-3737  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                   |   | 250.00   |
| Name of Employer (for Individual)<br>Bellevue Bone & Joint Physicians                          |                     | pation (for Individual)<br>paedic Surgeon         | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate N         | /ear-to-Date ▼<br>250.00                          | ]  |
| SUBTOTAL of Receipts This Page (optional).   |                     |   | 750.00   |

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

| SCHEDULE A (FEC Form 3X)  |   | FOR LINE NUMBER: PAGE 26 OF 300  |
|---|---|--|
| ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                                    | the name and address of any political committe                                | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee. |
| /   |   |  |
| A. Full Name of Individual (Last, First, Middle<br>Sherman, Thomas, , , MD<br>Mailing Address 376 Kendig Rd | Initial) or Full Organization Name  | Date of Receipt  |
|   |   | 01 16 2020   |
| City<br>Conestoga   | State Zip Code<br>PA 17516  | Transaction ID : 10425627  |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>Medstar Georgetown University Hospital<br>Receipt For:                 | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |
| Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1000.00   | 1  |
| Full Name of Individual (Last, First, Middle<br>B. Fontes, Roger, A, , Jr, MD, FA                           |   | Date of Receipt  |
| Mailing Address 1452 W Horizon Ridge Pkw<br><u>#504</u><br>City   | State Zip Code  | 01 / D D / Y Y Y Y<br>01 16 2020   |
| Henderson   | NV 89012  | Transaction ID : 10425706<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С   | 500.00   |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center  | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00  | ]  |
| Full Name of Individual (Last, First, Middle<br><b>c.</b> Raven, Raymond, B, , III, MD,M                    |   | Date of Receipt  |
| Mailing Address 2625 W Alameda<br>Ste 116   |   | 01 16 Y Y Y Y Y  |
| City<br>Burbank   | StateZip CodeCA91506  | Transaction ID : 10425776<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 5000.00  |
| Name of Employer (for Individual)<br>Raven Orthopaedics, Inc  | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>5000.00   | ]  |
| SUBTOTAL of Receipts This Page (optional).  |   | 6500.00  |
| TOTAL This Period (last page this line numb   | er only)  |  |

FOR LINE NUMBER:

|  | EMIZED RECEIPTS  |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | y one)<br>11b<br>14      | 11c               | 12<br>16   | 17  |
|--|--|---------------|---|--------------------------|--------------------------|-------------------|------------|-----|
|  | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   |                          |                          |                   |            |     |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                               | America       | an Association of Ortho   | opaedic S                | Surgeon                  | 6PA               | C of A     | AOS |
| Α.   | Full Name of Individual (Last, First, Middle Initi<br>Sajadi, Kaveh, Robert, , MD,FAAOS        | al) or Full O | rganization Name  | Date of                  | Receipt                  |                   |            |     |
|  | Mailing Address 2133 Woodmont Dr   |               |   | 01                       | / D D<br>16              | / Y               | 2020       | Y   |
|  | City<br>Lexington  | State<br>KY   | Zip Code<br>40502   |                          | action ID :<br>of Each R |                   |            |     |
|  | FEC ID number of contributing federal political committee.                                     | С             |   |                          |                          | - <del>1</del> 5- | 250.       | 00  |
|  | Name of Employer (for Individual)<br>Self Employed   |               | ipation (for Individual)<br>opaedic Surgeon                                   | Me                       | emo Item                 |                   |            |     |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>250.00  |                          |                          |                   |            |     |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B.</b> Kwok, Moody, , , MD, FAAOS<br>Mailing Address 708 Presidential Dr |  |               |   | Date of                  | Receipt                  | / Y               | YYY        | Y   |
|  | City   | State         | Zip Code  | 01<br>                   | 17<br>action ID :        | 1042582           | 2020<br>2  |     |
|  | Horsham  | PA            | 19044   | Amount                   | of Each R                | eceipt th         | nis Period |     |
|  | FEC ID number of contributing federal political committee.                                     | C             |   |                          |                          |                   | 250.       | 00  |
|  | Name of Employer (for Individual)<br>Self Employed   |               | upation (for Individual)<br>Iopaedic Surgeon                                  | Me                       | emo Item                 |                   |            |     |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>250.00  |                          |                          |                   |            |     |
| с.   | Full Name of Individual (Last, First, Middle Initi<br>Coates, Kevin, E, , MD, MBA, F           | al) or Full O | rganization Name  | Date of                  | Receipt                  |                   |            |     |
|  | Mailing Address 5651 Goldenberry Ct  |               |   | 01                       | / D D<br>17              | / Y               | 2020       | Y   |
|  | City<br>Winston Salem  | State<br>NC   | Zip Code<br>27106-9840  |                          | action ID :<br>of Each R |                   |            |     |
|  | FEC ID number of contributing federal political committee.                                     | С             |   |                          | , , ,                    |                   | 250.       | 00  |
| Name of Employer (for Individual)<br>Wake Forest Baptist Medical Center  |  |               | ipation (for Individual)<br>opaedic Surgeon                                   |                          | emo Item                 |                   |            |     |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>250.00  |                          |                          |                   |            |     |
| s  | UBTOTAL of Receipts This Page (optional)   |               |   |                          | , ,                      | . ,               | 750.       | 00  |
| т  | OTAL This Period (last page this line number o   | nly)          |   |                          |                          |                   |            |     |

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PAGE 27 OF

|            | CHEDULE A (FEC Form 3X)  |                | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 28 OF 300<br>(check only one)   |
|------------|--|----------------|---|---|
|            | EMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page | ★         11a         11b         11c         12           13         14         15         16         17 |
|            | y information copied from such Reports and S for commercial purposes, other than using the |                |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |
|            | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                           | e America      | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Α.         | Full Name of Individual (Last, First, Middle Init<br>Mayo, David, B, , MD, FAAOS           | ial) or Full O | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 30575 Woodward Ave Ste 100   | )              |   | 01 17 2020  |
|            | City<br>Royal Oak  | State<br>MI    | Zip Code<br>48073-0986                            | Transaction ID : 10425835 Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                 | С              |   | 500.00  |
|            | Name of Employer (for Individual)<br>Self Employed   |                | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate      | Year-to-Date ▼<br>500.00                          | ]   |
| В.         | Full Name of Individual (Last, First, Middle Init<br>Goldberg, Steven, Scott, , MD,FAAC    |                | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 5867 Whisperwood Ct  |                |   | 01 17 2020  |
|            | City<br>Naples   | State<br>FL    | Zip Code<br>34110                                 | Transaction ID : 10425963<br>Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.                                 | С              |   | 250.00  |
|            | Name of Employer (for Individual)<br>Physicians Regional Medical Center - P                |                | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate      | Year-to-Date  250.00                              | 1   |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Init<br>Frankle, Mark, A, , MD,FAAOS          | ial) or Full O | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 915 Mooring Circle   | Otata          | Zin Oode  | 01 17 2020  |
|            | City<br>Tampa  | State<br>FL    | Zip Code<br>33602                                 | Transaction ID : 10426008 Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                 | С              |   | 1000.00   |
|            | Name of Employer (for Individual)<br>Florida Ortho Institute                               |                | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
|            | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>1000.00                         | 1   |
| s          | UBTOTAL of Receipts This Page (optional)   |                |   | 1750.00   |

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| SCHEDULE A (FEC Form 3X)  |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 29 OF 30   |
|---|-------------------|---|--|
| ITEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |                   |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | he America        | an Association of Orthe                           | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle I<br>Melaragno, Paul, G, , MD, FAAOS               | nitial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 4200 Dublin Rd #16  |                   |   | 01 17 2020   |
| City<br>Columbus  | State<br>OH       | Zip Code<br>43221                                 | Transaction ID : 10426016  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)   | Осси              | upation (for Individual)                          | Memo Item  |
| Orthopedic One  | Orth              | opaedic Surgeon                                   |  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |
| Primary General<br>Other (specify) ▼  |                   | 500.00  | 1  |
| Full Name of Individual (Last, First, Middle I<br>B. Romness, Mark, J, , MD, FAAOS              | nitial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1601 Far Hills Rd   |                   |   | M M / D D / Y Y Y Y  |
| City  | State             | Zip Code  | 01 17 2020<br>Transaction ID : 10426041  |
| Charlottesville   | VA                | 22901   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 250.00   |
| Name of Employer (for Individual)<br>Univ of Virginia Orthopaedics                              |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |
| Other (specify) ▼   |                   | 250.00  | ]  |
| Full Name of Individual (Last, First, Middle I<br>Harris, Ryan, N, , DO, FAAOS                  | nitial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1685 Turnberry Ln   |                   |   | 01 18 2020   |
| City  | State             | Zip Code  | Transaction ID : 10426044  |
| Riner   | VA                | 24149-2582  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      |                   |   | 250.00   |
|   |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | 1                 | Year-to-Date ▼<br>250.00                          | ]  |
| SUBTOTAL of Receipts This Page (optional)   |                   |   | 1000.00  |

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

| S            | CHEDULE A (FEC Form 3X)                           |                            | Use separate schedule(s)        | FOR LINE NUMBER: PAGE 30 OF 300   |  |
|--------------|---|----------------------------|---------------------------------|---|--|
| IT           | EMIZED RECEIPTS                                   |                            | for each category of the        | (check only one)  |  |
|              |   |                            | Detailed Summary Page           | ×         11a         11b         11c         12           13         14         15         16         17 |  |
| Ar           | y information copied from such Reports and SI     | atements ma                | ay not be sold or used by any p | erson for the purpose of soliciting contributions   |  |
|              | for commercial purposes, other than using the     |                            |                                 |   |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)                       |                            |                                 |   |  |
|              | Political Action Committee of the                 | e America                  | an Association of Orth          | opaedic SurgeonsPAC of AAOS   |  |
| V            | Full Name of Individual (Last, First, Middle Init | ial) or Full O             | rganization Name                |   |  |
| Α.           | Chu, Benjamin, I, , MD, FAAOS                     |                            |                                 | Date of Receipt   |  |
|              | Mailing Address 2298 Weigner Road                 |                            |                                 |   |  |
|              | City  | State                      | Zip Code                        | 01 18 2020<br>Transaction ID : 10426048   |  |
|              | Lansdale  | PA                         | 19446                           | Amount of Each Receipt this Period  |  |
|              | FEC ID number of contributing                     |                            |                                 |   |  |
|              | federal political committee.                      | С                          |                                 | 500.00  |  |
|              | Name of Employer (for Individual)                 | Occ                        | upation (for Individual)        | Memo Item   |  |
|              | Rothman Institute                                 |                            | nopaedic Surgeon                |   |  |
|              | Receipt For:                                      | Aggregate                  | Year-to-Date ▼                  |   |  |
|              | Primary General                                   |                            | 500.00                          | 1   |  |
|              | Other (specify)                                   |                            |                                 | 1   |  |
|              | Full Name of Individual (Last, First, Middle Init | ial) or Full O             | rganization Name                |   |  |
| В.           | Hembree, Walter, Chad, , MD,FAAC                  | S                          |                                 | Date of Receipt   |  |
|              | Mailing Address 204 Witherspoon Rd                | Address 204 Witherspoon Rd |                                 |   |  |
|              | City  | State                      | Zip Code                        |   |  |
|              | Baltimore   | MD                         | 21212                           | Transaction ID : 10426050<br>Amount of Each Receipt this Period   |  |
|              | FEC ID number of contributing                     |                            |                                 |   |  |
|              | federal political committee.                      | С                          |                                 | 250.00  |  |
|              | Name of Employer (for Individual)                 | Occ                        | upation (for Individual)        | Memo Item   |  |
|              | Blue Ridge Orthopaedics and Sports Med            |                            | hopaedic Surgeon                | -   |  |
|              | Receipt For:                                      | Aggregate                  | Year-to-Date <b>V</b>           |   |  |
|              | Other (specify) ▼                                 |                            | 250.00                          | 1   |  |
|              |   |                            |                                 | 1   |  |
|              | Full Name of Individual (Last, First, Middle Init | ial) or Full O             | rganization Name                |   |  |
| C.           | Igram, Cassim, M, , MD,FAAOS                      |                            |                                 | Date of Receipt   |  |
|              | Mailing Address 3014 Woodland Ridge Dr NE         |                            |                                 | 01 18 2020  |  |
|              | City  | State                      | Zip Code                        | Transaction ID : 10426052   |  |
|              | Iowa City   | IA                         | 52240-7900                      | Amount of Each Receipt this Period  |  |
|              | FEC ID number of contributing                     | С                          |                                 | 2000.00   |  |
|              | federal political committee.                      |                            |                                 |   |  |
|              | Name of Employer (for Individual)                 | Occi                       | upation (for Individual)        | Memo Item   |  |
|              | University of Iowa Hosp & Clinics                 | Orth                       | opaedic Surgeon                 | _   |  |
|              | Receipt For:                                      | Aggregate                  | Year-to-Date ▼                  | _   |  |
|              | Other (specify)                                   |                            | 2000.00                         | 1   |  |
|              |   |                            |                                 |   |  |
|              |   |                            |                                 | 2750.00   |  |
| s            | UBTOTAL of Receipts This Page (optional)          |                            | )                               | 2100.00   |  |
|              |   |                            |                                 |   |  |

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

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| ITEI  | MIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page | (check only one)         Image: Markov 11 and 11 bn 11 cn 12         Image: Image: Markov 13 nm 14         Image: Ima |  |
|---|---|---|---|---|--|
|   | information copied from such Reports and Sta<br>r commercial purposes, other than using the r                                       |   |   | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |
| \   | AME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America   | an Association of Ortho                           | paedic SurgeonsPAC of AAOS  |  |
| <b>A</b> F  | ull Name of Individual (Last, First, Middle Initia<br>Pournaras, Stephen, W, , Jr, MD, FA<br>ailing Address 12310 Blair Ridge Drive | l) or Full O  | rganization Name                                  | Date of Receipt   |  |
|   |   |   |   | 01 18 2020  |  |
| Ci  | ty<br>airfax  | State<br>VA   | Zip Code<br>22033                                 | Transaction ID : 10426054   |  |
| FE  | EC ID number of contributing<br>deral political committee.  | C   |   | Amount of Each Receipt this Period  |  |
| Na  | ame of Employer (for Individual)  | Occu  | upation (for Individual)                          | Memo Item   |  |
| Se  | elf Employed  | Orth  | nopaedic Surgeon                                  |   |  |
| R   | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>250.00                          |   |  |
|   | ull Name of Individual (Last, First, Middle Initia<br>DeLuise, Anthony, M, , Jr, MD, FA   | l) or Full O  | rganization Name                                  | Date of Receipt   |  |
| M   | Mailing Address 76 Oakwood Drive  |   |   | 01 / Y Y Y Y<br>01 18 2020  |  |
| Ci  | ty  | State   | Zip Code  | Transaction ID : 10426056   |  |
| S   | cituate   | RI  | 02825   | Amount of Each Receipt this Period  |  |
|   | EC ID number of contributing deral political committee.   | C<br>Occupation (for Individual)<br>Orthopaedic Surgeon |   | 250.00  |  |
|   | ame of Employer (for Individual)<br>oundry Orthopedics & Sports Medicine  |   |   | Memo Item   |  |
| R   | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>250.00                          |   |  |
|   | III Name of Individual (Last, First, Middle Initia<br>Paterson, William, Hunt, , MD, FAA  |   | rganization Name                                  | Date of Receipt   |  |
| M   | ailing Address 120 E Carver Rd  |   |   | M M / D D / Y Y Y Y<br>01 19 2020   |  |
| Ci  | -   | State   | Zip Code  | Transaction ID : 10426078   |  |
|   | empe  | AZ  | 85284-2302  | Amount of Each Receipt this Period  |  |
|   | EC ID number of contributing deral political committee.   | С   |   | 250.00  |  |
| Name of Employer (for Individual)<br>Arizona Spine & Joint Hospital |   | Occupation (for Individual)<br>Orthopaedic Surgeon      |   | Memo Item   |  |
| R   | eceipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>250.00                          |   |  |
| SUE   | STOTAL of Receipts This Page (optional)   |   |   | 750.00  |  |
| тот   | AL This Period (last page this line number or   | ıly)  | ·····   |   |  |

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| ITEMIZED RECEIPTS  |                                | for each category of the<br>Detailed Summary Page   | (check only one)  |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using the   |                                |   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t   | he Americ                      | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle I         Polivy, Kenneth, D, , MD,FAAOS         Mailing Address 120 Gordon Rd         City         Waban         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼                 | State<br>MA<br>C<br>Occ<br>Ort | Drganization Name<br>Zip Code<br>02468-1227<br>Cupation (for Individual)<br>hopaedic Surgeon<br>a Year-to-Date ▼<br>1000.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle I         B.       Ellis, Thomas, J, , MD, FAAOS         Mailing Address 5190 Harlem Road         City         New Albany         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | State<br>OH<br>C<br>Occ<br>Ort | Zip Code         43054         cupation (for Individual)         thopaedic Surgeon         e Year-to-Date ▼         250.00  | Date of Receipt   |
| Full Name of Individual (Last, First, Middle I         Lemos, Mark, J, , MD, FAAOS         Mailing Address 1164 Ocean Blvd         City         Rye         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Lahey Clinic         Receipt For:         Primary       General         Other (specify)               | State<br>NH<br>C<br>Occ<br>Ort | Zip Code         03870         cupation (for Individual)         hopaedic Surgeon         e Year-to-Date ▼         500.00   | Date of Receipt<br>01 / 19 / 2020<br>Transaction ID : 10426088<br>Amount of Each Receipt this Period<br>500.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)  |                                |   | 1750.00   |
| TOTAL This Period (last page this line numbe   | er only)                       |   |   |

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| ITEMIZED RECEIPTS  | for each c   | ate scriedule(s)<br>ategory of the<br>summary Page | (check only one)  |
|--|--|--|---|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the  |  |  | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | American Associ  | iation of Ortho                                    | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Init         Hrasky, Gregory, M, , MD,FAAOS         Mailing Address PO Box 2767         City         Scottsdale         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | al) or Full Organization N          State       Zip Code         AZ       85252         C       Occupation (for In Orthopaedic Surg         Aggregate Year-to-Date       Aggregate Year-to-Date  | e<br>ndividual)<br>eon                             | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Init<br><b>B.</b> Liu, Raymond, W, , MD,FAAOS<br>Mailing Address 22925 Shelburne Road   | Date of Receipt  |  |   |
| City<br>Shaker Heights<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>University Hospitals, Case Medical Cen<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | State     Zip Code       OH     44122       C     Occupation (for Ir<br>Orthopaedic Surg       Aggregate Year-to-Date  | ndividual)<br>jeon                                 | Transaction ID : 10426097       Amount of Each Receipt this Period       250.00       Memo Item |
| Full Name of Individual (Last, First, Middle Init<br>C. Savoie, Felix, H, , III, MD,FA<br>Mailing Address 80 Audubon Blvd<br>City<br>New Orleans<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Tulane University School of Medicine<br>Receipt For:<br>Primary General<br>Other (specify)                                 | al) or Full Organization N          State       Zip Code         LA       70118         C       Occupation (for In Orthopaedic Surge         Aggregate Year-to-Date       Aggregate Year-to-Date | e<br>ndividual)<br>eon                             | Date of Receipt   |
| SUBTOTAL of Receipts This Page (optional)  |  |  | 2300.00   |

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| SCHEDULE A (FEC Form 3X)  |             | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 34 OF 300<br>(check only one)  |
|---|-------------|---|--|
| ITEMIZED RECEIPTS   |             | for each category of the<br>Detailed Summary Page | $\mathbf{X}$ 11a     11b     11c     12       13     14     15     16     17                         |
|   |             |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |             |   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Mid<br>A. Ardoin, Gregory, Troy, , MD, FAAC |             | rganization Name                                  | Date of Receipt  |
| Mailing Address 32 Valley Club Circle   |             |   | 01 20 2020   |
| City<br>Little Rock   | State<br>AR | Zip Code<br>72212-3437                            | Transaction ID : 10426106  |
| FEC ID number of contributing federal political committee.                        | C           | 12212-0401  | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)   | Осси        | upation (for Individual)                          | Memo Item  |
| OrthoArkansas   | Orth        | nopaedic Surgeon                                  | -  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate   | Year-to-Date ▼<br>250.00                          | ]  |
| Full Name of Individual (Last, First, Mid<br>B. Rogozinski, Abraham, , , MD, F    |             | rganization Name                                  | Date of Receipt  |
| Mailing Address 3716 University Blvd S  |             |   | 01 20 2020   |
| City  | State       | Zip Code  | Transaction ID : 10427294  |
| Jacksonville  | FL          | 32216-4318  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                        | С           |   | 500.00   |
| Name of Employer (for Individual)<br>Rogozinski Orthopedic Clinic                 |             | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                    |  |
| Other (specify) ▼   |             | 500.00  | ]  |
| Full Name of Individual (Last, First, Mid<br>C. Rogozinski, Chaim, , , MD,FA      |             | rganization Name                                  | Date of Receipt  |
| Mailing Address 3716 University Blvd S  | Ste 3       |   | M M / D D / Y Y Y Y<br>01 20 2020  |
| City<br>Jacksonville  | State<br>FL | Zip Code<br>32216-4318                            | Transaction ID : 10427296<br>Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.                        | С           |   | 500.00   |
|   |             | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate   | Year-to-Date ▼<br>500.00                          | ]  |
| SUBTOTAL of Receipts This Page (option  | nal)        |   | 1250.00  |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |
|--|---|---|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the   |   | person for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) Political Action Committee of the  | American Association of Orth  | nopaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initial         A.       Kelleher, Peter, M, , MD, FAAOS         Mailing Address 501 Perkins Place         City         Bozeman         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Alpine Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼ | al) or Full Organization Name          State       Zip Code         MT       59715         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼ | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initia<br>B. Rodrigue, Stephen, W, , MD, FAAOS<br>Mailing Address 26 Arborside Drive  | Date of Receipt   |   |
| Falmouth         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Falmouth Orthopaedic Center         Receipt For:         Primary       General         Other (specify) ▼   | State     Zip Code       ME     04105       C     Occupation (for Individual)<br>Orthopaedic Surgeon       Aggregate Year-to-Date       ✓   | Transaction ID : 10427374       Amount of Each Receipt this Period       500.00       Memo Item                         |
| Full Name of Individual (Last, First, Middle Initia<br>C. Noonan, Thomas, John, , MD, FAA<br>Mailing Address 101 Falcon Hills Dr<br>City<br>Highlands Ranch<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Steadman Hawkins Clinic<br>Receipt For:<br>Primary General<br>Other (specify)   |   | Date of Receipt<br>01 20 2020<br>Transaction ID : 10427380<br>Amount of Each Receipt this Period<br>500.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number o   |   | 1250.00   |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (Check only one)       Image: Market and Market a |
|--|-------------------|---|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using th                                    |                   |   | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full) Political Action Committee of tl   | ne America        | an Association of Orth                            | nopaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle I<br>A. McCrosson, John, J, , MD,FAAOS  | nitial) or Full C | rganization Name                                  | Date of Receipt   |
| Mailing Address 2749 Fountainhead Way  |                   |   | 01 / Y Y Y Y<br>01 21 2020  |
| City<br>Mount Pleasant   | State<br>SC       | Zip Code<br>29466-8590                            | Transaction ID : 10427389           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                 |   | 250.00  |
| Name of Employer (for Individual)<br>Charleston Hip & Knee Replacement Cent<br>Receipt For:  | Orth              | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>250.00                          |   |
| Full Name of Individual (Last, First, Middle I         B.       Steel, Jack, R, , MD,FAAOS         Mailing Address 630 Fern Street | nitial) or Full C | rganization Name                                  | Date of Receipt   |
| City   | State             | Zip Code  | Transaction ID : 10428174   |
| Huntington<br>FEC ID number of contributing<br>federal political committee.  | C                 | 25701   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Scott Orthopedic Center   |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>500.00                          |   |
| Full Name of Individual (Last, First, Middle I<br>C. Hummer, Charles, D, , III, MD, FA   |                   | rganization Name                                  | Date of Receipt   |
| Mailing Address 1157 Avonlea Circle  |                   |   | 01 / Y Y Y Y<br>01 21 2020  |
| City<br>Glen Mills   | State<br>PA       | Zip Code<br>19342                                 | Transaction ID : 10428176           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                 |   | 2000.00   |
| Name of Employer (for Individual)<br>Premier Orthopaedics & Sports Medicine  |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>2000.00                         |   |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 2750.00   |

TOTAL This Period (last page this line number only)...... -
| SCHEDULE A (FEC Form 3X)   | Use separate sch                                 |  |
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| TEMIZED RECEIPTS   | for each category<br>Detailed Summar             |  |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | ne name and address of any politica              | ed by any person for the purpose of soliciting contributions<br>al committee to solicit contributions from such committee. |
| /  |  | of Orthopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle I<br>Hackbarth, Donald, A, , Jr, MD, FA<br>Mailing Address N70 W14567 Terrace Drive | nitial) or Full Organization Name                | Date of Receipt  |
| City   | State Zip Code                                   | 01 22 2020<br>Transaction ID : 10428181  |
| Menomonee Falls  | WI 53051   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |
| Name of Employer (for Individual)<br>Medical College of Wisconsin  | Occupation (for Individua<br>Orthopaedic Surgeon | l) Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼                         | 250.00   |
| Full Name of Individual (Last, First, Middle I<br><b>3.</b> Grebing, Brett, Raymond, , MD,FA                                     |  | Date of Receipt  |
| Mailing Address 719 Schwarz Rd   |  | 01 22 2020   |
| City<br>Edwardsville   | State Zip Code<br>IL 62025                       | Transaction ID : 10429148 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 1200.00  |
| Name of Employer (for Individual)<br>The Ctr for Advanced Ortho, LLC   | Occupation (for Individua<br>Orthopaedic Surgeon | al) Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼                         | 1200.00  |
| Full Name of Individual (Last, First, Middle I<br>Larson, Amanda, Celest Roof, ,   |  | Date of Receipt  |
| Mailing Address 7617 58th Avenue NW  |  | 01 / Y Y Y Y<br>23 2020  |
| City<br>Gig Harbor   | StateZip CodeWA98335                             | Transaction ID : 10432860 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 1000.00  |
| Name of Employer (for Individual)<br>Self Employed   | Occupation (for Individua<br>Orthopaedic Surgeon | I) Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼                         | 000.00   |
| SUBTOTAL of Receipts This Page (optional)  |  | 2450.00  |
| TOTAL This Period (last page this line numbe   | r only)  |  |

| SCHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 38 OF 300   |
|--|--|---|---|
| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | (check only one)  |
|  |  |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                               | the America  | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Noffsinger, Mark, A, , MD, FAAOS | Initial) or Full Or                                | ganization Name                                   | Date of Receipt   |
| Mailing Address 7208 Selah Court   |  |   | 01 / Y Y Y Y Y<br>23 2020   |
| City<br>Mattawan   | State<br>MI  | Zip Code<br>49071                                 | Transaction ID : 10432863   |
| FEC ID number of contributing federal political committee.                                 | С  |   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)  | Occu   | pation (for Individual)                           | Memo Item   |
| Self Employed  |  | opaedic Surgeon                                   |   |
| Receipt For:   | Aggregate `  | Year-to-Date ▼                                    |   |
| Other (specify) ▼  |  | 250.00  | 1   |
| Full Name of Individual (Last, First, Middle<br>B. Barber, Thomas, C, , MD,FAAOS           |  | ganization Name                                   | Date of Receipt   |
| Mailing Address 6 El Caminito  |  |   | 01 23 2020  |
| City<br>Orinda   | State<br>CA  | Zip Code<br>94563                                 | Transaction ID : 10432865<br>Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                 | С  |   | 250.00  |
| Name of Employer (for Individual)<br>Kaiser Permanente Medical Center                      | Occupation (for Individual)<br>Orthopaedic Surgeon |   | Memo Item   |
| Receipt For:   | Aggregate `  | Year-to-Date 🔻                                    |   |
| Other (specify)  |  | , 250.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Tarbox, Byron, R Bus, , MD, FA          |  | ganization Name                                   | Date of Receipt   |
| Mailing Address 1 S Keene St   |  |   | 01 / D D / Y Y Y Y Y<br>23 2020   |
| City<br>Columbia   | State<br>MO  | Zip Code<br>65201                                 | Transaction ID : 10432866<br>Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                 | С  |   | 250.00  |
| Name of Employer (for Individual)<br>Self Employed   |  | pation (for Individual)<br>ppaedic Surgeon        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>250.00                          | ]   |
| SUBTOTAL of Receipts This Page (optional)  | )  | )   | 750.00  |

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

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

FOR LINE NUMBER:

| IT         | EMIZED RECEIPTS  |                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | / one)                   | 11c       | 12<br>16 | 17     |
|------------|--|----------------|---|--------------------------|--------------------------|-----------|----------|--------|
|            | y information copied from such Reports and St<br>for commercial purposes, other than using the |                |   |                          |                          | solicitin |          | itions |
|            | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                               | e America      | an Association of Orthe   | opaedic S                | urgeon                   | sPA       | C of A   | AOS    |
| Α.         | Full Name of Individual (Last, First, Middle Initi<br>Rajani, Rajiv, , , MD, FAAOS             | al) or Full O  | rganization Name  | Date of                  | Receipt                  |           |          |        |
|            | Mailing Address 701 Ogden Ln   |                |   | 01                       | / D D<br>23              | / Y       | 2020     | Ŷ      |
|            | City<br>San Antonio  | State<br>TX    | Zip Code<br>78209   |                          | action ID :<br>of Each R |           |          |        |
|            | FEC ID number of contributing federal political committee.                                     | С              |   |                          |                          |           | 250.     |        |
|            | Name of Employer (for Individual)<br>Univ of TX Health Sciences Ctr SA                         |                | pation (for Individual)<br>opaedic Surgeon                                    | Me                       | emo Item                 |           |          |        |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>250.00  | 1                        |                          |           |          |        |
| B          | Full Name of Individual (Last, First, Middle Initi<br>Ede, David, E, , MD, FAAOS               | al) or Full Oi | ganization Name   | Date of                  | Receipt                  |           |          |        |
| υ.         | Mailing Address 415 Morris St<br>Ste 104   |                |   |                          | / D D<br>23              | / Y       | 2020     | Ŷ      |
|            | City<br>Charleston   | State<br>WV    | Zip Code<br>25301-1840  |                          | action ID :<br>of Each R |           |          | 1      |
|            | FEC ID number of contributing federal political committee.                                     | С              |   |                          |                          |           | 250.     | _      |
|            | Name of Employer (for Individual)<br>Self Employed   |                | ipation (for Individual)<br>opaedic Surgeon                                   | Me                       | emo Item                 |           |          |        |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>, 250.00  | ]                        |                          |           |          |        |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initi<br>Miller, Rodney, Alan, , MD, FAAOS        |                | rganization Name  | Date of                  | Receipt                  |           |          |        |
|            | Mailing Address 1776 W Highland Ave  |                |   | M 01                     | / D D<br>23              | / Y       | 2020     | Ŷ      |
|            | City<br>Wooster  | State<br>OH    | Zip Code<br>44691-9070  |                          | action ID :<br>of Each R |           |          |        |
|            | FEC ID number of contributing federal political committee.                                     | С              |   |                          | y 1                      |           | 250.     | _      |
|            | Name of Employer (for Individual)<br>Wooster Orthopaedic & Sports Medicine                     |                | pation (for Individual)<br>opaedic Surgeon                                    | Me                       | emo Item                 |           |          |        |
|            | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>250.00  | ]                        |                          |           |          |        |
| s          | UBTOTAL of Receipts This Page (optional)   |                |   |                          | 5                        |           | 750.     | 00     |
| Т          | OTAL This Period (last page this line number of  | only)          |   |                          |                          |           |          |        |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page                  | K       11a       11b       11c       12         13       14       15       16       17 |
|---|-------------------|--|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using th | Statements ma     | y not be sold or used by any p<br>ddress of any political committe | erson for the purpose of soliciting contributions                                       |
| NAME OF COMMITTEE (In Full) Political Action Committee of th                                    | ne America        | an Association of Orth   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle I<br>A. Lowry, Jason, Kirk, , MD, FAAOS            | nitial) or Full O | rganization Name   | Date of Receipt   |
| Mailing Address 800 Orthopedic Way  |                   |  | 01 / Y Y Y Y<br>224 2020  |
| City<br>Arlington   | State<br>TX       | Zip Code<br>76015-1629   | Transaction ID : 10433762           Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 1000.00   |
| Name of Employer (for Individual)<br>Baylor Orthopedic & Spine Hospital at                      |                   | upation (for Individual)<br>opaedic Surgeon                        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>1000.00  | ]   |
| B. Kaminski, Ken, J, , MD, FAAOS<br>Mailing Address 6987 Canal St                               | nitial) or Full O | rganization Name   | Date of Receipt   |
| City  | State             | Zip Code   | 01 24 2020<br>Transaction ID : 10433765   |
| Tyler   | ТХ                | 75703  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 250.00  |
| Name of Employer (for Individual)<br>Azalea Orthopaedics  |                   | upation (for Individual)<br>nopaedic Surgeon                       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>250.00   | ]   |
| Full Name of Individual (Last, First, Middle II<br>Carreira, Dominic, S, , MD, FAA              | DS                | rganization Name   | Date of Receipt   |
| Mailing Address 3200 Downwood Circle NE S   |                   |  | 01 / Y Y Y Y<br>01 24 2020  |
| City<br>Atlanta   | State<br>GA       | Zip Code<br>30327  | Transaction ID : 10433960 Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 400.00  |
| Name of Employer (for Individual)<br>Broward Hlth Dist Ctr                                      |                   | upation (for Individual)<br>opaedic Surgeon                        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>400.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |                   |  | 1650.00   |

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

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

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Use separate schedule(s)

FOR LINE NUMBER:

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| IТ       | EMIZED RECEIPTS  |                            | Use separate schedule(s) | (C   | (check only one) |                  |                      |                             |         |             |      |
|----------|--|----------------------------|--------------------------|--|------------------|------------------|----------------------|-----------------------------|---------|-------------|------|
| 11       |  |                            |                          | or each category of the<br>Detailed Summary Page               |                  | ¥ 11a<br>13      | 11b                  | 11                          |         | 12<br>16    | 17   |
| Ar<br>or | ny information copied from such Reports and S for commercial purposes, other than using the                                  | tatements ma<br>name and a | ay n<br>Iddre            | ot be sold or used by any pe<br>ess of any political committee | ersor<br>to      | n for the p      | ourpose<br>tributior | of solic                    | iting c | ontribut    | ions |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America                  | an                       | Association of Ortho   | pa               | edic S           | urgeo                | onsF                        | νAC     | of AA       | NOS  |
| Α.       | Full Name of Individual (Last, First, Middle Ini<br>Yaszemski, Michael, J, , MD, PhD, F                                      | tial) or Full O            | rgar                     | nization Name  |                  | Date of          | Receipt              | t                           |         |             |      |
|          | Mailing Address 200 1st Street SW  |                            |                          |  |                  | 01               | / D                  | D /<br>24                   |         | y y<br>2020 | Y    |
|          | City<br>Rochester  | State<br>MN                |                          | Zip Code<br>55905  | _                | Transa<br>Amount |                      | <b>D : 1043</b><br>n Receip |         | Period      |      |
|          | FEC ID number of contributing federal political committee.   | С                          |                          |  |                  |                  | -                    |                             |         | 1000.0      | 00   |
|          | Name of Employer (for Individual)<br>Self Employed   |                            | •                        | ion (for Individual)<br>edic Surgeon                           |                  | Me               | mo Iter              | n                           |         |             |      |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Yea                      | r-to-Date ▼<br>1000.00   |                  |                  |                      |                             |         |             |      |
| в.       | Full Name of Individual (Last, First, Middle Ini<br>Battista, Vincent, , , MD, FAAOS<br>Mailing Address 675 Bent Creek Drive | tial) or Full O            | rgar                     | nization Name  |                  | Date of          | Receipt              | t<br>D/                     |         | YY          | Y    |
|          | City   | State                      |                          | Zip Code   | -                | 01<br>Transa     |                      | 24<br>D : 1043              |         | 2020        |      |
|          | Lititz   | PA                         |                          | 17543  | _                | Amount           |                      |                             |         | Period      |      |
|          | FEC ID number of contributing federal political committee.   | С                          |                          |  |                  |                  | -                    |                             | 7       | 1000.0      | 00   |
|          | Name of Employer (for Individual)<br>Orthopedic Associates of Lancaster  |                            | •                        | ion (for Individual)<br>aedic Surgeon                          |                  | Me               | mo Iter              | n                           |         |             |      |
|          | Receipt For:         Primary       General         Other (specify) ▼   | Aggregate                  | Yea                      | r-to-Date ▼<br>1000.00   |                  |                  |                      |                             |         |             |      |
| с.       | Full Name of Individual (Last, First, Middle Ini<br>Guy, Daniel, K., , MD, FAAOS   | tial) or Full O            | rgar                     | nization Name  |                  | Date of          | Receipt              | t                           |         |             |      |
|          | Mailing Address 630 Country Club Rd  |                            |                          |  |                  | 01               |                      | 24 /                        |         | 2020        | Y    |
|          | City<br>Lagrange   | State<br>GA                |                          | Zip Code<br>30240  | -                | Transa<br>Amount |                      | D:1043                      |         | Period      |      |
|          | FEC ID number of contributing federal political committee.   | С                          |                          |  |                  |                  | 7                    |                             | ,       | 2500.0      | 00   |
|          | Name of Employer (for Individual)<br>Emory Southern Orthopedics  |                            | •                        | ion (for Individual)<br>edic Surgeon                           |                  | Me               | mo Iter              | n                           |         |             |      |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                  | Yea                      | r-to-Date ▼<br>2500.00   |                  |                  |                      |                             |         |             |      |
| s        | UBTOTAL of Receipts This Page (optional)   |                            |                          | •  | -                |                  | 9                    |                             |         | 4500.0      | 0    |

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hamann, Joshua, Charles, , MD, FAAOS Date of Receipt Α. Mailing Address 1302 Sutton Dr 1 2020 01 24 City Zip Code State Transaction ID: 10434620 MO Columbia 65203 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Columbia Orthopaedic Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langford, Scott, A, , MD, FAAOS Date of Receipt Mailing Address 4401 W 87th Terrace 01 2020 25 City State Zip Code Transaction ID : 10434622 Prairie Village KS 66207 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Rockhill Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mejia, Hector, A, , MD, FAAOS Date of Receipt Mailing Address 4920 E Progress Ct М 01 25 2020 City State Zip Code Transaction ID: 10434623 CO Greenwood Village 80121 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tallahassee Orthopedic Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 43 OF 300<br>(check only one)   |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         11 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |  |   |
| /   |  | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle II<br>A. Vazquez, Oscar, , , MD,FAAOS              | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 113 Monroe St Apt 4<br>City   | State Zip Code                                     | 01 25 2020<br>Transaction ID : 10434624   |
| Hoboken   | NJ 07030   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C  | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1000.00                |   |
| Full Name of Individual (Last, First, Middle In <b>Tocks, Gregory, , , DO</b>                   | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 1205 Woodworth Drive  |  | 01 25 2020  |
| City<br>Lancaster   | State Zip Code<br>PA 17601                         | Transaction ID : 10434628   |
| FEC ID number of contributing federal political committee.                                      | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Orthopedic Associates of Landcaster                        | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1000.00                |   |
| Full Name of Individual (Last, First, Middle In<br>C. Snyder, Barry, J, , MD,FAAOS              | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 497 Long Ln   |  | 01 / D D / Y Y Y Y<br>2020  |
| City<br>Huntingdon Valley   | State Zip Code<br>PA 19006                         | Transaction ID : 10434638 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С  | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>1000.00                |   |
| SUBTOTAL of Receipts This Page (optional)   | ·  | 3000.00   |
| TOTAL This Period (last page this line numbe  | r only)  |   |

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Florack, Thomas, M, , MD, FAAOS Date of Receipt Α. Mailing Address 2083 Lost Dauphin Rd 1 2020 01 26 City Zip Code State Transaction ID: 10434642 WI 54115-1605 De Pere Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wright, Geoffrey, A, , MD, FAAOS Date of Receipt Mailing Address 4229 Foxxglen Run 01 2020 26 City State Zip Code Transaction ID : 10434660 VA Chesapeake 23321 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sports Medicine & Orthopedic Center Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Port, Joshua, , , MD, FAAOS Date of Receipt Mailing Address 3000 Fairway Dr М 01 26 2020 City State Zip Code Transaction ID: 10434663 PA Altoona 16602 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blair Ortho Assoc & Sports Med Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

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| SCHEDULE A (FEC Form 3X)  |                    | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 45 OF 300                    |  |  |  |
|---|--------------------|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                    | for each category of the                     | (check only one)                                   |  |  |  |
|   |                    | Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 17          |  |  |  |
| Any information copied from such Reports an   | d Statements ma    | ay not be sold or used by anv                | person for the purpose of soliciting contributions |  |  |  |
|   |                    |  | ee to solicit contributions from such committee.   |  |  |  |
|   |                    |  |  |  |  |  |
| Political Action Committee of   | the America        | an Association of Orth                       | nopaedic SurgeonsPAC of AAOS                       |  |  |  |
| Full Name of Individual (Last, First, Middle  | Initial) or Full O | rganization Name                             |  |  |  |  |
| A. Benz, Robert, J, , MD, FAAOS   |                    | gamzaton namo                                | Date of Receipt                                    |  |  |  |
| Mailing Address 2107 Linden Lake Road   |                    |  | M = M / D = D / Y = Y = Y                          |  |  |  |
| City  | State              | Zip Code                                     |  |  |  |  |
| City<br>Fort Collins  | CO                 | 80524  | Transaction ID : 10434666                          |  |  |  |
|   |                    |  | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing<br>federal political committee.                       | С                  |  | 750.00   |  |  |  |
|   | 0                  | en etiene (fen heelinisheel)                 |  |  |  |  |
| Name of Employer (for Individual)<br>Self Employed                                  |                    | upation (for Individual)<br>nopaedic Surgeon | Memo Item  |  |  |  |
| Receipt For:  |                    |  |  |  |  |  |
| Primary General   | Aggregate          | Year-to-Date ▼                               | -  |  |  |  |
| Other (specify) <b>v</b>  |                    | 750.00                                       |  |  |  |  |
|   |                    |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Schnaser, Erik, Allen, , MD,FAAC |                    | rganization Name                             | Date of Receipt                                    |  |  |  |
| Mailing Address 45855 Apache Rd   |                    |  |  |  |  |  |
|   | 01 26 2020         |  |  |  |  |  |
| City  | State              | Zip Code                                     | Transaction ID : 10434668                          |  |  |  |
| Indian Wells  | CA                 | 92210-8722                                   | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing<br>federal political committee.                       | С                  |  | 250.00   |  |  |  |
|   |                    |  |  |  |  |  |
| Name of Employer (for Individual)<br>Eisenhower Desert Orthopaedic Center           |                    | upation (for Individual)                     | Memo Item  |  |  |  |
| Receipt For:  |                    | nopaedic Surgeon                             |  |  |  |  |
| Primary General   | Aggregate          | Year-to-Date ▼                               | _  |  |  |  |
| Other (specify) <b>v</b>  |                    | 250.00                                       |  |  |  |  |
|   |                    |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Bircoll, Lawrence, A, , MD, FAA  |                    | rganization Name                             | Date of Receipt                                    |  |  |  |
| Mailing Address 2481 East Osborne Road  |                    |  | M M / D D / Y Y Y Y                                |  |  |  |
|   |                    |  | 01 26 2020   |  |  |  |
| City<br>Atlanta   | State<br>GA        | Zip Code<br>30319                            | Transaction ID : 10434674                          |  |  |  |
|   |                    | 00010  | Amount of Each Receipt this Period                 |  |  |  |
| FEC ID number of contributing<br>federal political committee.                       | С                  |  | 250.00   |  |  |  |
|   |                    |  | Memo Item  |  |  |  |
| Name of Employer (for Individual)<br>Resurgens Orthopaedics                         |                    | upation (for Individual)<br>opaedic Surgeon  |  |  |  |  |
| Receipt For:  | I                  | Year-to-Date V                               |  |  |  |  |
| Primary General   | Aggregate          |  | -  |  |  |  |
| Other (specify)   |                    | 250.00                                       |  |  |  |  |
| r   |                    |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | 1                  |  | 1250.00  |  |  |  |
|   |                    |  |  |  |  |  |

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

1.

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |  |  | ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page |   | 1c 12<br>5 16 17 |  |
|-------------------|--|--|---|---|------------------|--|
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                          |  |   |   |                  |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America                                    | an Association of Orth  | ppaedic Surgeons                            | PAC of AAOS      |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>King, Jeffrey, C, , MD, FAAOS<br>Mailing Address 7665 Finnagen Dr | al) or Full Or                             | rganization Name  | Date of Receipt                             | 2020             |  |
|                   | City<br>Mattawan   | State<br>MI                                | Zip Code<br>49071-9541  | Transaction ID : 104<br>Amount of Each Rece |                  |  |
|                   | FEC ID number of contributing federal political committee.   | С  |   |   | 500.00           |  |
|                   | Name of Employer (for Individual)<br>Bronson Healthcare Group  |  | ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item                                   |                  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | Year-to-Date ▼<br>500.00  |   |                  |  |
| B                 | Full Name of Individual (Last, First, Middle Initia<br>Marshall, Silas, , , MD, FAAOS                                    | al) or Full Or                             | ganization Name   | Date of Receipt                             |                  |  |
| υ.                | Mailing Address 14524 SE 93rd St   |  |   | 01 27 2020                                  |                  |  |
|                   | City<br>Newcastle  | State     Zip Code       WA     98059-3482 |   | Transaction ID : 104<br>Amount of Each Rece |                  |  |
|                   | FEC ID number of contributing federal political committee.   |  |   |   | 500.00           |  |
|                   | Name of Employer (for Individual)<br>Self Employed   |  | Ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item                                   |                  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | Year-to-Date ▼<br>500.00  |   |                  |  |
| С.                | Full Name of Individual (Last, First, Middle Initia<br>Hackett, Thomas, R, , MD, FAAOS                                   | al) or Full Or                             | ganization Name   | Date of Receipt                             |                  |  |
|                   | Mailing Address 770 Potatoe Patch<br>Unit 1  | Ototo                                      | Zin Oode  | 01 / D D /                                  | 2020             |  |
|                   | City<br>Vail   | State<br>CO                                | Zip Code<br>81657   | Transaction ID : 104 Amount of Each Rece    |                  |  |
|                   | FEC ID number of contributing federal political committee.   | C  |   |   | 250.00           |  |
|                   | Name of Employer (for Individual)<br>The Steadman Clinic   |  | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item                                   |                  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                  | Year-to-Date ▼<br>250.00  | 1   |                  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |  |   |   | 1250.00          |  |
| Т                 | OTAL This Period (last page this line number of  | nly)                                       |   |   | <u></u>          |  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page   | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17   |  |
|--|---|---|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using the   |   |   | e to solicit contributions from such committee.  |  |
| NAME OF COMMITTEE (In Full) Political Action Committee of t  | he America  | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle I         Lucey, Stephen, Davis, , MD, FAAOS         Mailing Address 200 W Wendover Ave         City         Greensboro         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) | State<br>NC<br>C<br>Occo<br>Orth  | rganization Name<br>Zip Code<br>27401<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>250.00 | Date of Receipt  |  |
| B. Klatt, Brian, A, , MD,FAAOS<br>Mailing Address 5200 Centre Ave<br>Suite 415   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Klatt, Brian, A, , MD,FAAOS<br>Mailing Address 5200 Centre Ave |   |  |  |
| City Sta<br>Pittsburgh PA<br>FEC ID number of contributing<br>federal political committee. C   |   | Zip Code<br>15232   | Transaction ID : 10434976         Amount of Each Receipt this Period         1000.00         Memo Item |  |
| Shadyside Med Ctr         Receipt For:         Primary       General         Other (specify) ▼   |   | Year-to-Date ▼<br>1000.00   | ]  |  |
| Full Name of Individual (Last, First, Middle I<br>Adamson, Kent, R, , MD,FAAOS<br>Mailing Address 225 Via Rancho   |   | rganization Name  | Date of Receipt  |  |
| City<br>San Clemente   | State<br>CA   | Zip Code<br>92672   | Transaction ID : 10435934       Amount of Each Receipt this Period                                     |  |
| FEC ID number of contributing federal political committee.   | С   |   | 250.00   |  |
| Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify)   | Orth  | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00   | Memo Item  |  |
| SUBTOTAL of Receipts This Page (optional)  |   |   | 1500.00  |  |

| SCHEDULE A (FEC Form 3X)  |   | FOR LINE NUMBER: PAGE 48 OF 300   |
|---|---|---|
| ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | (check only one)         ★         11a       11b         13       14         15       16         17 |
|   | d Statements may not be sold or used by any po<br>the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                      | the American Association of Ortho   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>Bass, Robert, L, , MD, FAAOS      | Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 5721 Salisbury  | State Zip Code  | 01 / 28 / 2020<br>Transaction ID : 10435939   |
| Prosper   | TX 75078  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C   | 500.00  |
| Name of Employer (for Individual)<br>UTSW   | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>500.00  |   |
| Full Name of Individual (Last, First, Middle<br>B. Agarwal, Animesh, , , MD,FAAOS |   | Date of Receipt   |
| Mailing Address 201 Falcon Point  |   | 01 / D D / Y Y Y Y<br>2020  |
| City<br>Boerne  | State Zip Code<br>TX 78006  | Transaction ID : 10435941<br>Amount of Each Receipt this Period                                     |
| FEC ID number of contributing federal political committee.                        | C   |   |
| Name of Employer (for Individual)<br>Univ TX Hlth Sci Ctr at San Antonio          | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>250.00  |   |
| Full Name of Individual (Last, First, Middle<br>C. Suarez, Juan, C, , MD, FAAOS   | Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 1049 Catalonia Ave  |   | 01 28 2020  |
| City<br>Coral Gables  | StateZip CodeFL33134  | Transaction ID : 10435944 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C   | 500.00  |
| Name of Employer (for Individual)<br>Cleveland Clinic Florida                     | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate Year-to-Date ▼<br>500.00  | ]   |
| SUBTOTAL of Receipts This Page (optional)   | ·····   | 1250.00   |
| TOTAL This Period (last page this line numb                                       | per only)   |   |

FOR LINE NUMBER:

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300

| ITEMIZED RECEIPTS  |                      | Ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           ✗         11a         11b         11c         12           13         14         15         16         17 |
|--|----------------------|---|--|
|  |                      |   | person for the purpose of soliciting contributions e to solicit contributions from such committee.                                   |
| NAME OF COMMITTEE (In Full) Political Action Committee of                            | the America          | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. McClintock, Kyle, Ross, , DO, MBA | e Initial) or Full C | organization Name   | Date of Receipt  |
| Mailing Address 2011 Fairway Oaks Dr   |                      |   | M M / D D / Y Y Y Y<br>01 28 2020  |
| City<br>Ripon  | State<br>CA          | Zip Code<br>95366-9360  | Transaction ID : 10435945 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С                    |   | 250.00   |
| Name of Employer (for Individual)<br>The Core Institute                              |                      | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate            | Year-to-Date ▼<br>250.00  | ]  |
| B. Guille, James, T, , MD, FAAOS<br>Mailing Address 390 Ring Rd                      | e Initial) or Full C | organization Name   | Date of Receipt  |
| City   | State                | Zip Code  | 01 28 2020   |
| Chadds Ford  | PA                   | 19317   | Transaction ID : 10435949<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                           | С                    |   | 2000.00  |
| Name of Employer (for Individual)<br>Brandywine Institute of Orthopaedics            |                      | upation (for Individual)<br>hopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate            | Year-to-Date ▼<br>2000.00   | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Della Rocca, Gregory, John, , I   |                      | organization Name   | Date of Receipt  |
| Mailing Address 1415 Stonehaven Rd   |                      |   | 01 28 2020   |
| City<br>Columbia   | State<br>MO          | Zip Code<br>65203   | Transaction ID : 10436969 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С                    |   | 250.00   |
| Name of Employer (for Individual)<br>Duke University Orthopaedics                    |                      | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate            | Year-to-Date ▼<br>250.00  | ]  |
| SUBTOTAL of Receipts This Page (optional   | )                    |   | 2500.00  |

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

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

1.

FOR LINE NUMBER:

PAGE 50 OF

| IT | EMIZED RECEIPTS   |                | ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16         17      |
|----|---|----------------|---|--|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r   |                |   | person for the purpose of soliciting contributions   |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America        | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Yannascoli, Sarah, Marie, , MD<br>Mailing Address 35 Rebellion Rd                                    | al) or Full Or | ganization Name   | Date of Receipt  |
|    | City<br>Charleston  | State<br>SC    | Zip Code<br>29407-7457  | 01     28     2020       Transaction ID : 10436971       Amount of Each Receipt this Period              |
|    | FEC ID number of contributing federal political committee.  | С              |   | 1000.00  |
|    | Name of Employer (for Individual)         Univ of Pennsylvania Hospital         Receipt For:         Primary       General         Other (specify) ▼        | Orth           | pation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00       | Memo Item  |
| в. | Full Name of Individual (Last, First, Middle Initia<br>MacDougall, James, B, , MD, FAAOS<br>Mailing Address 38608 128th St                                  |                | rganization Name  | Date of Receipt  |
|    | City<br>Aberdeen<br>FEC ID number of contributing<br>federal political committee.   | State<br>SD    | Zip Code<br>57401   | 01     27     2020       Transaction ID : 10437104       Amount of Each Receipt this Period       250.00 |
|    | Name of Employer (for Individual)         Avera Heart Hospital of South Dakota         Receipt For:         Primary       General         Other (specify) ▼ | Orth           | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | Memo Item  |
| C. | Full Name of Individual (Last, First, Middle Initia<br>Walker, Robert, N, , MD, FAAOS<br>Mailing Address 1873 E Parkhurst Ct                                | al) or Full Or | rganization Name  | Date of Receipt  |
|    | City<br>Eagle<br>FEC ID number of contributing  | State<br>ID    | Zip Code<br>83616-6803  | Transaction ID : 10437106 Amount of Each Receipt this Period   |
|    | federal political committee.<br>Name of Employer (for Individual)<br>St. Luke's Boise Orthopedic Clinic   |                | pation (for Individual)<br>opaedic Surgeon                                    | 250.00   |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>250.00  | ]  |
| ⊢  | UBTOTAL of Receipts This Page (optional)  |                |   | 1500.00  |

| SCHEDULE A (FEC Form 3X)   |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 51 OF 30  |
|--|-------------------|---|---|
| TEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)  |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the |                   |   |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th                                    | e America         | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In<br>Simon, Richard, J, , MD, FAAOS                  | itial) or Full O  | rganization Name                                  | Date of Receipt   |
| Mailing Address 2485 Poinciana Dr  |                   |   | 01 27 2020  |
| City<br>Weston   | State<br>FL       | Zip Code<br>33327-1414                            | Transaction ID : 10437108 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                 |   |   |
| Name of Employer (for Individual)  | Осси              | upation (for Individual)                          | Memo Item   |
| Self Employed<br>Receipt For:  |                   | opaedic Surgeon                                   |   |
| Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>500.00                          | ]   |
| Full Name of Individual (Last, First, Middle In<br>B. Holloway, G, Brian, , MD,FAAOS               | itial) or Full O  | rganization Name                                  | Date of Receipt   |
| Mailing Address 8956 Hemingway Grove Circl   | M M / D D / Y Y Y |   |   |
| City   | State             | Zip Code  | 01 27 2020<br>Transaction ID : 10437112   |
| Knoxville  | TN                | 37922   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                 |   | 250.00  |
| Name of Employer (for Individual)<br>Knoxville Orthopaedic Clinic                                  |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:   | Aggregate         | Year-to-Date ▼                                    |   |
| Other (specify) ▼  |                   | 250.00  | ]   |
| Full Name of Individual (Last, First, Middle In<br>Surdam, Jonathan, William, , MD                 |                   | rganization Name                                  | Date of Receipt   |
| Mailing Address 2519 E Summer Creek Dr   |                   |   | M = M         /         D = D         /         Y = Y = Y = Y         Y         O |
| City<br>Bloomington  | State<br>IN       | Zip Code<br>47401                                 | Transaction ID : 10437113   |
| FEC ID number of contributing<br>federal political committee.                                      |                   |   | Amount of Each Receipt this Period  |
|  |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>250.00                          | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 1000.00   |

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

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| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 52 OF 300<br>(check only one)   |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Image: Second |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Political Action Committee of th | e name and address of any political committee      |   |
| /   |  |   |
| Full Name of Individual (Last, First, Middle In<br>A. Miller, Michael, David, , MD, FAAOS   | itial) or Full Organization Name                   | Date of Receipt   |
| Mailing Address 6501 N Camino Katrina   | State Zip Code                                     |   |
| Tucson  | AZ 85718   | Transaction ID : 10437696 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |
| Name of Employer (for Individual)<br>University Orthopedics Specialists   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00                 | ]   |
| Full Name of Individual (Last, First, Middle In<br>B. Richards, Robert, N, , Jr, MD, FA   | itial) or Full Organization Name                   | Date of Receipt   |
| Mailing Address 144 South Eighth St Ste 107   |  | 01 27 2020  |
| City  | State Zip Code                                     | Transaction ID : 10438164   |
| Chambersburg  | PA 17201   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 300.00  |
| Name of Employer (for Individual)<br>Richards Ortho Ctr & Sports Med  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>300.00                 | ]   |
| Full Name of Individual (Last, First, Middle In Bozentka, David, J, , MD, FAAOS   |  | Date of Receipt   |
| Mailing Address 119 W Rose Valley Rd  |  | 01 27 2020  |
| City<br>Wallingford   | StateZip CodePA19086                               | Transaction ID : 10438273<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С  | 250.00  |
| Name of Employer (for Individual)<br>Presbyterian Med Ctr   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>250.00                 | ]   |
| SUBTOTAL of Receipts This Page (optional)   |  | 800.00  |
| TOTAL This Period (last page this line number   | only)  |   |

| SCHEDULE A (FEC Form 3X) |   |             | Use separate schedule(s)          | FOR LINE                                |                        | 53 OF 300   |
|--------------------------|---|-------------|-----------------------------------|---|------------------------|-------------|
| IT                       | EMIZED RECEIPTS   |             | for each category of the          | (check only                             |                        | ]12         |
|                          |   |             | Detailed Summary Page             | × 11a<br>13                             | 11b 11c 11c 11c        | 12<br>16 17 |
| Ar                       | y information copied from such Reports and Stat                     | ements ma   | I av not be sold or used by any r |   |                        |             |
|                          | for commercial purposes, other than using the n                     |             |                                   |   |                        |             |
| $\backslash$             | NAME OF COMMITTEE (In Full)   |             |                                   |   |                        |             |
| $ \rangle$               | Political Action Committee of the                                   | America     | an Association of Orth            | opaedic S                               | urgeonsPAC o           | of AAOS     |
| <u>/</u>                 | Full Name of Individual (Last, First, Middle Initial                |             | Irganization Name                 |   |                        |             |
| Α.                       | Edwards, Bryan, T, , MD, FAAOS                                      |             | ngamzalon name                    | Date of                                 | Receipt                |             |
|                          | Mailing Address 2426 Vail Avenue                                    |             |                                   | M M                                     | / D D / Y Y            | YY          |
|                          | Apartment 3001  | 1           |                                   | 01                                      | 27 2                   | 020         |
|                          | City  | State<br>NC | Zip Code<br>28207                 |   | action ID : 10438274   |             |
|                          | Charlotte   |             | 20207                             | Amount                                  | of Each Receipt this F | Period      |
|                          | FEC ID number of contributing federal political committee.          | С           |                                   |   |                        | 250.00      |
|                          |   |             |                                   |   | 4                      | - 46        |
|                          | Name of Employer (for Individual)                                   |             | upation (for Individual)          | Me                                      | emo Item               |             |
|                          | Novant Health Receipt For:  |             | nopaedic Surgeon                  | _                                       |                        |             |
|                          | Primary General   | Aggregate   | Year-to-Date ▼                    |   |                        |             |
|                          | Other (specify) <b>v</b>  |             | 250.00                            |   |                        |             |
|                          |   |             | -y                                | -                                       |                        |             |
| _                        | Full Name of Individual (Last, First, Middle Initial                | ) or Full O | organization Name                 |   |                        |             |
| В.                       | Emery, Sanford, E, , MD,MBA,FAA<br>Mailing Address 3958 Eastlake Dr |             |                                   | Date of                                 | Receipt                |             |
|                          | Maining Address 3958 Eastlake Dr                                    |             |                                   |   | 27 21 21               | 020         |
|                          | City  | State       | Zip Code                          | 01<br>Transa                            | action ID : 10438275   |             |
|                          | Morgantown  | WV          | 26508                             |   | of Each Receipt this F | Period      |
|                          | FEC ID number of contributing                                       | С           |                                   |   |                        | 250.00      |
|                          | ederal political committee.   |             |                                   |   |                        | 200.00      |
|                          | Name of Employer (for Individual)                                   | Occi        | upation (for Individual)          | Me                                      | emo Item               |             |
|                          | WVU Dept of Orthopaedics  | Orth        | hopaedic Surgeon                  |   |                        |             |
|                          |   | Aggregate   | Year-to-Date ▼                    |   |                        |             |
|                          | Primary General<br>Other (specify) ▼                                |             | 250.00                            | 11                                      |                        |             |
|                          | • (-p) / •  |             |                                   | - I - I - I - I - I - I - I - I - I - I |                        |             |
| _                        | Full Name of Individual (Last, First, Middle Initial                |             | organization Name                 |   |                        |             |
| C.                       | Richards, Paul, Jeffrey, , MD, FAAO                                 | S           |                                   | Date of                                 | Receipt                |             |
|                          | Mailing Address 12610 Panasoffkee Dr                                |             |                                   | 01                                      |                        | 020         |
|                          | City  | State       | Zip Code                          |   | action ID : 10438276   |             |
|                          | North Fort Myers  | FL          | 33903                             |   | of Each Receipt this F | Period      |
|                          | FEC ID number of contributing                                       | C           |                                   |   |                        | 250.00      |
|                          | federal political committee.  | C           |                                   |   | y y                    | 230.00      |
|                          | Name of Employer (for Individual)                                   | Оссі        | upation (for Individual)          | Me                                      | emo Item               |             |
|                          | Self Employed   |             | opaedic Surgeon                   |   |                        |             |
|                          |   | Aggregate   | Year-to-Date 🔻                    |   |                        |             |
|                          | Primary General<br>Other (specify)                                  |             | 250.00                            | 1                                       |                        |             |
|                          |   |             |                                   | 4                                       |                        |             |
| Г                        |   |             |                                   | _                                       |                        |             |
| s                        | UBTOTAL of Receipts This Page (optional)                            |             |                                   |   |                        | 750.00      |
| ⊢                        | - · · · ·   |             |                                   | _                                       |                        |             |

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

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### SCHEDULE A (FEC Form 3X) ľ

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 54 OF 300<br>(check only one)             |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Image: Constant only only only only only only only only         |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any pene name and address of any political committee<br>the American Association of Orthom |   |
| / Full Name of Individual (Last, First, Middle I  | nitial) or Full Organization Name  |   |
| A. Quigley, John, T, , MD, FAAOS<br>Mailing Address Suite 103<br>289 W Huntington Dr<br>City<br>Arcadia               | State Zip Code<br>CA 91007   | Date of Receipt   |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer (for Individual)<br>Congress Ortho Assoc Inc<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation (for Individual)<br>Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼<br>500.00   | Memo Item   |
| Full Name of Individual (Last, First, Middle In<br>Houde, John, Paul, , MD, FAAOS<br>Mailing Address 135 Ladieu Road  | Date of Receipt  |   |
| City<br>Plainfield  | State Zip Code<br>NH 03781   | Transaction ID : 10438280<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С  | 500.00  |
| Name of Employer (for Individual)<br>Alice Peck Day Orthopaedics  | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00   |   |
| Full Name of Individual (Last, First, Middle In<br>C. Ebert, Frank, R, , MD, FAAOS                                    | nitial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 6035 Hollins Ave  |  | 01 / Y Y Y Y<br>2020  |
| City<br>Baltimore   | StateZip CodeMD21210   | Transaction ID : 10438281<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 1000.00   |
| Name of Employer (for Individual)<br>Union Memorial Hospital<br>Receipt For:<br>Primary General<br>Other (specify)    | Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         1000.00                         | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)   | ·  | 2000.00   |
| TOTAL This Period (last page this line numbe  | r only)  |   |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 55 OF 300<br>(check only one)   |
|--|--|---|
| TEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full) | ne name and address of any political committee     | e to solicit contributions from such committee.   |
| /  |  | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In<br>Smith, Briant, W, , MD,FAAOS<br>Mailing Address 915 St Helena Ave           | nitial) or Full Organization Name                  | Date of Receipt   |
| City<br>Santa Rosa   | State Zip Code<br>CA 95404                         | 01 27 2020<br>Transaction ID : 10438283   |
| FEC ID number of contributing federal political committee.   | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>SMGR  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00                 | ]   |
| Full Name of Individual (Last, First, Middle In<br>Su, Edward, T, , MD, FAAOS<br>Mailing Address 11726 Valley Creek Rd         | nitial) or Full Organization Name                  | Date of Receipt   |
|  |  | 01 27 2020  |
| City<br>Woodbury   | State Zip Code<br>MN 55129                         | Transaction ID : 10438442<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С  | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>1000.00                | ]   |
| Full Name of Individual (Last, First, Middle In<br>Robinson, T, Clark, , MD, FAAO  |  | Date of Receipt   |
| Mailing Address PO Box 1942  |  | 01 / 27 / 2020  |
| City<br>Nampa  | StateZip CodeID83653                               | Transaction ID : 10438443<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 1000.00   |
| Name of Employer (for Individual)<br>Treasure Valley Hospital<br>Receipt For:  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>1000.00                | ]   |
| SUBTOTAL of Receipts This Page (optional)  | ·<br>· · · · · · · · · · · · · · · · · · ·         | 2250.00   |
| TOTAL This Period (last page this line numbe   | r only)  |   |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |  |                | for each category of the Detailed Summary Page | (check only one)         ✗       11a       11b       11c       12         13       14       15       16       17 |
|-------------------|--|----------------|--|--|
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                                      |                |  | person for the purpose of soliciting contributions   |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America        | an Association of Orth                         | opaedic SurgeonsPAC of AAOS  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Sherman, Raymond, M P, , MD, FAAOS<br>Mailing Address 865 East Sawgrass Trail | al) or Full Or | ganization Name                                | Date of Receipt  |
|                   |  |                |  | 01 27 2020   |
|                   | City<br>Dakota Dunes   | State<br>SD    | Zip Code<br>57049                              | Transaction ID : 10438444  |
|                   |  |                | 01010  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | С              |  | 1000.00  |
|                   | Name of Employer (for Individual)  | Occu           | pation (for Individual)                        | Memo Item  |
|                   | CNOS   | Ortho          | opaedic Surgeon                                |  |
|                   |  | Aggregate `    | Year-to-Date 🔻                                 |  |
|                   | Primary General<br>Other (specify) ▼   |                | 1000.00  |  |
|                   |  |                | <b>T</b>                                       |  |
| <u> </u>          | Full Name of Individual (Last, First, Middle Initi<br>Henneghan, David, M, , MD, FAAOS   |                | ganization Name                                | Date of Receipt  |
|                   | Mailing Address 2111 Shadow View Circle  |                |  | 01 27 2020   |
|                   | City   | State          | Zip Code                                       | Transaction ID : 10438445  |
|                   | Plover   | WI             | 54467  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | C              |  | 1000.00  |
|                   | Name of Employer (for Individual)<br>Klasinski Clinic  |                | ipation (for Individual)<br>opaedic Surgeon    | Memo Item  |
|                   | Receipt For:   | Aggregate `    | Year-to-Date ▼                                 |  |
|                   | Primary General<br>Other (specify) ▼   |                | 1000.00  |  |
| <u>с.</u>         | Full Name of Individual (Last, First, Middle Initia<br>Woolf, Mark, W, , MD, FAAOS   | al) or Full Or | rganization Name                               | Date of Receipt  |
|                   | Mailing Address 3628 Country Club Circle   |                |  | 01 / D D / Y Y Y Y<br>2020   |
|                   | City<br>Ft Worth   | State<br>TX    | Zip Code<br>76109                              | Transaction ID : 10438446  |
|                   |  |                | 76109  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | С              |  | 1000.00  |
|                   | Name of Employer (for Individual)<br>Baylor Orthopedic & Spine Hospital at   |                | pation (for Individual)<br>ppaedic Surgeon     | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Y    | Year-to-Date ▼<br>1000.00                      | ]  |
|                   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o   |                |  | 3000.00  |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                                      | for each category of the<br>Detailed Summary Page   | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |
|---|--------------------------------------|---|---|
|   |                                      |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full) Political Action Committee of   | the Americ                           | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle         Grindel, Steven, I, , MD,FAAOS         Mailing Address 7615 N Beach Dr         City         Fox Point         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Medical College of Wisconsin         Receipt For:         Primary       General         Other (specify) ▼ | State<br>WI<br>C<br>Occ<br>Orth      | Zip Code<br>53217<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00                      | Date of Receipt   |
| Full Name of Individual (Last, First, Middle         B. Goumas, Douglas, M, , MD, FAA         Mailing Address 4 Three Corners Rd         City         Bedford         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼             | OS<br>State<br>NH<br>C<br>Occ<br>Ort | Zip Code<br>03110<br>upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date ▼                                 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle         C.       Woo, Kent, E, , MD, FAAOS         Mailing Address 309 Mcalpin Dr         City         Savannah         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Optim Orthopedics         Receipt For:         Primary       General         Other (specify)            | State<br>GA<br>C<br>Occ<br>Orth      | Drganization Name<br>Zip Code<br>31406<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Date of Receipt O1 / 27 / 2020 Transaction ID : 10438451 Amount of Each Receipt this Period Memo Item |
| Receipt For:<br>Primary General   | Aggregate                            | Year-to-Date ▼<br>1000.00   | 3000.00   |

## Lise senarate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |
|--|--------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using |                    |   | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                               | the America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. Matsuura, Peter, A, , MD, FAAOS           | Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 670 Ponahawai St<br>Ste 214  | Otata              | Zin Oodo  | 01 / 27 2020   |
| City<br>Hilo   | State<br>HI        | Zip Code<br>96720-2660                            | Transaction ID : 10438465           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 1500.00  |
| Name of Employer (for Individual)<br>Self Employed   |                    | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>1500.00                         | ]  |
| Full Name of Individual (Last, First, Middle<br>B. Denton, John, R, , MD, FAAOS              | Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1333A North Ave<br>PMB 434   |                    |   | 01 / Y Y Y Y<br>2020   |
| City<br>New Rochelle   | State<br>NY        | Zip Code<br>10804-2120                            | Transaction ID : 10438466<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Self Employed   |                    | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]  |
| C. Mahoney, Craig, Robert, , MD,F  |                    | rganization Name                                  | Date of Receipt  |
| Mailing Address 2004 S 40th Ct   |                    |   | 01 / D D / Y Y Y Y Y<br>01 27 2020   |
| City<br>West Des Moines  | State<br>IA        | Zip Code<br>50265                                 | Transaction ID : 10438467         Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | C                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Iowa Ortho  |                    | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 3500.00  |

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCoy, Blane, William, , MD, FAAOS Date of Receipt Α. Mailing Address 2604 Hidden Canyon Dr 1 2020 01 27 City Zip Code State Transaction ID: 10438468 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NOMS/ Southwest Orthopaedic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crosland, Edward, M., MD, FAAOS Date of Receipt Mailing Address 389 Woldus Rd 01 2020 27 City State Zip Code Transaction ID : 10438469 SC North Augusta 29841 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Champion Orthopedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Gurman, Andrew, , , MD, FAAOS Date of Receipt Mailing Address 1701 Twelfth Ave Ste C-2 М 01 27 2020 City State Zip Code Transaction ID: 10438470 PA Altoona 16601 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Altoona Hand and Wrist Surgery, LLC. Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| SCHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 60 OF 300<br>(check only one)   |
|--|-------------------------|---|---|
| ITEMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page | ★         11a         11b         11c         12           13         14         15         16         17 |
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)      | the name and a          | ddress of any political committee                 |   |
|  |                         |   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>Lane, Joseph, M, , MD, FAAOS     | Initial) or Full O      | rganization Name                                  | Date of Receipt   |
| Mailing Address 535 E 86th St Apt 14F  | State                   | Zip Code  | 01 27 2020<br>Transaction ID : 10438471   |
| New York City  | NY                      | 10028   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C                       |   | 1000.00   |
| Name of Employer (for Individual)<br>Hosp for Special Surgery                    |                         | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:   |                         | Year-to-Date ▼                                    |   |
| Primary General<br>Other (specify) ▼   |                         | 1000.00   | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Flatow, Evan, L, , MD, FAAOS  | Initial) or Full O      | rganization Name                                  | Date of Receipt   |
| Mailing Address 390 Riverside Dr #3G   |                         |   | M M / D D / Y Y Y Y<br>01 27 2020   |
| City   | State                   | Zip Code  | Transaction ID : 10438472   |
| New York   | NY                      | 10025   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C                       |   | 1000.00   |
| Name of Employer (for Individual)<br>Mount Sinai Roosevelt                       |                         | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:   | Aggregate               | Year-to-Date ▼                                    |   |
| Primary General<br>Other (specify) ▼   |                         | 1000.00   | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Biama, Richard, A, , MD,FAAOS | Initial) or Full O<br>S | rganization Name                                  | Date of Receipt   |
| Mailing Address 1566 Edgehill Ln   |                         |   | M M / D D / Y Y Y Y<br>01 27 2020   |
| City<br>Redlands   | State<br>CA             | Zip Code<br>92373                                 | Transaction ID : 10438473<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | С                       |   | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed                               |                         | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate               | Year-to-Date ▼<br>1000.00                         | 1   |
| SUBTOTAL of Receipts This Page (optional).                                       |                         |   | 3000.00   |
| TOTAL This Period (last page this line number                                    | er only)                |   |   |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                        | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17                       |
|---|---|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using  |   |  | e to solicit contributions from such committee.                            |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of  | the America                               | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| A. Full Name of Individual (Last, First, Middle<br>Crutcher, James, P, , Jr, MD,FAA<br>Mailing Address 1000 39th Ave E<br>City                                | State                                     | rganization Name   | Date of Receipt<br>01 / 27 / 2020<br>Transaction ID : 10438474             |
| Seattle<br>FEC ID number of contributing<br>federal political committee.  | C   | 98112-5028   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)         Proliance Surgeons         Receipt For:         Primary       General         Other (specify) ▼                     | Aggregate                                 | pation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00  | Memo Item  |
| B. Weber, Kristy, L, , MD,FAAOS<br>Mailing Address 3035 Hermosa Ln  | Date of Receipt<br>01 27 2020             |  |  |
| City<br>Havertown<br>FEC ID number of contributing<br>federal political committee.  | State<br>PA<br>C                          | Zip Code<br>19083  | Transaction ID : 10438476<br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer (for Individual)         University of Pennsylvania Dept of Ort         Receipt For:         Primary       General         Other (specify) ▼ | Orth                                      | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Memo Item  |
| Full Name of Individual (Last, First, Middle<br>C. Kiburz, Douglas, W, , MD, FAA<br>Mailing Address 5075 Hwy Y  |   | rganization Name   | Date of Receipt  |
| City<br>Sedalia   | State<br>MO                               | Zip Code<br>65301  | Transaction ID : 10438477           Amount of Each Receipt this Period     |
| FEC ID number of contributing federal political committee.  | s a la l |  |  |
| Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify)  | Orth                                      | pation (for Individual)<br>ppaedic Surgeon<br>Year-to-Date ▼<br>1200.00  | Memo Item  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb  |   |  | 3200.00  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |  |                     | for each category of the<br>Detailed Summary Page                 | (cneck only one)       X       11a       13       14       15       16       17 |
|---|--|---------------------|---|---|
| Ar<br>or  | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements mana and a | ay not be sold or used by any puddress of any political committee | erson for the purpose of soliciting contributions                               |
|   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                               | e America           | an Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Initial) or         A.         Becker, Carl, E, , MD, FAAOS         Mailing Address 9 Southview Lane |  |                     | organization Name   | Date of Receipt   |
|   | City   | State               | Zip Code  | Transaction ID : 10438478   |
|   | Lititz   | PA                  | 17543   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                     | С                   |   | 1000.00   |
|   | Name of Employer (for Individual)  | Occ                 | upation (for Individual)  | Memo Item   |
|   | Westphal Orthopaedics  | Orth                | nopaedic Surgeon  |   |
|   | Receipt For:   | Aggregate           | Year-to-Date 🔻  |   |
|   | Other (specify) ▼  |                     | 1000.00   |   |
| в.  | Full Name of Individual (Last, First, Middle Init<br>Manning, James, B, , MD, FAAOS            | ial) or Full C      | organization Name   | Date of Receipt   |
|   | Mailing Address 2680 Crimson Canyon Dr   | 01 27 2020          |   |   |
|   | City   | State               | Zip Code  | Transaction ID : 10438497   |
|   | Las Vegas  | NV                  | 89128   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                     | С                   |   | 1000.00   |
|   | Name of Employer (for Individual)<br>Self Employed   |                     | upation (for Individual)<br>hopaedic Surgeon                      | Memo Item   |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate           | Year-to-Date ▼<br>1000.00   |   |
| С.  | Full Name of Individual (Last, First, Middle Init<br>Faure, Bruce, T, , MD, FAAOS              | ial) or Full C      | organization Name   | Date of Receipt   |
|   | Mailing Address 6849 W Ridgeview Dr  |                     |   | 01 / D / Y Y Y Y<br>2020  |
|   | City<br>Mequon   | State<br>WI         | Zip Code<br>53092   | Transaction ID : 10438498   |
|   |  | VVI                 | 53092   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                     | С                   |   | 500.00  |
|   | Name of Employer (for Individual)<br>Self Employed   |                     | upation (for Individual)<br>Iopaedic Surgeon                      | Memo Item   |
|   | Receipt For:   | Aggregate           | Year-to-Date V  |   |
|   | Primary General<br>Other (specify)   |                     | 500.00  |   |
| ⊢   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number of    |                     | · · · · · · · · · · · · · · · · · · ·                             | 2500.00   |

| ITEMIZED RECEIPTS           |  |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)       Image: 11 transform       11 transform       11 transform       12 transform       13 transform       15 transform       16 transform       17 transform |
|-----------------------------|--|---------------|---|---|
| Ar<br>or                    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r                      | itements ma   | y not be sold or used by any pe<br>ddress of any political committee          | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |
|                             | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America       | an Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| A.                          | Full Name of Individual (Last, First, Middle Initia<br>Warren, Russell, F, , MD,FAAOS<br>Mailing Address 535 E 70th St | al) or Full O | rganization Name  | Date of Receipt   |
|                             | City   | State         | Zip Code  | 01 27 2020<br>Transaction ID : 10438499   |
|                             | New York   | NY            | 10021-4892  | Amount of Each Receipt this Period  |
|                             | FEC ID number of contributing federal political committee.   | С             |   | 250.00  |
|                             | Name of Employer (for Individual)  | Occi          | pation (for Individual)   | Memo Item   |
|                             | Self Employed  | Orth          | opaedic Surgeon   |   |
|                             | Receipt For:   | Aggregate     | Year-to-Date 🔻  |   |
|                             | Primary General<br>Other (specify) ▼   |               | 250.00  |   |
| В.                          | Full Name of Individual (Last, First, Middle Initia<br>Fontes, Roger, A, , Jr, MD, FA                                  | al) or Full O | rganization Name  | Date of Receipt   |
|                             | Mailing Address 1452 W Horizon Ridge Pkwy<br>#504  |               |   | 01 27 Y Y Y Y<br>2020   |
|                             | City   | State<br>NV   | Zip Code  | Transaction ID : 10438502   |
|                             | Henderson<br>FEC ID number of contributing<br>federal political committee.   | C             | 89012   | Amount of Each Receipt this Period  |
|                             | Name of Employer (for Individual)<br>Desert Orthopaedic Center   |               | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item   |
|                             | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>1000.00   |   |
| <u> </u>                    | Full Name of Individual (Last, First, Middle Initia<br>Fouse, Matthew, Nolan, , MD, FAA                                |               | rganization Name  | Date of Receipt   |
|                             | Mailing Address 11607 Suburban Rd  |               |   | 01 / Y Y Y Y<br>2020  |
|                             | City   | State<br>NV   | Zip Code<br>89135   | Transaction ID : 10438503   |
|                             | Las Vegas  |               | 69155   | Amount of Each Receipt this Period  |
| Desert Orthopedic Center Or |  |               |   | 500.00  |
|                             |  |               | ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
|                             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>500.00  |   |
| F                           | UBTOTAL of Receipts This Page (optional)   |               | · ·   | 1250.00   |

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FOR LINE NUMBER: PAGE 63 OF

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 64 OF 300<br>(check only one)   |  |
|--|--|---|---|--|
|  |  | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |
|  |  |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.       |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                         | the America  | an Association of Orth                            | nopaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle<br>Hanson, Chad, M, , MD, FAAOS         | e Initial) or Full O   | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 2278 Trafalgar Ct  | 01 / Y Y Y Y<br>01 27 2020   |   |   |  |
| City<br>Henderson  | State<br>NV  | Zip Code<br>89074                                 | Transaction ID : 10438504<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                           | С  |   | 500.00  |  |
| Name of Employer (for Individual)  |  | upation (for Individual)                          | Memo Item   |  |
| Desert Orthopaedic Center<br>Receipt For:  |  | nopaedic Surgeon                                  |   |  |
| Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ▼<br>500.00                          |   |  |
| Full Name of Individual (Last, First, Middle<br>B. Huff, Lawrence, Richard, , Jr, MD | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  |   |   |  |
|  | Mailing Address 11340 Lago Augustine Way   |   |   |  |
| City<br>Las Vegas  | State<br>NV  | Zip Code<br>89141                                 | 01     27     2020       Transaction ID : 10438505       Amount of Each Receipt this Period               |  |
| FEC ID number of contributing federal political committee.                           | С  |   | 500.00  |  |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center                       |  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate  | Year-to-Date ▼<br>500.00                          | ]   |  |
|  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Kang, Parminder, Singh, , MD, FAAOS |   |   |  |
| Mailing Address 4827 Enchanted View St   |  |   |   |  |
| City<br>Las Vegas  | State<br>NV  | Zip Code<br>89149-3503                            | Transaction ID : 10438506<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                           | С  |   | 500.00  |  |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center                       |  | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate  | Year-to-Date ▼<br>500.00                          | ]   |  |
| SUBTOTAL of Receipts This Page (optional   | )  |   | ▶ 1500.00   |  |

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

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FOR LINE NUMBER:

PAGE 65 OF

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| IT  | EMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | y one)<br>11b 11c<br>14 15                   | 12<br>16 17      |
|---|---|--|---|--------------------------|--|------------------|
|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |   |                          |  | ng contributions |
|   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | America  | an Association of Orth                            | opaedic S                | SurgeonsP/                                   | AC of AAOS       |
| <ul> <li>Full Name of Individual (Last, First, Middle Initial) or I</li> <li>Lee, Daniel, D, , MD, FAAOS</li> <li>Mailing Address 15 Hawk Ridge Dr</li> </ul> |   | al) or Full Oi                                     | ganization Name                                   |                          | Date of Receipt                              |                  |
|   | City<br>Las Vegas   | State<br>NV  | Zip Code<br>89135-7864                            | Trans                    | 27<br>action ID : 10438<br>t of Each Receipt |                  |
|   | FEC ID number of contributing federal political committee.                                      | С  |   |                          |  | 500.00           |
|   | Name of Employer (for Individual) Desert Orthopaedic Center Receipt For:                        | Orth   | pation (for Individual)<br>opaedic Surgeon        | M                        | emo Item                                     |                  |
|   | Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>500.00                          | ]                        |  |                  |
| в.  | Full Name of Individual (Last, First, Middle Initia<br>Miao, Michael, , , MD, FAAOS             | al) or Full Oi                                     | ganization Name                                   | Date of                  | f Receipt                                    |                  |
|   | Mailing Address 9 Wade Hampton Trail  | 01   | / D D /<br>27                                     | 2020                     |  |                  |
|   | City<br>Henderson   | State<br>NV  | Zip Code<br>89052                                 |                          | action ID : 10438<br>t of Each Receipt       |                  |
|   | FEC ID number of contributing federal political committee.                                      | C  |   |                          | 500.00                                       |                  |
|   | Name of Employer (for Individual)<br>Desert Orthopaedic Center, LTD                             | Occupation (for Individual)<br>Orthopaedic Surgeon |   |                          | emo Item                                     |                  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>500.00                          | ]                        |  |                  |
| <u></u> с.  | Full Name of Individual (Last, First, Middle Initia<br>Nevins, Russell, Todd, , MD, FAAC        |  | rganization Name                                  | Date of                  | f Receipt                                    |                  |
|   | Mailing Address 308 Tudor Rose Court  | 01   | / D D /<br>27                                     | Y Y Y Y<br>2020          |  |                  |
|   | City<br>Las Vegas   | State<br>NV  | Zip Code<br>89145                                 |                          | action ID: 10438<br>t of Each Receipt        |                  |
|   | FEC ID number of contributing federal political committee.                                      | C  |   |                          |  | 500.00           |
|   | Name of Employer (for Individual)<br>Nevada Orthopedic & Spine Center                           | Occupation (for Individual)<br>Orthopaedic Surgeon |   |                          | emo Item                                     |                  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>500.00                          | ]                        |  |                  |
| s   | UBTOTAL of Receipts This Page (optional)  |  |   |                          |  | 1500.00          |
| Т   | OTAL This Period (last page this line number o  | nly)   |   | . []                     |  |                  |

| IT   | EMIZED RECEIPTS   |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▼         11a         11b         11c         12         13         14         15         16         17 |
|--|---|---------------------------|---|--|
| Ar<br>or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r           | tements ma<br>name and ac | y not be sold or used by any pe<br>ddress of any political committee          | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                             |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                   | an Association of Ortho   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initial) or Full         A.         Nishiyama, Steven, , , DO         Mailing Address 530 West End Blvd |   |                           | ganization Name   | Date of Receipt  |
|  | City<br>Winston Salem   | State<br>NC               | Zip Code<br>27101   | Transaction ID : 10438510 Amount of Each Receipt this Period   |
|  | FEC ID number of contributing federal political committee.  | С                         |   | 500.00   |
|  | Name of Employer (for Individual)<br>Valley Hospital Medical Center<br>Receipt For:                         | Orth                      | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|  | Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>500.00  | ]  |
| в.   | Full Name of Individual (Last, First, Middle Initia<br>Perry, Archie, C, , Jr, MD, FA                       | ll) or Full Or            | ganization Name   | Date of Receipt  |
|  | Mailing Address 9712 Highridge Dr City Las Vegas FEC ID number of contributing federal political committee. | State<br>NV               | Zip Code<br>89134   | 01       27       2020         Transaction ID : 10438511         Amount of Each Receipt this Period         500.00               |
|  | Name of Employer (for Individual)<br>Desert Orthopaedic Center  |                           | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Y               | Year-to-Date ▼<br>500.00  | ]  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Initia<br>Raissi, Abdi, , , MD,FAAOS                           | ll) or Full Or            | rganization Name  | Date of Receipt  |
|  | Mailing Address 2800 E Desert Inn Rd Ste 100 City State Zip Code  |                           |   | 01 / 27 2020<br>Transaction ID : 10438512  |
|  | Las Vegas   | NV                        | 89121-3609  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   |   |                           |   | 500.00   |
|  | Name of Employer (for Individual)<br>Desert Orthopaedic Center<br>Receipt For:                              | Ortho                     | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|  | Primary       General         Other (specify)       500.00  |                           |   | ]  |
| s  | UBTOTAL of Receipts This Page (optional)  |                           |   | 1500.00  |
| т  | OTAL This Period (last page this line number or   | ıly)                      | ••••••  |  |

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FOR LINE NUMBER: PAGE 66 OF

FOR LINE NUMBER:

PAGE 67 OF

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| ITEMIZED RECEIPTS   |                             | for each category of the<br>Detailed Summary Page  | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |
|---|-----------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using  |                             |  | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full) Political Action Committee of t   | the America                 | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle         Tingey, Craig, Thomas, , MD, FAAOS         Mailing Address 12144 Dorada Coast Ave         City         Las Vegas         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Desert Orthopaedic Center         Receipt For:         Primary       General         Other (specify) ▼ | State<br>NV<br>C            | rganization Name<br>Zip Code<br>89138-4665<br>upation (for Individual)<br>iopaedic Surgeon<br>Year-to-Date ▼<br>500.00 | Date of Receipt  |
| B. Full Name of Individual (Last, First, Middle<br>Watson, Troy, S, , MD,FAAOS<br>Mailing Address 75 Kittansett Loop  | Initial) or Full O          | rganization Name   | Date of Receipt  |
| City<br>Henderson<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Desert Orthopaedic Center<br>Receipt For:  | Orth                        | Zip Code<br>89052-6694   | Transaction ID : 10438514         Amount of Each Receipt this Period         500.00         Memo Item                    |
| C. Full Name of Individual (Last, First, Middle<br>Winder, Richard, , , MD<br>Mailing Address 2007 Grafton Ave<br>City<br>Henderson   | Initial) or Full O State NV | Zip Code<br>89074-0604   | Date of Receipt<br>01 / 27 / 2020<br>Transaction ID : 10438515<br>Amount of Each Receipt this Period                     |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Desert Orthpaedic Center<br>Receipt For:<br>Primary General<br>Other (specify)  | Orth                        | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>500.00  | 500.00 Memo Item   |
| SUBTOTAL of Receipts This Page (optional).  |                             |  | 1500.00  |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                                     |                       | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 68 OF 300<br>(check only one)  |  |
|---|-----------------------|---|--|--|
|   |                       | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16     |  |
|   |                       |   | person for the purpose of soliciting contribution<br>to solicit contributions from such committee. |  |
| Political Action Committee of   |                       |   | opaedic SurgeonsPAC of AAC   |  |
| Full Name of Individual (Last, First, Middle<br>Baldauf, John, , , MD, FAAOS      | Initial) or Full Orga | anization Name                                    | Date of Receipt  |  |
| Mailing Address 501 Trenier Drive   | State                 | Zip Code  | 01 27 2020<br>Transaction ID : 10438516  |  |
| Henderson   | NV                    | 89002   | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.                        | C                     |   | 500.00   |  |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center                    |                       | ation (for Individual)<br>aedic Surgeon           | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Ye          | ar-to-Date ▼<br>500.00                            | 1  |  |
| Full Name of Individual (Last, First, Middle<br>B. Bassewitz, Hugh, , , MD, FAAOS | Initial) or Full Orga | anization Name                                    | Date of Receipt  |  |
| Mailing Address 15 Morning Glow Ln  | 01 27 2020            |   |  |  |
| City<br>Las Vegas   | State<br>NV           | Zip Code<br>89135-2618                            | Transaction ID : 10438517<br>Amount of Each Receipt this Period                                    |  |
| FEC ID number of contributing federal political committee.                        | C                     |   | 500.00   |  |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center                    |                       | ation (for Individual)<br>paedic Surgeon          | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Ye          | ar-to-Date ▼<br>500.00                            | 1  |  |
| Full Name of Individual (Last, First, Middle                                      | Initial) or Full Orga | 1   |  |  |
| C. Dunn, Thomas, , , MD, FAAOS<br>Mailing Address 2001 Alcova Ridge Dr            |                       |   | Date of Receipt  |  |
| City<br>Las Vegas   | State<br>NV           | Zip Code<br>89135                                 | 01 27 2020<br>Transaction ID : 10438518<br>Amount of Fach Pagaint this Pagind                      |  |
| FEC ID number of contributing federal political committee.                        | C                     |   | Amount of Each Receipt this Period   |  |
| Name of Employer (for Individual)<br>Desert Orthopaedic Center, LTD               |                       | ation (for Individual)<br>aedic Surgeon           | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate Ye          | ar-to-Date ▼<br>500.00                            | ]  |  |
| SUBTOTAL of Receipts This Page (optional)   |                       |   | 1500.00  |  |
| TOTAL This Period (last page this line numb                                       | er only)              |   |  |  |

### SCHEDULE A (FEC Form 3X) ľ

| SCHEDULE A (FEC Form 3X)   |   | FOR LINE NUMBER: PAGE 69 OF 300  |  |  |
|--|---|--|--|--|
| ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |
| or for commercial purposes, other than using t   |   | person for the purpose of soliciting contributions tee to solicit contributions from such committee.                                 |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                         | he American Association of Ort  | hopaedic SurgeonsPAC of AAOS   |  |  |
| Full Name of Individual (Last, First, Middle  <br>Barnes, C, Lowry, , MD,FAAOS         | Initial) or Full Organization Name  | Date of Receipt  |  |  |
| Mailing Address 10 E Palisades   | State Zip Code  | 01 / 27 / 2020<br>Transaction ID : 10438543  |  |  |
| Little Rock  | AR 72207  | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                             | C   | 1000.00  |  |  |
| Name of Employer (for Individual)<br>University of Arkansas for Medical Sci            | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate Year-to-Date ▼<br>1000.00   |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Meisterling, Michael, R, , MD,FAA |   | Date of Receipt  |  |  |
| Mailing Address 12550 N 72nd St  | ling Address 12550 N 72nd St  |  |  |  |
| City<br>Stillwater   | State Zip Code<br>MN 55082-9322   | Transaction ID : 10438594  |  |  |
| FEC ID number of contributing federal political committee.                             | C   | Amount of Each Receipt this Period   |  |  |
| Name of Employer (for Individual)<br>Twin Cities Orthopedics                           | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate Year-to-Date ▼<br>500.00  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Schuck, Michael, R, , MD,FAAO     |   | Date of Receipt  |  |  |
| Mailing Address 4105 Briargate Pkwy<br>Suite 300                                       | 01 / D D / Y Y Y Y Y<br>28 2020   |  |  |  |
| City<br>Colorado Springs   | StateZip CodeCO80920  | Transaction ID : 10438605 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                             | С   | 1000.00  |  |  |
| Name of Employer (for Individual)<br>Premier Orthopedics                               | Occupation (for Individual)<br>Orthopaedic Surgeon                            | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                     | Aggregate Year-to-Date ▼<br>1000.00   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   | 2500.00  |  |  |
| TOTAL This Period (last page this line numbe   | ər only)  |  |  |  |

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

| SCHEDULE A (FEC Form 3X)   |                              | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 70 OF 300  |
|--|------------------------------|--|--|
| ITEMIZED RECEIPTS  |                              | for each category of the                     | (check only one)   |
|  |                              | Detailed Summary Page                        | 13 14 15 16 17   |
|  |                              |  | person for the purpose of soliciting contributions<br>se to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                         | the America                  | an Association of Orth                       | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>ASterling, Robert, S, , MD,FAAOS     | Initial) or Full O           | rganization Name                             | Date of Receipt  |
| Mailing Address 5 Stream Valley Garth  | 01 / D D / Y Y Y Y Y<br>2020 |  |  |
| City   | State                        | Zip Code                                     | Transaction ID : 10487018  |
| Owings Mills   | MD                           | 21117  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С                            |  | 1000.00  |
| Name of Employer (for Individual)  | Осси                         | upation (for Individual)                     | Memo Item  |
| Johns Hopkins University SOM   | Orth                         | nopaedic Surgeon                             |  |
| Receipt For:   | Aggregate                    | Year-to-Date 🔻                               |  |
| Primary General  |                              | 1000.00                                      |  |
| Other (specify) <b>v</b>   |                              | 7 7 7 7 7                                    | -  |
| Full Name of Individual (Last, First, Middle<br>B. Rieber, Michael, Harold, , MD, FA |                              | rganization Name                             | Date of Receipt  |
| Mailing Address 9 Hadrian Dr   |                              |  |  |
|  | 01-1                         | Zin Codo                                     | 01 31 2020   |
| City<br>Livingston   | State<br>NJ                  | Zip Code<br>07039                            | Transaction ID : 10487238  |
| <b>`</b>   |                              | 01000  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | C                            |  | 1000.00  |
| Name of Employer (for Individual)<br>Orthopedics Unlimited                           |                              | upation (for Individual)<br>nopaedic Surgeon | Memo Item  |
| Receipt For:   | Aggregate                    | Year-to-Date 🔻                               |  |
| Other (specify) ▼  |                              | 1000.00                                      |  |
| Full Name of Individual (Last, First, Middle<br>C. Arms, Donald, Mark, , MD,FAA      | Initial) or Full O           | rganization Name                             | Date of Receipt  |
| Mailing Address 513 Clinton Road   | 11100                        |  | 01 31 2020   |
| City   | State                        | Zip Code                                     | Transaction ID : 10487277  |
| Lexington  | KY                           | 40502  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С                            |  | 250.00   |
| Name of Employer (for Individual)<br>Donald Arms, MD                                 |                              | upation (for Individual)<br>opaedic Surgeon  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate                    | Year-to-Date ▼<br>250.00                     |  |
| SUBTOTAL of Receipts This Page (optional)  | )                            |  | 2250.00  |

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

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

FOR LINE NUMBER:

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| IT       | EMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page | (check only one)       Image: Mark 11 a       11 a       11 b       11 a       11 b       11 a       12       13       14       15       16       17 |
|----------|---|--|---|--|
|          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r                       |  |   | erson for the purpose of soliciting contributions  |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                                  | an Association of Ortho                           | paedic SurgeonsPAC of AAOS   |
| Α.       | Full Name of Individual (Last, First, Middle Initia<br>Lyons, Thomas, R, , MD, FAAOS<br>Mailing Address 1429 Seventh St | I) or Full O                             | Drganization Name                                 | Date of Receipt<br>01 / 31 / 2020<br>Transaction ID : 10487286   |
|          | New Orleans   | LA                                       | 70115   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.  | С  |   | 250.00   |
|          | Name of Employer (for Individual)   | Осси                                     | cupation (for Individual)                         | Memo Item  |
|          | Orthopedic Center For Sports Medicine   | Orth                                     | hopaedic Surgeon                                  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Year-to-Date ▼<br>250.00                          |  |
| в.       | Full Name of Individual (Last, First, Middle Initia<br>Maki, Neil, J, , MD, FAAOS                                       | l) or Full O                             | Drganization Name                                 | Date of Receipt  |
|          | Mailing Address 602 N Acadia Road<br>Suite 101<br>City  | 01 / D D / Y Y Y Y Y<br>2020             |   |  |
|          | Thibodaux   | State<br>LA                              | Zip Code<br>70301-2627                            | Transaction ID : 10487287<br>Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | С  |   |  |
|          | Name of Employer (for Individual)<br>Self Employed  |  | cupation (for Individual)<br>hopaedic Surgeon     | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Year-to-Date ▼<br>500.00                          |  |
| <u> </u> | Full Name of Individual (Last, First, Middle Initia<br>Mitchell, Robert, E, , MD, FAAOS                                 | ll) or Full O                            | Drganization Name                                 | Date of Receipt  |
|          | Mailing Address 695 Hill Country Dr Ste B   | 01 01 01 01 01 01 01 01 01 01 01 01 01 0 |   |  |
|          | City<br>Kerrville   | State<br>TX                              | Zip Code<br>78028-5958                            | Transaction ID : 10487288<br>Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | С  |   | 250.00   |
|          | Name of Employer (for Individual)<br>Self Employed<br>Receipt For:  | Orth                                     | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|          | Primary General<br>Other (specify)  | Aggregate                                | Year-to-Date ▼<br>250.00                          |  |
| s        | UBTOTAL of Receipts This Page (optional)  |  | •••••   | 1000.00  |
| т        | OTAL This Period (last page this line number or   | וy)                                      | ••••••  |  |

FOR LINE NUMBER:

PAGE 72 OF

| ITEMIZED RECEIPTS |  |                                  | for each category of the<br>Detailed Summary Page | (check only one)                                  |  |
|-------------------|--|----------------------------------|---|---|--|
|                   | y information copied from such Reports and S for commercial purposes, other than using the |                                  |   | erson for the purpose of soliciting contributions |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                           | e America                        | n Association of Orth                             | opaedic SurgeonsPAC of AAOS                       |  |
| <u> </u>          | Full Name of Individual (Last, First, Middle Init<br>Berkenblit, Scott, , , MD,PhD,FAA     | ial) or Full Or                  | ganization Name                                   | Date of Receipt                                   |  |
|                   | Mailing Address 4313 Roland Springs Dr   | 01 / D D / Y Y Y Y<br>01 31 2020 |   |   |  |
|                   | City   | State                            | Zip Code  | Transaction ID : 10487294                         |  |
|                   | Baltimore  | MD                               | 21210   | Amount of Each Receipt this Period                |  |
|                   | FEC ID number of contributing federal political committee.                                 | С                                |   | 250.00  |  |
|                   | Name of Employer (for Individual)  | Occu                             | pation (for Individual)                           | Memo Item   |  |
|                   | Medstar Orthopedics  | Ortho                            | opaedic Surgeon                                   |   |  |
|                   | Receipt For:   | Aggregate `                      | Year-to-Date ▼                                    |   |  |
|                   | Primary General  |                                  |   | 1   |  |
|                   | Other (specify) <b>v</b>   |                                  | 250.00  |   |  |
| В.                | Full Name of Individual (Last, First, Middle Init<br>Drakeford, Michael, K, , MD, FAAOS    | Date of Receipt                  |   |   |  |
|                   | Mailing Address 1290 Terry Rd  |                                  |   | 01 31 2020  |  |
|                   | City   | State Zip Code                   |   | Transaction ID : 10487295                         |  |
|                   | Sumter   | SC                               | 29150-1721  | Amount of Each Receipt this Period                |  |
|                   | FEC ID number of contributing federal political committee.                                 | С                                |   | 1000.00   |  |
|                   | Name of Employer (for Individual)<br>Palmetto Orthopaedic & Sports Med Ctr                 |                                  | pation (for Individual)<br>opaedic Surgeon        | Memo Item   |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                        | Year-to-Date ▼<br>1000.00                         | ]   |  |
| С.                | Full Name of Individual (Last, First, Middle Init<br>Basta, Jean, D, , MD, FAAOS           | ial) or Full Or                  | ganization Name                                   | Date of Receipt                                   |  |
|                   | Mailing Address 7010 Space Drive   |                                  |   | 01 / Y Y Y Y Y<br>01 31 2020                      |  |
|                   | City   | State                            | Zip Code  | Transaction ID : 10487297                         |  |
|                   | Cheyenne   | WY                               | 82009   | Amount of Each Receipt this Period                |  |
|                   | FEC ID number of contributing federal political committee.                                 | C                                |   | 500.00  |  |
|                   | Name of Employer (for Individual)  | Occupation (for Individual)      |   | Memo Item   |  |
|                   | Cheyenne Orthopedics, PC   | Ortho                            | paedic Surgeon                                    |   |  |
|                   | Receipt For:   | Aggregate `                      | Year-to-Date ▼                                    |   |  |
|                   | Primary General  |                                  | 500.00  | 1   |  |
|                   | Other (specify)  |                                  | 500.00  | 1   |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                                  |   | 1750.00   |  |
| Т                 | OTAL This Period (last page this line number of  | only)                            |   |   |  |
| SCHEDULE A (FEC Form 3X  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 73 OF 300<br>(check only one)             |  |
|--|---|---|--|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$          |  |
|  | d Statements may not be sold or used by any po<br>the name and address of any political committee |   |  |
| NAME OF COMMITTEE (In Full)  | the American Association of Ortho   |   |  |
| Full Name of Individual (Last, First, Middle<br>A. Novotny, Joseph, A, , MD, FAAOS | Initial) or Full Organization Name  | Date of Receipt   |  |
| Mailing Address 13 Norbloom Ave  | State Zip Code  | 01 / 01 / 2020<br>Transaction ID : 10487301                     |  |
| Bloomington  | IL 61701  | Amount of Each Receipt this Period                              |  |
| FEC ID number of contributing federal political committee.                         | C   | 500.00  |  |
| Name of Employer (for Individual)<br>Self Employed                                 | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>500.00  |   |  |
| Full Name of Individual (Last, First, Middle<br>Bercik, Robert, J, , MD, FAAOS     | Initial) or Full Organization Name  | Date of Receipt   |  |
| Mailing Address 1445 Raritan Rd  |   | 01 01 / Y Y Y Y Y<br>01 31 2020                                 |  |
| City<br>Clark  | State Zip Code<br>NJ 07066-1230   | Transaction ID : 10487302<br>Amount of Each Receipt this Period |  |
| FEC ID number of contributing federal political committee.                         | С   | 250.00  |  |
| Name of Employer (for Individual)<br>Self Employed                                 | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>250.00  |   |  |
| Full Name of Individual (Last, First, Middle<br>C. Rosenfeld, Samuel, R, , MD, FA  |   | Date of Receipt   |  |
| Mailing Address 1212 Bennington Dr   |   | M M / D D / Y Y Y Y<br>01 31 2020                               |  |
| City<br>Santa Ana  | StateZip CodeCA92705  | Transaction ID : 10487303<br>Amount of Each Receipt this Period |  |
| FEC ID number of contributing federal political committee.                         | C   | 500.00  |  |
| Name of Employer (for Individual)<br>Self Employed                                 | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate Year-to-Date ▼<br>500.00  |   |  |
| SUBTOTAL of Receipts This Page (optional)  | ·   | 1250.00   |  |
| TOTAL This Period (last page this line numb  | per only)   |   |  |

FOR LINE NUMBER:

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| City<br>San Mateo       State       Zip Code<br>CA       Zip Code<br>State       Transaction 10 : 10487304         FEC ID number of contributing<br>federal political committee.       C       Amount of Each Receipt this Per<br>Committee.         Name of Employer (for Individual)<br>Mission Paak Orthopaedic<br>Receipt For:<br>City       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         B. L'Insalata, John, C, , MD, FAAOS       Aggregate Year-to-Date ▼       Ot       31       202         Mailing Address 495 Wooddale Ave       C       Transaction ID : 10487305       Date of Receipt         B. L'Insalata, John, C, , MD, FAAOS       Name of Employer (for Individual)<br>Orthopaedic Surgeon       Date of Receipt         Mailing Address 495 Wooddale Ave       C       Transaction ID : 10487305         City       State       Zip Code<br>NY       Transaction ID : 10487306         Name of Employer (for Individual)<br>Orthopaedic Surgeon       Occupation (for Individual)<br>Orthopaedic Surgeon       Date of Receipt         Full Name of Individual (Last, First, Middle Initial)<br>Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 2266 Morgan Ave N       C       C       Transaction ID : 10487327         Mailing Address 2266 Morgan Ave N       C       So02       Transaction ID : 10487327         Mailing Address 2266 Morgan Ave N       C       So02       T   | 12<br>16 17     |
|---|-----------------|
| Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Motamed, Scheil, ., MD, FAAOS         Mailing Address 332 42nd Ave         City         San Mateo         FEC ID number of contributing<br>federal political committee.         Name of Employer (for Individual)         Other (specify) ▼         B. Linsalata, John, C, , MD, FAAOS         Mailing Address 495 Wooddale Ave         City         State Island         Name of Employer (for Individual)         Other (specify) ▼         Aggregate Vear-to-Date ▼         01       31         202         Transaction ID : 10487304         Answer of Employer (for Individual)         Other (specify) ▼         Aggregate Vear-to-Date ▼         01       31         202         City         State Island         Name of Employer (for Individual)         Orthopaedic Surgeon         Receipt For:         01       31         02       31         0301       250,00         Field Name of Employer (for Individual)         Orthopaedic Surgeon  |                 |
| A. Motamed, Soheil, . , MD, FAAOS       Mailing Address 332 42nd Ave       Date of Receipt         Mailing Address 332 42nd Ave       City       State       Zip Code         San Mateo       CA       94403       Amount of Each Receipt this Per         FEC ID number of contributing<br>federal political committee.       C       State       State       State         Name of Employer (for Individual)<br>Mission Peak Orthopaedic       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         B. Linsalata, John, C, , MD, FAAOS       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 495 Wooddale Ave       10301       Transaction ID : 10487305.         B. Linsalata, John, C, , MD, FAAOS       Date of Receipt       Transaction ID : 10487305.         Mailing Address 495 Wooddale Ave       C       13301         FEC ID number of contributing<br>federal political committee.       C       Transaction ID : 10487305.         Name of Employer (for Individual)<br>Orthopaedic Surgical Consultant       Orthopaedic Surgeon       Transaction ID : 10487305.         Receipt For:       Primary       General       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       C       Year-to-Date ▼       Date of Receipt         Mailing Address 2266 Morgan Ave N  | f AAOS          |
| B. L'Insalata, John, C, , MD, FAAOS       Date of Receipt         Mailing Address 495 Wooddale Ave       Zip Code         City       State       Zip Code         Staten Island       NY       10301         FEC ID number of contributing<br>federal political committee.       C       Transaction ID : 10487305         Name of Employer (for Individual)<br>Orthopaedic Surgical Consultant       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 2266 Morgan Ave N       State       Zip Code         City       State       Zip Code         West Lakeland       MN       55082         FEC ID number of contributing<br>federal political committee.       C         Name of Employer (for Individual)<br>Othopaedics       Occupation (for Individual)<br>Orthopaedics       Date of Receipt         Mailing Address 2266 Morgan Ave N       MN       55082       Amount of Each Receipt this Per         FEC ID number of contributing<br>federal political committee.       C       Memo Item         Name of Employer (for Individual)<br>St Croix Orthopaedics       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item   |                 |
| Staten Island       NY       10301       Initial duftinition in the fraction individual inditerational individualindition individual individual individual in |                 |
| C. Knowlan, Robert, V, , MD, FAAOS       Date of Receipt         Mailing Address 2266 Morgan Ave N       02       01       2020         City       State       Zip Code       Transaction ID : 10487327         West Lakeland       MN       55082       Amount of Each Receipt this Per         FEC ID number of contributing federal political committee.       Occupation (for Individual)       State       56         Name of Employer (for Individual)       Occupation (for Individual)       Orthopaedic Surgeon       Memo Item  | eriod<br>250.00 |
| Receipt For: Aggregate Year-to-Date ▼   |                 |
| Primary General<br>Other (specify) 500.00   | 250.00          |

FOR LINE NUMBER: PAGE 75 OF 300

| ITEMIZED RECEIPTS     |  |                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |
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|                       | y information copied from such Reports and St<br>for commercial purposes, other than using the |                 |   |  |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)  |                 |   | opaedic SurgeonsPAC of AAOS  |
| $\backslash$          |  | /               |   |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initi<br>Ruoff, Mark, , , MD, FAAOS               | Date of Receipt |   |  |
|                       | Mailing Address 15 Sierra Ct   |                 |   | 01 / Y Y Y Y<br>2020   |
|                       | City<br>Hillsdale  | State<br>NJ     | Zip Code<br>07642   | Transaction ID : 10487332           Amount of Each Receipt this Period |
|                       | FEC ID number of contributing federal political committee.                                     | С               |   | 380.00   |
|                       | Name of Employer (for Individual)<br>Orthopaedic Associates                                    |                 | ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|                       | Receipt For:   |                 | Year-to-Date V  | —  |
|                       | Primary General  | Aggregate       |   |  |
|                       | Other (specify) ▼  |                 | 380.00  |  |
| в.                    | Full Name of Individual (Last, First, Middle Initi<br>Bugbee, William, , , MD,FAAOS            | al) or Full O   | rganization Name  | Date of Receipt  |
|                       | Mailing Address 13219 Winstanley Way   |                 |   | 01 31 2020   |
|                       | City   | State           | Zip Code  | Transaction ID : 10487334  |
|                       | San Diego  | CA              | 92130   | Amount of Each Receipt this Period                                     |
|                       | FEC ID number of contributing federal political committee.                                     | С               |   | 500.00   |
|                       | Name of Employer (for Individual)<br>Scripps Clinic Medical Group                              |                 | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|                       | Receipt For:   | Aggregate       | Year-to-Date 🔻  |  |
|                       | Primary General<br>Other (specify) ▼   |                 | , 500.00  | ]  |
| <u> </u>              | Full Name of Individual (Last, First, Middle Initi<br>Chidester, John, H, , MD, FAAOS          | al) or Full O   | rganization Name  | Date of Receipt  |
|                       | Mailing Address 326 Old Lincoln Highway  |                 |   | 01 / D D / Y Y Y Y<br>01 31 2020                                       |
|                       | City   | State<br>PA     | Zip Code  | Transaction ID : 10487335  |
|                       | Malvern  | PA              | 19355   | Amount of Each Receipt this Period                                     |
|                       | FEC ID number of contributing federal political committee.                                     | С               |   | 350.00   |
|                       | Name of Employer (for Individual)<br>Self Employed   |                 | ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|                       | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>350.00  | ]  |
| ⊢                     | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number c     |                 |   | 1230.00  |

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| ITEMIZED RECEIPTS |   |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         Image: X 11a         11b         11c         12           13         14         15         16         17 |
|-------------------|---|---------------------------|---|---|
| Ar<br>or          | y information copied from such Reports and St for commercial purposes, other than using the                                     | atements ma<br>name and a | y not be sold or used by any pe<br>ddress of any political committee          | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                                |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e America                 | an Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Karr, Scott, D, , MD,FAAOS  | al) or Full O             | rganization Name  | Date of Receipt   |
|                   | Mailing Address 5050 N Clinton St   |                           |   | 01 / D D / Y Y Y Y<br>2020  |
|                   | City<br>Fort Wayne  | State<br>IN               | Zip Code<br>46825-5822  | Transaction ID : 10487336         Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.  | С                         |   | 250.00  |
|                   | Name of Employer (for Individual)<br>Ortho Northeast  |                           | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>250.00  |   |
| в.                | Full Name of Individual (Last, First, Middle Initi<br>Christensen, David, Mark, , MD,FAA<br>Mailing Address 1411 Falls Ave East |                           | rganization Name  | Date of Receipt   |
|                   | Suite #1301   | State                     | Zip Code  | 01 31 2020<br>Transaction ID : 10487338   |
|                   | Twin Falls  | ID                        | 83301   | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.  | С                         |   | 250.00  |
|                   | Name of Employer (for Individual)<br>Intermountain Spine and Orthopaedics   |                           | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>250.00  |   |
| <u>с.</u>         | Full Name of Individual (Last, First, Middle Initi<br>Casey, Steven, E, , MD, FAAOS   | al) or Full O             | rganization Name  | Date of Receipt   |
|                   | Mailing Address 711 Lawn Ave Ste 3  |                           |   | 01 / D D / Y Y Y Y<br>01 31 2020  |
|                   | City<br>Sellersville  | State<br>PA               | Zip Code<br>18960-1575  | Transaction ID : 10487339 Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.  | С                         |   | 250.00  |
|                   | Name of Employer (for Individual)     Occupation (for Individual)       Self Employed     Orthopaedic Surgeon                   |                           | Memo Item   |   |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼<br>250.00  |   |
| s                 | UBTOTAL of Receipts This Page (optional)  |                           |   | 750.00  |
| т                 | OTAL This Period (last page this line number o  | nly)                      | ····· •   |   |

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

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FOR LINE NUMBER: PAGE 76 OF

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 77 OF 300<br>(check only one)   |
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| TEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page                              | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full) |  |   |
| /  |  | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle I<br>Warden, William, H, , III, MD,FA<br>Mailing Address 2760 Atlantic Ave        | nitial) or Full Organization Name  | Date of Receipt   |
| City<br>Long Beach   | State Zip Code<br>CA 90806   | 01 31 2020<br>Transaction ID : 10487342   |
| FEC ID number of contributing federal political committee.   | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Memorial Ortho Surgical Group<br>Receipt For:   | Occupation (for Individual)<br>Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼ | Memo Item   |
| Primary General<br>Other (specify) ▼   | 500.00   |   |
| Full Name of Individual (Last, First, Middle I<br>Gainor, John, W, , MD, FAAOS<br>Mailing Address PO Box 1200                  | nitial) or Full Organization Name  | Date of Receipt   |
| City<br>Santa Barbara  | State Zip Code<br>CA 93102-1200  | 01 31 2020<br>Transaction ID : 10487343<br>Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C  |   |
| Name of Employer (for Individual)<br>Sansum Clinic   | Occupation (for Individual)<br>Orthopaedic Surgeon                             | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>1000.00  |   |
| Full Name of Individual (Last, First, Middle II<br>Tracy, Sean, C, , MD, FAAOS   |  | Date of Receipt   |
| Mailing Address W211 N5455 Carters Crossi  | State Zip Code   | 01 31 2020<br>Transaction ID : 10487348   |
| Menomonee Falls  | VI         53051   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer (for Individual)<br>Midwest Orthopedic Specialty Hospital<br>Receipt For:                                     | Occupation (for Individual)<br>Orthopaedic Surgeon                             | Memo Item   |
| Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>500.00   |   |
| SUBTOTAL of Receipts This Page (optional)  | ·  | 2000.00   |
| TOTAL This Period (last page this line numbe   | r only)  |   |

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| SCHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)                  |                  | FOR LINE NUMBER: PAGE 78 OF 300<br>(check only one)                      |  |
|--|-------------------------|---|------------------|--|--|
| ITEMIZED RECEIPTS  |                         | each category of the otalied Summary Page | 11a              | 11b         11c         12           14         15         16         17 |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)  | ne name and addres      | s of any political committee              | e to solicit cor | ntributions from such committee.   |  |
| Political Action Committee of the second |                         |   | paedic S         | SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle I<br>Boynton, Melbourne, D, , MD,FAAOS  | nitial) or Full Organiz | zation Name                               | Date of          | Receipt  |  |
| Mailing Address 90 Briarwood Lane  | State                   | Zip Code                                  | 01<br>Trans      | 2020<br>action ID : 10487350   |  |
| Rutland  | VT                      | 05701                                     | Amount           | of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.   | С                       |   |                  | 1000.00  |  |
| Name of Employer (for Individual)<br>Ruthland Regional Medical Center  |                         | n (for Individual)<br>dic Surgeon         |                  | emo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-         | to-Date ▼<br>1000.00                      | ]                |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Smith, Garth, Robert, , MD  | nitial) or Full Organiz | zation Name                               | Date of          | Receipt  |  |
| Mailing Address 875 Mallard Circle   |                         |   | 01               | / D D / Y Y Y Y<br>31 2020   |  |
| City<br>Arnold   | State Z<br>MD           | Zip Code<br>21012-1508                    |                  | action ID : 10487351   |  |
| FEC ID number of contributing federal political committee.   | С                       |   |                  | 1000.00  |  |
| Name of Employer (for Individual)<br>Self Employed   |                         | on (for Individual)<br>dic Surgeon        |                  | emo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-         | to-Date ▼<br>1000.00                      | ]                |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Greene, Perry, William, , III, MD,  |                         | zation Name                               | Date of          | Receipt  |  |
| Mailing Address 5001 Brookdale Rd  |                         |   | M M<br>01        | / D D / Y Y Y Y<br>31 2020   |  |
| City<br>Bloomfield Hills   | State Z<br>MI           | Zip Code<br>48304                         |                  | action ID : 10487352<br>of Each Receipt this Period                      |  |
| FEC ID number of contributing federal political committee.   | С                       |   |                  | 1000.00  |  |
| Name of Employer (for Individual)<br>Oakland Orthopedics   |                         | n (for Individual)<br>dic Surgeon         | M                | emo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-         | to-Date ▼<br>1000.00                      | ]                |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                         | •••••                                     |                  | 3000.00  |  |
| TOTAL This Period (last page this line numbe   | r only)                 |   |                  |  |  |

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 79 OF 300<br>(check only one)   |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and a or for commercial purposes, other than using the |  |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th                                 | ne American Association of Orthe                   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Ir<br>A. Winder, Carey, E, , MD, FAAOS             | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 866 Woodgate Blvd   | Stoto Zin Codo                                     |   |
| City<br>Baton Rouge   | StateZip CodeLA70808                               | Transaction ID : 10487353 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C  | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1000.00                | ]   |
| Full Name of Individual (Last, First, Middle Ir<br><b>Roberts, Craig, S</b> , , MD,MBA,FAA      | itial) or Full Organization Name                   | Date of Receipt   |
| Mailing Address PO Box 4808   |  | 01 31 2020  |
| City<br>Louisville  | State Zip Code<br>KY 40204-0808                    | Transaction ID : 10487354<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | С  |   |
| Name of Employer (for Individual)<br>University of Louisville                                   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1000.00                | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>C. Walker, Lawrence, R, , MD, FAA            |  | Date of Receipt   |
| Mailing Address PO Box 925<br>27937 North Bay Rd  |  |   |
| City<br>Lake Arrowhead  | StateZip CodeCA92352                               | Transaction ID : 10487388 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C  | 1000.00   |
| Name of Employer (for Individual)<br>Arrowhead Orthopaedics                                     | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>1000.00                | ]   |
| SUBTOTAL of Receipts This Page (optional)   | ······   | 3000.00   |
| TOTAL This Period (last page this line number   | r only)  |   |

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FOR LINE NUMBER:

PAGE 80 OF

300

| ITEMIZED RECEIPTS   |   |                | for each category of the<br>Detailed Summary Page | (check only one)       Image: Mark 11 a mark 11 b mark 11 c mark 12 mark 13 mark 12 mark 15 mark 16 mark 17 mark 12 mar |
|---|---|----------------|---|---|
| Any information copied from such Reports and Statements may not be sold or used by any pe<br>or for commercial purposes, other than using the name and address of any political committee |   |                |   | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |
|   | NAME OF COMMITTEE (In Full) Political Action Committee of the   | America        | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS   |
| A   | ull Name of Individual (Last, First, Middle Initia<br>Sardelli, Matthew, Carl, , MD,FAAOS                                   | al) or Full Or | rganization Name                                  | Date of Receipt   |
| _   | Aailing Address 7248 Ardsley Lane   |                |   | 01 / D D / Y Y Y Y<br>01 31 2020  |
|   | City<br>Clarkston   | State<br>MI    | Zip Code<br>48348                                 | Transaction ID : 10487389           Amount of Each Receipt this Period  |
|   | EC ID number of contributing ederal political committee.  | С              |   | 500.00  |
| (   | lame of Employer (for Individual)<br>DrthoMichigan  |                | ipation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| F   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>500.00                          |   |
| B   | ull Name of Individual (Last, First, Middle Initia<br>Morgan, Randall, C, , Jr, MD,FAA<br>Jailing Address 7913 Rio Bella Pl | al) or Full Or | rganization Name                                  | Date of Receipt   |
| _   | Dity  | State          | Zip Code  | 01 31 2020  |
|   | Jniversity Park   | FL             | 34201   | Transaction ID : 10487390<br>Amount of Each Receipt this Period   |
|   | EC ID number of contributing ederal political committee.  | С              |   | 250.00  |
|   | Name of Employer (for Individual)<br>Self Employed  |                | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Ē   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>, 250.00                        |   |
|   | ull Name of Individual (Last, First, Middle Initia<br>Tenholder, Mark, Joseph, , MD,FA                                      |                | rganization Name                                  | Date of Receipt   |
| _   | Aailing Address 4507 Olde Plantation Place  |                |   | 01 / D D / Y Y Y Y<br>2020  |
|   | City<br>Destin  | State<br>FL    | Zip Code<br>32541                                 | Transaction ID : 10487391   |
| F   | EC ID number of contributing ederal political committee.  | С              |   | Amount of Each Receipt this Period  |
| (   | Jame of Employer (for Individual)<br>Drthopaedic Associates<br>Receipt For:   | Ortho          | pation (for Individual)<br>opaedic Surgeon        | Memo Item   |
|   | Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>250.00                          |   |
| su  | BTOTAL of Receipts This Page (optional)   |                | •   | 1000.00   |

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

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

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1. 

| SCHEDULE A (FEC Form 3  | X)<br>Use separate schedule(s)  | FOR LINE NUMBER: PAGE 81 OF 300   |
|---|---|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | (check only one)         ▲         11a       11b         13       14         15       16         17 |
|   | and Statements may not be sold or used by any pe<br>g the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee o                       | f the American Association of Ortho   | paedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Midd<br>A. Amadio, Peter, C, , MD,FAAOS     | le Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 200 1st St S W  |   | 01 / Y Y Y Y<br>01 30 / 2020  |
| City<br>Rochester   | State Zip Code<br>MN 55905  | Transaction ID : 10487450 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C   | 500.00  |
| Name of Employer (for Individual)   | Occupation (for Individual)   | Memo Item   |
| Mayo Clinic   | Orthopaedic Surgeon   | _   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Other (specify) ▼   | 500.00  |   |
| Full Name of Individual (Last, First, Midd<br>B. Valadie, Arthur, L, , III, MD, F | le Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 526 56th St   |   | 01 30 2020  |
| City  | State Zip Code  | Transaction ID : 10487452   |
| Holmes Beach  | FL 34217  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C   | 750.00  |
| Name of Employer (for Individual)<br>Coastal Orthopaedics                         | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Other (specify)   | 750.00  |   |
| Full Name of Individual (Last, First, Midd<br>C. Gelb, Howard, J, , MD,FAAOS      |   | Date of Receipt   |
| Mailing Address 6214 NW 120th Dr  |   | 01 30 2020  |
| City  | State Zip Code  | Transaction ID : 10487453   |
| Coral Springs   | FL 33076  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        |   | 500.00  |
| Name of Employer (for Individual)<br>Self Employed                                | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate Year-to-Date ▼<br>500.00  |   |
| SUBTOTAL of Receipts This Page (optiona   | <br>al)▶  | 1750.00   |

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

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| SCHEDULE A (FEC Form 3X)   |                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 82 OF 300<br>(check only one)   |  |
|--|--------------------|---|---|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |
| or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)                   |                    |   |   |  |
|  |                    |   | opaedic SurgeonsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Middle Leone, William, A, , MD, FAAOS                  | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 3111 NE 27th Avenue  | State              | Zip Code  | 01 30 2020<br>Transaction ID : 10487454   |  |
| Lighthouse Point   | FL                 | 33064   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 500.00  |  |
| Name of Employer (for Individual)<br>Holy Cross Hospital                                     |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                    | _   |  |
| Other (specify) ▼  |                    | 500.00  | ]   |  |
| Full Name of Individual (Last, First, Middle<br><b>3. Nicholas, Richard, W, , Jr, MD, FA</b> |                    | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 14106 Napoleon Rd  |                    |   | 01 30 2020  |  |
| City   | State              | Zip Code  | Transaction ID : 10487457   |  |
|  | AR                 | 72211   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 250.00  |  |
| Name of Employer (for Individual)<br>Self Employed   |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                    |   |  |
| Other (specify) ▼  |                    | 250.00  | ]   |  |
| Full Name of Individual (Last, First, Middle<br><b>Johnson, Lawrence, P, , MD,FA</b>         |                    | rganization Name                                  | Date of Receipt   |  |
| Mailing Address 62 Abbot St  |                    |   | 01 / D D / Y Y Y Y Y<br>01 30 2020  |  |
| City<br>Andover  | State<br>MA        | Zip Code<br>01810                                 | Transaction ID : 10487459 Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 250.00  |  |
| Name of Employer (for Individual)<br>Self Employed   |                    | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>250.00                          | ]   |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 1000.00   |  |
| TOTAL This Period (last page this line number  | er only)           |   |   |  |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 83 OF 300<br>(check only one)   |
|--|---|---|
| TEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17               |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | e name and address of any political committee   |   |
| Full Name of Individual (Last, First, Middle Ini         Chang, Mark, K, , MD, FAAOS         Mailing Address 1100 Joliet St Ste 104         City         Dyer         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)                                  | itial) or Full Organization Name          State       Zip Code         IN       46311         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       250.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Ini         3.       Kiernan, Howard, A, , Jr, MD, FA         Mailing Address 903 Park Avenue         First Floor         City         New York         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | itial) or Full Organization Name          State       Zip Code         NY       10075         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼  | Date of Receipt<br>01 30 2020<br>Transaction ID : 10487463<br>Amount of Each Receipt this Period<br>500.00<br>Memo Item |
| Full Name of Individual (Last, First, Middle Ini         Goodwiller, Steven, E, , MD, FAA         Mailing Address 402 W 19th St         City         Panama City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)                                       |   | Date of Receipt   |
| SUBTOTAL of Receipts This Page (optional)  |   | 1000.00   |

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

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FOR LINE NUMBER:

PAGE 84 OF

300

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | (check only one)  |
|---|---|---|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the   | erson for the purpose of soliciting contributions   |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e American Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Init         A.       Verhoog, Norman, , , MD, FAAOS         Mailing Address 7831 Camino Del Encina Dr         City         Redding         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)          | ial) or Full Organization Name          State       Zip Code         C       96001-4387         Occupation (for Individual)       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       450.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Init<br>B. Parker, John, F, , MD, FAAOS<br>Mailing Address 6248 Turnwood   | ial) or Full Organization Name  | Date of Receipt   |
| City<br>Jamesville<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Syracuse Orthopedic Specialists<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | State     Zip Code       NY     13078       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼  | Transaction ID : 10487491         Amount of Each Receipt this Period         250.00         Memo Item                       |
| Full Name of Individual (Last, First, Middle Init         C.       Craven, Thomas, G, , MD, FAAOS         Mailing Address       4521 S 81st West Ave         City       Tulsa         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Advance Orthopedics of OK         Receipt For:         Primary       General         Other (specify) |   | Date of Receipt<br>01 ' 31 ' 2020<br>Transaction ID : 10487500<br>Amount of Each Receipt this Period<br>203.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)   | -   | 903.00  |

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

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 85 OF 300<br>(check only one)   |  |  |  |
|---|--|---|--|--|--|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) |  |   |  |  |  |
| Political Action Committee of the   |  | ppaedic SurgeonsPAC of AAOS   |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>Maggitti, Michael, J, , MD, FAAOS<br>Mailing Address 3107 Drury Lane         | nitial) or Full Organization Name                  | Date of Receipt   |  |  |  |
| City  | State Zip Code                                     | 01 31 2020<br>Transaction ID : 10487501   |  |  |  |
| Fayetteville  | NC 28303   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |  |  |  |
| Name of Employer (for Individual)<br>Southeastern Regional Medical Center   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00                 |   |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>Sander, Michael, D, , MD   | hitial) or Full Organization Name                  | Date of Receipt   |  |  |  |
| Mailing Address 205 Southgate Blvd  |  | 01 / Y Y Y Y<br>2020  |  |  |  |
| City<br>Weslaco   | State Zip Code<br>TX 78596-7009                    | Transaction ID : 10487502<br>Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.  | С  | 250.00  |  |  |  |
| Name of Employer (for Individual)<br>Sanders Orthopaedics   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00                 |   |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>Mumford, Joseph, E, , MD, FAAC   |  | Date of Receipt   |  |  |  |
| Mailing Address 3110 SW Briarwood Circle  |  | 01 / D D / Y Y Y Y<br>01 31 2020  |  |  |  |
| City<br>Topeka  | StateZip CodeKS66611                               | Transaction ID : 10487503 Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.  | С  | 500.00  |  |  |  |
| Name of Employer (for Individual)<br>Stormont Vail Healthcare   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>500.00                 |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | •  | 1000.00   |  |  |  |
| TOTAL This Period (last page this line numbe  | r only)  |   |  |  |  |

| SCHEDULE A (FEC Form 3X)                                      |                 | Use separate schedule(s)       | FOR LINE NUMBER: PAGE 86 OF 300   |
|---|-----------------|--------------------------------|---|
| ITEMIZED RECEIPTS   |                 | for each category of the       | (check only one) (Check only one) (International one) (Internatio |
|   |                 | Detailed Summary Page          | X         11a         11b         11c         12           13         14         15         16         17   |
| Any information copied from such Reports and S                | tatements ma    | y not be sold or used by any p |   |
| or for commercial purposes, other than using the              |                 |                                |   |
| NAME OF COMMITTEE (In Full)                                   | - A             |                                |   |
| Political Action Committee of the                             | e America       | an Association of Ortho        | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Init             | tial) or Full O | rganization Name               |   |
| A. Banks, Willie, J, , Jr, MD, FAA                            |                 |                                | Date of Receipt   |
| Mailing Address 2705 South 19th Street                        |                 |                                |   |
| City  | State           | Zip Code                       | 01 31 2020<br>Transaction ID : 10487504   |
| Arlington   | VA              | 22204                          | Amount of Each Receipt this Period  |
| FEC ID number of contributing                                 | 0               |                                |   |
| federal political committee.                                  | С               |                                | 350.00  |
| Name of Employer (for Individual)                             | Осси            | upation (for Individual)       | Memo Item   |
| Dept of Veterans Affairs                                      |                 | opaedic Surgeon                | -   |
| Receipt For:  | Aggregate       | Year-to-Date 🔻                 |   |
| Primary General<br>Other (specify) ▼                          |                 | 350.00                         | 1   |
|   |                 | 7                              | 1   |
| Full Name of Individual (Last, First, Middle Init             |                 | rganization Name               |   |
| B. Verner, James, John, , MD, FAAOS                           |                 |                                | Date of Receipt   |
| Mailing Address 23075 Nottingham                              |                 |                                | 01 31 2020  |
| City  | State           | Zip Code                       |   |
| Beverly Hills   | MI              | 48025                          | Transaction ID : 10487507<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing                                 | С               |                                |   |
| federal political committee.                                  |                 |                                | 250.00  |
| Name of Employer (for Individual)                             | Осси            | upation (for Individual)       | Memo Item   |
| Michigan Orthopaedic Institute                                | Orth            | nopaedic Surgeon               |   |
| Receipt For:  | Aggregate       | Year-to-Date ▼                 | _   |
| Other (specify) V   |                 | 250.00                         | 1   |
|   |                 | <u> </u>                       | ·   |
| Full Name of Individual (Last, First, Middle Init             |                 | rganization Name               |   |
| C. Herbst, Steven, Arthur, , MD, FAA                          | 05              |                                | Date of Receipt   |
| Mailing Address 8620 S County Rd 560 E                        |                 |                                | 01 31 2020  |
| City  | State           | Zip Code                       | Transaction ID : 10487509   |
| Selma   | IN              | 47383                          | Amount of Each Receipt this Period  |
| FEC ID number of contributing<br>federal political committee. | С               |                                | 1000.00   |
|   |                 |                                |   |
| Name of Employer (for Individual) Occupation (for Individual) |                 |                                | Memo Item   |
| Self Employed<br>Receipt For:                                 | 1               | opaedic Surgeon                | _   |
| Primary General   | Aggregate       | Year-to-Date ▼                 |   |
| Other (specify)   |                 | 1000.00                        |   |
|   |                 | , <del>.</del>                 | a   |
|   |                 |                                | 1600.00   |
| SUBTOTAL of Receipts This Page (optional)                     |                 | ••••••                         |   |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | ) (check only one)  |
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|   |   | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e American Association of O   | rthopaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Init         Mueller, Robert, , , MD, FAAOS         Mailing Address 4632 Stonehaven Dr         City         Columbus         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Licking Memorial Hospital         Receipt For:         Primary       General         Other (specify) ▼ | tial) or Full Organization Name          State       Zip Code         OH       43220         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         300.00       300.00 | Date of Receipt<br>01 / 2020<br>Transaction ID : 10487511<br>Amount of Each Receipt this Period<br>300.00<br>Memo Item  |
| Full Name of Individual (Last, First, Middle Init         B. Lee, Guy, Alan, , MD, FAAOS         Mailing Address 7024 Swagger Rd         City         New Hope         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)                  | tial) or Full Organization Name          State       Zip Code         PA       18938         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼                           | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Init         C. Duggan, John, P, , Jr, MD, FA         Mailing Address 30 Meadows End         City         Georgetown         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Wellstone         Receipt For:         Primary       General         Other (specify)                   |   | Date of Receipt / 2020 Transaction ID : 10487562 Amount of Each Receipt this Period Solo.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number  |   |   |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | K       11a       11b       11c       12         13       14       15       16       17 |
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| Any information copied from such Reports and<br>or commercial purposes, other than using th  |                   |   |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | ne America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Ir           A.         Ishak, Andre, Michael, , MD, FAAOS  | nitial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 2221 Wankel Way  | Chata             | Zin Oode  | 01 / D D / Y Y Y Y<br>01 30 2020  |
| City<br>Oxnard   | State<br>CA       | Zip Code<br>93036                                 | Transaction ID : 10487564           Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.   | С                 |   | 350.00  |
| Name of Employer (for Individual)<br>Ventura Orthopedic Medical Group Inc  |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>350.00                          | ]   |
| <ul> <li>Full Name of Individual (Last, First, Middle Ir</li> <li>B. Lilley, James, Craig, , MD, FAAOS</li> <li>Mailing Address 4475 Cardinal Cushing</li> </ul> | ,                 | rganization Name                                  | Date of Receipt   |
| City   | State             | Zip Code  | 01 30 2020  |
| Claremont  | CA                | 91711   | Transaction ID : 10487565<br>Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.   | С                 |   | 500.00  |
| Name of Employer (for Individual)<br>Self Employed   |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>500.00                          | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>C. Followwill, Jerry, L, , MD, FAAOS  |                   | rganization Name                                  | Date of Receipt   |
| Mailing Address 4916 US Highway 87 S   |                   |   | 01 / Y Y Y Y<br>2020  |
| City<br>Cuero  | State<br>TX       | Zip Code<br>77954-6803                            | Transaction ID : 10487568 Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.   | С                 |   | 500.00  |
| Name of Employer (for Individual)<br>VOC   |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>500.00                          | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                   |   |   |

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

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| ITEMIZED RECEIPTS  | for each categorial for ea | egory of the  |
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| Any information copied from such Reports and s<br>or for commercial purposes, other than using the   | Statements may not be sold or<br>e name and address of any po  | r used by any person for the purpose of soliciting contributions olitical committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of th   | e American Associat  | tion of Orthopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In         A.       Feighan, John, English, , MD, FAAOS         Mailing Address       2260 Harcourt Dr         City       Cleveland Heights         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University Hospital         Receipt For:         Primary       General         Other (specify) ▼ | itial) or Full Organization Name<br>State Zip Code<br>OH 44106<br>C<br>Occupation (for Indivi<br>Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼   | Date of Receipt  Date of Receipt  O1 30 2020  Transaction ID : 10487570  Amount of Each Receipt this Period  fidual) Memo Item    |
| Full Name of Individual (Last, First, Middle In<br>B. Hartman, Gregg, P, , MD,FAAOS<br>Mailing Address 2500 White Wing Court   | Date of Receipt  |   |
| City<br><u>Camarillo</u><br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Ventura Orthopedics<br>Receipt For:<br>□ Primary □ General<br>Other (specify) ▼  | State Zip Code<br>CA 93012<br>C<br>Occupation (for Indiv<br>Orthopaedic Surgeor<br>Aggregate Year-to-Date V  |   |
| C. Martin, Kenneth, Andrew, , MD, F<br>Mailing Address 5 Platte Ct   |  | Date of Receipt   |
| City<br>Maumelle<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Arkansas Surgical Hospital<br>Receipt For:<br>Primary General<br>Other (specify)   | State       Zip Code         AR       72113         C       Occupation (for IndiviOrthopaedic Surgeon         Aggregate Year-to-Date ▼   |   |
| SUBTOTAL of Receipts This Page (optional)  |  |   |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Image: Creck only one)       Image: The second |
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| or for commercial purposes, other than using t  | Statements may not be sold or used by any pe<br>he name and address of any political committee | rson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t  | he American Association of Ortho   | paedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle  <br>A. McKenzie, Thomas, P, , MD, FAAOS   | Initial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 1209 Rivergate Dr   |  | 01 / D D / Y Y Y Y Y<br>01 30 2020   |
| City<br>Lodi  | StateZip CodeCA95240-0547  | Transaction ID : 10487579           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 500.00   |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00   |  |
| Full Name of Individual (Last, First, Middle I<br><b>B.</b> Dahl, William, John, , MD, FAAOS<br>Mailing Address 69 Ruffed Grouse Dr | , .  | Date of Receipt  |
|   |  | 01 30 2020   |
| City<br>Bridgeport  | StateZip CodeWV26330-7989  | Transaction ID : 10487580<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С  | 250.00   |
| Name of Employer (for Individual)<br>United Hospital Center   | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00   |  |
| Full Name of Individual (Last, First, Middle I<br>C. Hollmann, Mark, W, , MD,FAAO   |  | Date of Receipt  |
| Mailing Address 3865 Bird Dog Lane  |  | M M / D D / Y Y Y Y<br>01 30 2020  |
| City<br>Deland  | State Zip Code<br>FL 32724   | Transaction ID : 10487581  |
| FEC ID number of contributing federal political committee.  | C  | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>Florida Orthopaedic Associates, PA<br>Receipt For:   | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |
| Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>250.00   |  |
| SUBTOTAL of Receipts This Page (optional)   | •  | 1000.00  |

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

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                           |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 91 OF 300<br>(check only one)   |  |  |  |
|---|--|---|---|--|--|--|
|   |  | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |
|   |  |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |
| NAME OF COMMITTEE (I<br>Political Action Co                             |  | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS   |  |  |  |
| Full Name of Individual (La<br>A. Stanfield, Denver, T, ,               | st, First, Middle Initial) or Full C<br>MD,FAAOS         | Organization Name                                 | Date of Receipt   |  |  |  |
| Mailing Address 4440 Gler<br>Suite 500                                  |  |   | 01 / D D / Y Y Y Y<br>01 30 2020  |  |  |  |
| City<br>Cincinnati  | State<br>OH  | Zip Code<br>45245-1331                            | Transaction ID : 10487584<br>Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contribution federal political committee.              | ting   |   | 250.00  |  |  |  |
| Name of Employer (for Ind   | ividual) Occ   | upation (for Individual)                          | Memo Item   |  |  |  |
| Wellington Ortho and Sport<br>Receipt For:<br>Primary Ge                |  | hopaedic Surgeon<br>Year-to-Date ▼                |   |  |  |  |
| Other (specify) <b>v</b>  |  | 250.00  |   |  |  |  |
| B. Dunn, Albert, , , DO,  |  | Organization Name                                 | Date of Receipt   |  |  |  |
| Mailing Address 11109 Nic   | oles Way   |   | 01 30 / Y Y Y Y Y<br>01 30 2020   |  |  |  |
| City<br>Chardon   | State  | Zip Code<br>44024-9383                            | Transaction ID : 10487588   |  |  |  |
| FEC ID number of contributed federal political committee.               |  |   | Amount of Each Receipt this Period  |  |  |  |
| Name of Employer (for Inc<br>Precision Orthopaedic Spec                 | altian (Inc.   | upation (for Individual)<br>hopaedic Surgeon      | Memo Item   |  |  |  |
| Receipt For:<br>Primary Ge<br>Other (specify) ▼                         | Aggregate  | Year-to-Date ▼<br>250.00                          |   |  |  |  |
| Full Name of Individual (La <b>C.</b> Kristensen, Ronald                | st, First, Middle Initial) or Full C<br>, M, , MD, FAAOS | Organization Name                                 | Date of Receipt   |  |  |  |
| Mailing Address 1735 N C  | aremont Dr   |   | 01 30 2020  |  |  |  |
| City<br>Boise   | State<br>ID  | Zip Code<br>83702                                 | Transaction ID : 10487590<br>Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributed federal political committee.               | ting   | 250.00  |   |  |  |  |
| Name of Employer (for Ind<br>St Luke's Boise Orthopedic<br>Receipt For: | Clinic Orth  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |  |  |
|   | heral Aggregate  | Year-to-Date ▼<br>250.00                          | 1   |  |  |  |
| SUBTOTAL of Receipts This   | Page (optional)  | •••••   | 750.00  |  |  |  |

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

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 92 OF 300<br>(check only one)   |
|--|---|---|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |
|  | I Statements may not be sold or used by any p<br>the name and address of any political committe | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.    |
| /  |   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>Rankin, Glenn, B, , MD,FAAOS     | Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 651 N Granados Ave   | State Zip Code  | 01 30 2020<br>Transaction ID : 10487591   |
| Solana Beach   | CA 92075  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C   | 500.00  |
| Name of Employer (for Individual)<br>Southern California Permanente Medical      | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>500.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>Singer, Daniel, I, , MD, FAAOS   | Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 1401 South Beretania St<br>Suite 750                             |   | 01 / Y Y Y Y<br>2020  |
| City<br>Honolulu   | State Zip Code<br>HI 96814  | Transaction ID : 10487623<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | С   | 400.00  |
| Name of Employer (for Individual)<br>Orthopedic Associates of Hawaii             | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>400.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Steensen, Robert, N, , MD,FAA |   | Date of Receipt   |
| Mailing Address 5638 Hayden Run Road   |   | 01 / D D / Y Y Y Y<br>01 30 2020  |
| City<br>Hilliard   | StateZip CodeOH43026-7751   | Transaction ID : 10487626 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C   | 250.00  |
| Name of Employer (for Individual)<br>Orthopedic One                              | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate Year-to-Date ▼<br>250.00  | ]   |
| SUBTOTAL of Receipts This Page (optional).                                       |   | 1150.00   |
| TOTAL This Period (last page this line number                                    | er only)  |   |

| ITEMIZED RECEIPTS                        |  |                           |                | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | L `           | neck on<br><b>X</b> 11a<br>13 |                | e)<br>11b<br>14    | 11c<br>15            | 12               |                    |
|--|--|---------------------------|----------------|--|---------------|-------------------------------|----------------|--------------------|----------------------|------------------|--------------------|
| An<br>or                                 | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r                        | itements ma<br>name and a | ay no<br>addre | ot be sold or used by any pe<br>ess of any political committee               | erson<br>to s | for the                       | purp<br>ntribu | ose of<br>utions f | solicitin<br>rom suc | g contr<br>h com | ibutions<br>mittee |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America                   | an             | Association of Ortho   | pa            | edic S                        | Surg           | geons              | sPA                  | C of             | AAOS               |
| Α.                                       | Full Name of Individual (Last, First, Middle Initia<br>Conti, Stephen, F, , MD,FAAOS<br>Mailing Address 1704 Chestnut Ct | al) or Full O             | Drgar          | nization Name  |               | Date c                        |                | ceipt              |                      | v                | V                  |
|  |  | State                     |                | Zin Codo   | _             | 01                            |                | 30                 | JL                   | 202              | 0                  |
|  | City<br>Sewickley  | PA                        |                | Zip Code<br>15143  |               |                               |                |                    | 104876:<br>eceipt t  |                  | iod                |
|  | FEC ID number of contributing federal political committee.   | С                         |                |  |               | <u> </u>                      |                | y                  |                      | 5                | 00.00              |
|  | Name of Employer (for Individual)  |                           | •              | ion (for Individual)   |               | Ν                             | lemo           | Item               |                      |                  |                    |
|  | University of Pittsburgh Medical Cente   | Orth                      | hopa           | edic Surgeon   |               |                               |                |                    |                      |                  |                    |
|  | Receipt For:<br>Primary General  | Aggregate                 | Yea            | r-to-Date ▼  |               |                               |                |                    |                      |                  |                    |
|  | Other (specify) ▼  |                           | -              | 500.00   |               |                               |                |                    |                      |                  |                    |
| В.                                       | Full Name of Individual (Last, First, Middle Initia<br>Bigler, Gregory, T, , MD, FAAOS                                   | al) or Full O             | Drgar          | nization Name  |               | Date c                        | of Red         | ceipt              |                      |                  |                    |
| Mailing Address 9101 Alta Dr<br>Unit 901 |  |                           |                |  |               | M N<br>01                     |                | D D D 30           | / Y                  | 2020             | Y Y<br>)           |
|  | City   | State<br>NV               |                | Zip Code   |               |                               |                |                    | 104876:              |                  |                    |
|  | Las Vegas<br>FEC ID number of contributing   |                           | -              | 89145-8538   | _             | Amour                         | it of I        | Each R             | eceipt t             | his Per          | iod                |
|  | federal political committee.   | С                         |                |  |               | <u>L</u> .                    |                | <u> </u>           |                      | 7                | 50.00              |
|  | Name of Employer (for Individual)<br>Self Employed   |                           | •              | ion (for Individual)<br>edic Surgeon   |               | N                             | lemo           | Item               |                      |                  |                    |
|  | Receipt For:   | Aggregate                 | Yea            | r-to-Date ▼  |               |                               |                |                    |                      |                  |                    |
|  | Primary General<br>Other (specify) ▼   |                           | 750.00         |  |               |                               |                |                    |                      |                  |                    |
| с.                                       | Full Name of Individual (Last, First, Middle Initia<br>Flanagan, Jill, C, , MD,FAAOS                                     | al) or Full O             | Drgar          | ization Name   |               | Date c                        | of Red         | ceipt              |                      |                  |                    |
|  | Mailing Address 4025 Navajo Trail NE   |                           |                |  |               | 01                            | /              | D D D D 30         | / Y                  | 2020             | )<br>)             |
|  | City<br>Atlanta  | State<br>GA               |                | Zip Code<br>30319  |               |                               |                |                    | 104876<br>eceipt t   |                  | iod                |
|  | FEC ID number of contributing federal political committee.   | С                         |                |  |               |                               |                |                    |                      |                  | 00.00              |
|  |  |                           |                | Occupation (for Individual)<br>Orthopaedic Surgeon                           |               |                               | lemo           | ltem               |                      |                  |                    |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                 | Yea            | r-to-Date ▼<br>1000.00   |               |                               |                |                    |                      |                  |                    |
|  | UBTOTAL of Receipts This Page (optional)   |                           |                |  | -             |                               |                | <b>9</b>           | · · ·                | 22               | 50.00              |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | Image: Concerc only one)       Image: The second secon |
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| Any information copied from such Reports and Stor for commercial purposes, other than using the  | atements may not be sold or used by any pename and address of any political committee   | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e American Association of Ortho   | paedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initi         McCollam, Stephen, M, , MD,FAAOS         Mailing Address 2001 Peachtree Rd NE         Ste 705         City         Atlanta         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Peachtree Orthopaedic Clinic         Receipt For:         Primary       General         Other (specify) ▼ | ial) or Full Organization Name          State       Zip Code         GA       30309-1476         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initi         B. Higginbotham, William, , , III, MD,FA         Mailing Address 3189 Bloomfield Park Dr         City         West Bloomfield         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         The Core Institute         Receipt For:         Primary       General         Other (specify) ▼                | , .   | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initi<br>C. Mears, Simon, , , MD,FAAOS<br>Mailing Address 5011 Hawthorne Rd<br>City<br>Little Rock<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>University of Arkansas For Medical Sci<br>Receipt For:<br>Primary General<br>Other (specify)  | ial) or Full Organization Name          State       Zip Code         AR       72207         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼                                  | Date of Receipt<br>01 2020<br>Transaction ID : 10487634<br>Amount of Each Receipt this Period<br>1500.00<br>Memo Item   |
| SUBTOTAL of Receipts This Page (optional)  |   | 3500.00   |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |             | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 95 OF 300<br>(check only one)   |
|--|-------------|---|---|
|  |             | Detailed Summary Page                             | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th  |             |   |   |
| NAME OF COMMITTEE (In Full) Political Action Committee of the  | ne America  | In Association of Ortho                           | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Ir<br>Charoglu, Constantine, , , MD, FAAOS<br>Mailing Address 12 Waterford Drive              |             | ganization Name                                   | Date of Receipt   |
| City<br>Hattiesburg  | State<br>MS | Zip Code<br>39402-2927                            | 01 30 2020<br>Transaction ID : 10487635   |
| FEC ID number of contributing federal political committee.   | C           | 39402-2321  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Southern Bone & Joint Specialists Inc   | · · ·       | pation (for Individual)<br>opaedic Surgeon        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>1000.00                         | ]   |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deben, Sophia, E, , MD,FAAOS Mailing Address PO Box 143937 |             |   | Date of Receipt   |
| City<br>Coral Gables   | State<br>FL | Zip Code<br>33114-3937                            | 01     30     2020       Transaction ID : 10487636       Amount of Each Receipt this Period               |
| FEC ID number of contributing federal political committee.   | С           |   | 1000.00   |
| Name of Employer (for Individual)<br>Orthopaedic Specialists of Miami Beach  |             | pation (for Individual)<br>opaedic Surgeon        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y | Year-to-Date ▼<br>1000.00                         | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>Glassman, Steven, D, , MD,FAA   |             | ganization Name                                   | Date of Receipt   |
| Mailing Address 12345 Osage Road   | State       | Zip Code  | 01 / 2020<br>Transaction ID : 10487637  |
| Louisville<br>FEC ID number of contributing  | КҮ          | 40232   | Amount of Each Receipt this Period  |
| federal political committee.   | С           | pation (for Individual)                           | 1000.00   |
| Norton Healthcare<br>Receipt For:  | Ortho       | paedic Surgeon<br>/ear-to-Date ▼                  |   |
| Primary General<br>Other (specify)   |             | 1000.00   | ]   |
| SUBTOTAL of Receipts This Page (optional)  |             |   | 3000.00   |
| TOTAL This Period (last page this line number  | r only)     |   |   |

| ITEMIZED RECEIPTS for each category   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         96         OF         300           (check only one)          |
|---|--------------------|---|---|
| or for commercial purposes, other than using t<br>NAME OF COMMITTEE (In Full)   | the name and a     | ddress of any political committe  | person for the purpose of soliciting contributions<br>to solicit contributions from such committee. |
| Full Name of Individual (Last, First, Middle         A.       Davison, Brian, L, , MD,FAAOS         Mailing Address       8090 Crossgate Ct South | Initial) or Full O | rganization Name  | Date of Receipt   |
| City  | State              | Zip Code  | Transaction ID : 10487638   |
| Dublin  | OH                 | 43017-8432  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                  |   | 1000.00   |
| Name of Employer (for Individual)   | Occi               | upation (for Individual)  | Memo Item   |
| Orthopedic One  | Orth               | nopaedic Surgeon  |   |
| Receipt For:  | Aggregate          | Year-to-Date ▼  |   |
| Other (specify) ▼   |                    | 1000.00   | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Manista, Andrew, Philip, , MD, FA  |                    | rganization Name  | Date of Receipt   |
| Mailing Address 1909 Golden Maple Ct NW   |                    |   | 01 / Y Y Y Y<br>2020  |
| City  | State<br>WA        | Zip Code<br>98502   | Transaction ID : 10487639   |
|   |                    | 96302   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                  |   | 1000.00   |
| Name of Employer (for Individual)<br>Capital Medical Center   |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:  | Aggregate          | Year-to-Date ▼  |   |
| Primary General<br>Other (specify) ▼  |                    | 1000.00   | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Hennrikus, William, L, , Jr, MD,F  |                    | rganization Name  | Date of Receipt   |
| Mailing Address 75 Laurel Ridge Rd  |                    |   | 01 / D D / Y Y Y Y Y<br>2020  |
| City<br>Hershey   | State<br>PA        | Zip Code<br>17033   | Transaction ID : 10487640 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                  |   |   |
| Name of Employer (for Individual)<br>Penn State Medical School  |                    | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  |                    | Year-to-Date ▼<br>1000.00   | ]   |
| SUBTOTAL of Receipts This Page (optional).  | <u> </u>           |   | 3000.00   |

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

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 97 OF 300<br>(check only one)   |
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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t<br>NAME OF COMMITTEE (In Full)                                |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee.       |
| Political Action Committee of t  |   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle  <br>Hagen, Robert, J, , MD,FAAOS<br>Mailing Address 2105 Summertime Trail                                      | Initial) or Full Organization Name  | Date of Receipt   |
| City   | State Zip Code  | 01 30 2020<br>Transaction ID : 10487641   |
| Lafayette<br>FEC ID number of contributing   | IN 47909  | Amount of Each Receipt this Period  |
| federal political committee.   | Occupation (for Individual)   | Memo Item   |
| Lafayette Orthopaedic Clinic<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼<br>1100.00                                | ]   |
| Full Name of Individual (Last, First, Middle I<br>Gellman, Richard, Evan, , MD, FA   |   | Date of Receipt   |
| Mailing Address 501 N Graham Street<br>Suite 250<br>City   | State Zip Code  | 01 / D D / Y Y Y Y<br>2020  |
| Portland   | OR 97227  | Transaction ID : 10487666<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer (for Individual)<br>Summit Orthopaedics   | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>500.00  | ]   |
| Full Name of Individual (Last, First, Middle   Roberts, Richard, Mills, , MD, FA   |   | Date of Receipt   |
| Mailing Address PO Box 1324  |   | 01 / D D / Y Y Y Y<br>2020  |
| City<br>Grapevine  | StateZip CodeTX76099-1324   | Transaction ID : 10487670           Amount of Each Receipt this Period                                    |
| FEC ID number of contributing federal political committee.   | С   | 1000.00   |
| Name of Employer (for Individual)         Baylor Orthopedic & Spine Hospital at         Receipt For:         Primary         General         Other (specify) | Occupation (for Individual)<br>Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼<br>1000.00 | Memo Item   |
| SUBTOTAL of Receipts This Page (optional).   |   | 2600.00   |
| TOTAL This Period (last page this line numbe   | er only)  |   |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 98 OF 300   |
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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | (check only one)         Image: Markov field         Image: Markov field< |
|  | Statements may not be sold or used by any pe<br>ne name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)  | ne American Association of Ortho   |   |
| Full Name of Individual (Last, First, Middle II<br>A. MacBeth, Ronald, A, , Jr, MD, FA   | nitial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 35 Hospital Road   | State Zip Code   | 01 30 2020<br>Transaction ID : 10487673   |
| Blairsville  | GA 30512   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C  | 250.00  |
| Name of Employer (for Individual)<br>Orthopaedics of North Georgia                       | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                     | Aggregate Year-to-Date ▼<br>250.00   |   |
| Full Name of Individual (Last, First, Middle II<br>B. Henley, M Bradford, , , MD, MBA, I |  | Date of Receipt   |
| Mailing Address 6853 West Mercer Way   |  | 01 01 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |
| City<br>Mercer Island  | State Zip Code<br>WA 98040   | Transaction ID : 10487674   |
| FEC ID number of contributing federal political committee.                               | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Harborview Ortho                                    | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:   | Aggregate Year-to-Date ▼   | -   |
| Primary     General       Other (specify) ▼  | 250,00   |   |
| Full Name of Individual (Last, First, Middle II<br>c. Rowland, Michael, , , MD, FAAO     |  | Date of Receipt   |
| Mailing Address 16 Summer Path Way   |  | 01 / D D / Y Y Y Y<br>01 30 2020  |
| City<br>Pembroke   | State Zip Code<br>MA 02359   | Transaction ID : 10487675   |
| FEC ID number of contributing federal political committee.                               | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>South Shore Ortho, LLC                              | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                       | Aggregate Year-to-Date ▼<br>500.00   |   |
| SUBTOTAL of Receipts This Page (optional)  | ·  | 1000.00   |
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|  | S                    | for each category of the<br>Detailed Summary Page                        | (check only one)<br>11a 11b 11c<br>13 14 15                                   | 12<br>16 17                |  |  |  |
|--|----------------------|--|---|----------------------------|--|--|--|
|  |                      |  | person for the purpose of soliciting<br>ee to solicit contributions from such |                            |  |  |  |
| NAME OF COMMITTEE (Ir<br>Political Action Co   |                      | an Association of Orth   | nopaedic SurgeonsPA   | C of AAOS                  |  |  |  |
| A. Full Name of Individual (La Kaper, Bertrand, Paul, ,<br>Mailing Address 11227 E P                                       |                      | rganization Name   | Date of Receipt   | 2020                       |  |  |  |
| City<br>Scottsdale   | State<br>AZ          | Zip Code<br>85255-8918   | Transaction ID : 1048767 Amount of Each Receipt th                            | 7                          |  |  |  |
| FEC ID number of contribu<br>federal political committee.  |                      | upation (for Individual)   | Memo Item   | 500.00                     |  |  |  |
| Self Employed<br>Receipt For:  | Orth                 | opaedic Surgeon<br>Year-to-Date ▼<br>500.00                              | ]   |                            |  |  |  |
| B. Orcutt, Daniel, R, , M<br>Mailing Address 2670 Emer   | ald Dr               | -  | Date of Receipt   | 01 / D D / Y Y Y Y<br>2020 |  |  |  |
| City<br>Jonesboro<br>FEC ID number of contribut<br>federal political committee.  |                      | Zip Code<br>30236-5232   | Amount of Each Receipt th   |                            |  |  |  |
| Name of Employer (for Indi<br>OrthoAtlanta LLC<br>Receipt For:<br>Primary Ger<br>Other (specify) ▼                         | Orth                 | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>300.00 | Memo Item   |                            |  |  |  |
| Full Name of Individual (La<br><b>C.</b> Locker, Joseph, R,<br>Mailing Address 2240 SW 7                                   |                      |  | Date of Receipt   | 2020                       |  |  |  |
| City<br>Ocala<br>FEC ID number of contribut  | ting C               | Zip Code<br>34476  | Transaction ID : 1048771           Amount of Each Receipt th                  |                            |  |  |  |
| federal political committee. Name of Employer (for Indi The Orthopaedic Institute Receipt For: Primary Ger Other (specify) | vidual) Occu<br>Orth | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Memo Item   |                            |  |  |  |
| SUBTOTAL of Receipts This  | Page (optional)      |  | I I I I I I I I I I I I I I I I I I I   | 1800.00                    |  |  |  |

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

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| 11        |   |                   |                          | r each category of the<br>etailed Summary Page      |        | ¥ 11a<br>13      |      | 11b<br>14 | 11c                          | 12          | Г    | 17 |
|           | ny information copied from such Reports and for commercial purposes, other than using t |                   |                          |   |        | n for the        |      | ose of    | soliciting                   | g contrik   |      | ns |
|           | NAME OF COMMITTEE (In Full)   |                   |                          |   |        |                  |      |           |                              |             |      |    |
| $\rangle$ | Political Action Committee of t   | he America        | an A                     | Association of Ortho                                | ра     | edic S           | Sur  | geon      | sPA                          | C of A      | AA   | SC |
| Α.        | Full Name of Individual (Last, First, Middle  <br>Gottschalk, Michael, Brandon, , MD, F |                   | )rgani:                  | zation Name   |        | Date of          | Re   | ceipt     |                              |             |      |    |
|           | Mailing Address 4799 Olde Village Cv  |                   |                          |   |        | 02               | /    | 02        | / Y                          | y y<br>2020 |      | 1  |
|           | City<br>Atlanta   | State<br>GA       | 2                        | Zip Code<br>30338-5055                              | _      |                  |      |           | <b>104877</b> 1<br>eceipt th |             | bd   |    |
|           | FEC ID number of contributing federal political committee.                              | С                 |                          |   |        |                  |      | ,         |                              |             | 0.00 |    |
|           | Name of Employer (for Individual)<br>Self Employed                                      |                   |                          | on (for Individual)<br>dic Surgeon                  |        | М                | emo  | Item      |                              |             |      |    |
|           | Receipt For:  | Aggregate         | Year-                    | to-Date 🔻   |        |                  |      |           |                              |             |      |    |
|           | Primary General<br>Other (specify) ▼  |                   | - <b>1</b> -             | 250.00  |        |                  |      |           |                              |             |      |    |
| в.        | Full Name of Individual (Last, First, Middle Newson, Graham, , , MA                     | nitial) or Full C | Organi                   | zation Name   |        | Date of          | Re   | ceipt     |                              |             |      |    |
|           | Mailing Address 317 Massachusetts Ave NE<br>Ste 100                                     |                   |                          |   |        | 01 02 2020       |      |           |                              |             |      |    |
|           | City  | State<br>DC       | 4                        | Zip Code  | +      |                  |      |           | 1048771                      |             |      |    |
|           | Washington  |                   |                          | 20002-5769  | _      | Amoun            | t of | Each R    | eceipt th                    | nis Peric   | bd   |    |
|           | FEC ID number of contributing federal political committee.                              | С                 | _                        |   |        | Ľ.               |      | <br>-     |                              | 25          | 0.00 |    |
|           | Name of Employer (for Individual)<br>American Academy of Orthopaedic Surg               |                   | •                        | on (for Individual)<br>Office of Government Relatic | ,      | M                | emo  | Item      |                              |             |      |    |
|           | Receipt For:  | Aggregate         | Year-                    | to-Date 🔻   |        |                  |      |           |                              |             |      |    |
|           | Primary     General       Other (specify) ▼   |                   | <b>,</b>                 | 250.00  |        |                  |      |           |                              |             |      |    |
| с.        | Full Name of Individual (Last, First, Middle Bojescul, John, A, , MD, FAAOS             |                   | Organiz                  | zation Name   |        | Date of          | Re   | ceipt     |                              |             |      |    |
|           | Mailing Address 2108 Wythe Dr   |                   |                          |   |        | 01               | /    | 02        | / Y                          | 2020        | Y    |    |
|           | City  | State<br>GA       | 4                        | Zip Code  |        |                  |      | -         | 104877 <sup>,</sup>          |             |      |    |
|           | Evans   | GA                |                          | 30809   | $\neg$ | Amoun            | t of | Each R    | eceipt th                    | nis Peric   | bd   |    |
|           | FEC ID number of contributing federal political committee.                              | С                 |                          |   |        | Ľ.               | _    | , .<br>,  |                              | 25          | 0.00 |    |
|           | Name of Employer (for Individual)   |                   | •                        | on (for Individual)                                 |        | M                | emo  | Item      |                              |             |      |    |
|           | D D Eisenhower Army Med Ctr   | 1                 |                          | dic Surgeon   |        |                  |      |           |                              |             |      |    |
|           | Receipt For:<br>Primary General<br>Other (specify)                                      | Aggregate         | Year-                    | to-Date ▼<br>250.00                                 |        |                  |      |           |                              |             |      |    |
| _         |   |                   | -y-                      |   |        |                  |      |           |                              |             |      |    |
| s         | UBTOTAL of Receipts This Page (optional).   |                   |                          |   | _      |                  |      | ,         | 9                            | 75          | 0.00 |    |
| 1         |   |                   |                          |   |        |                  | 1.00 |           |                              |             |      |    |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DiCaprio, Matthew, R, , MD, FAAOS Date of Receipt Α. Mailing Address 2028 Dobie Lane 1 2020 01 14 City Zip Code State Transaction ID: 10487772 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Capital Region Orthopaedics Bone & Joi Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cummings, Nancy, Madsen, , MD, FAAOS Date of Receipt Mailing Address 6351 Crosby Ave 01 2020 14 City State Zip Code Transaction ID : 10487775 Inver Grove MN 55076-1703 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mayo Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Srikumaran, Umasuthan, , , MD, MBA, F Date of Receipt Mailing Address 12195 Hayland Farm Way М 01 14 2020 City Zip Code State Transaction ID: 10487777 MD Ellicott City 21042-6014 Amount of Each Receipt this Period FEC ID number of contributing С 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Johns Hopkins Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| ITEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)<br><b>X</b> 11a 11b 11c 12<br>13 14 15 16 17  |
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| Any information copied from such Reports an<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full)                                | d Statements mather name and a | ay not be sold or used by any paddress of any political committe              | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee. |
|   | the Americ                     | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>Gramstad, Gregory, D, , MD, FAAOS   | Organization Name              | Date of Receipt   |  |
| Mailing Address 6702 SW Canyon Crest D  |                                |   | 01 / D D / Y Y Y Y<br>01 15 2020   |
| City<br>Portland  | State<br>OR                    | Zip Code<br>97225   | Transaction ID : 10487778 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                              |   | 250.00   |
| Name of Employer (for Individual)         Rebound Orthopedics & Neurosurgery         Receipt For:         Primary       General         Other (specify) ▼ | Orth                           | upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date ▼<br>250.00      | Memo Item  |
| <ul> <li>Full Name of Individual (Last, First, Middle</li> <li>Watson, Frederick, , , MD, FAAO</li> <li>Mailing Address 72 Hamlin Brook Pass</li> </ul>   | Date of Receipt                |   |  |
| City<br>Southington   | State<br>CT                    | Zip Code<br>06489   | Transaction ID : 10487779 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                              |   | 350.00   |
| Name of Employer (for Individual)<br>Neurosurgery, Orthopaedic & Spine Spec   |                                | upation (for Individual)<br>hopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                      | Year-to-Date ▼<br>, 350.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Wright, Craig, , , MD,FAAOS  | Initial) or Full C             | Organization Name   | Date of Receipt  |
| Mailing Address 504 Valley Road   |                                |   | 01 / D D / Y Y Y Y<br>01 15 2020   |
| City<br>Wayne   | State<br>NJ                    | Zip Code<br>07470   | Transaction ID : 10487780<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                              |   | 250.00   |
| Name of Employer (for Individual)<br>Resurgens Orthopaedics<br>Receipt For:   | Orth                           | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Primary General<br>Other (specify)  | Aggregate                      | Year-to-Date ▼<br>250.00  | ]  |
| SUBTOTAL of Receipts This Page (optional  | )                              |   | 850.00   |
| TOTAL This Period (last page this line numl   | per only)                      |   |  |

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | (check only one)  |
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| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r  |   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full) Political Action Committee of the   | American Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| ✓       Full Name of Individual (Last, First, Middle Initia         A.       Manthe, Megan, , , MD         Mailing Address 250 Lora St         City         Neptune Beach         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         JOI Nassau         Receipt For:         Primary       General         Other (specify) ▼                        | Il) or Full Organization Name          State       Zip Code         FL       32266-4941         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       250.00                     | Date of Receipt<br>01 15 2020<br>Transaction ID : 10487781<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item     |
| Full Name of Individual (Last, First, Middle Initia         B. Stewart, Nathaniel, J, , MD, FAAOS         Mailing Address 2480 Fieldstone         City  | Date of Receipt<br>02 02 2020<br>Transaction ID : 10487782  |   |
| Eau Claire         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) OakLeaf Surgical Hospital         Receipt For:         Primary       General         Other (specify) ▼  | WI     54701       C     Occupation (for Individual)<br>Orthopaedic Surgeon       Aggregate Year-to-Date ▼       250.00   | Amount of Each Receipt this Period  |
| Full Name of Individual (Last, First, Middle Initia         C.       Knight, Bradford, S, , MD, FAAOS         Mailing Address       11701 Pine Tree Dr         City       Fairfax         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Prince William Orthopaedics         Receipt For:         Primary       General         Other (specify) | al) or Full Organization Name         State       Zip Code         VA       22033-2712         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date       ▼         250.00       250.00 | Date of Receipt<br>02 / 02 / 2020<br>Transaction ID : 10487783<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)   |   | 750.00  |

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| ITEMIZED RECEIPTS   | for each ca  | ategory of the<br>ummary Page            | (check only one)       Image: Mark 11 a mark 11 b mark 11 c mark 12 mark 13 mark 12 mark 15 mark 16 mark 17 mark 13 mark 12 mark 13 mark 12 mar |
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| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the n   | ements may not be sold<br>ame and address of any   | or used by any pe<br>political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | American Associa   | ation of Ortho                           | paedic SurgeonsPAC of AAOS  |
| ✓       Full Name of Individual (Last, First, Middle Initial Blessinger, Brian, J, , MD,FAAOS         Mailing Address 1900 St Charles St         City         Jasper         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Norris and Love Ortho & Sports         Receipt For:         Primary       General         Other (specify) ▼ | ) or Full Organization Na<br>State Zip Code<br>IN 47546-9<br>C<br>Occupation (for Inc<br>Orthopaedic Surge<br>Aggregate Year-to-Date | 9145<br>dividual)<br>eon                 | Date of Receipt<br>02<br>02<br>10487786<br>Amount of Each Receipt this Period<br>1000.00<br>Memo Item   |
| Full Name of Individual (Last, First, Middle Initial         B. Jacobs, Joshua, J, , MD, FAAOS         Mailing Address 2407 Pomona Lane         City  | ame  | Date of Receipt                          |   |
| Wilmette<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Rush Univ Med Ctr   | IL 60091 C Occupation (for In Orthopaedic Surge Aggregate Year-to-Date   | eon                                      | Transaction ID : 10487787         Amount of Each Receipt this Period         1000.00         Memo Item  |
| Full Name of Individual (Last, First, Middle Initial<br><b>C.</b> Posch, John, Nicholas, , MD, FAAO<br>Mailing Address 1235 Oakridge Dr<br>City   |  |  | Date of Receipt   |
| Cleveland Heights<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Retired  | Occupation (for Inc<br>Orthopeadic Surge<br>Aggregate Year-to-Date   | dividual)                                | Amount of Each Receipt this Period       Memo Item  |
| SUBTOTAL of Receipts This Page (optional)   |  |  | 3000.00   |

FOR LINE NUMBER: PAGE 105 OF 300

| IT   | EMIZED RECEIPTS  |              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check<br>11<br>13 | a               | ne)<br>11b<br>14    | 11c       | 12<br>16  | 17   |  |
|--|--|--------------|---|--------------------|-----------------|---------------------|-----------|-----------|------|--|
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r    |              |   |                    |                 |                     |           |           |      |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                     | America      | an Association of Orth  | nopaedic           | : Sur           | geon                | sPA       | C of A    | AOS  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A.         Rink, Peter, C, , DO         Mailing Address 9 Woodview Way |  |              |   |                    | Date of Receipt |                     |           |           |      |  |
|  | City   | State        | Zip Code  | 0                  | )1              | 31<br>tion ID :     | JL        | 2020      |      |  |
|  | Davenport  | IA           | 52807-3618  |                    |                 | Each R              |           |           | d    |  |
|  | FEC ID number of contributing federal political committee.   | С            |   |                    |                 |                     |           |           | 0.00 |  |
|  | Name of Employer (for Individual)<br>ORA Orthopedics   |              | upation (for Individual)<br>nopaedic Surgeon                                  |                    | Memo            | o Item              |           |           |      |  |
|  | Receipt For:   |              | Year-to-Date ▼  |                    |                 |                     |           |           |      |  |
|  | Primary General<br>Other (specify) ▼   |              | 250.00  |                    |                 |                     |           |           |      |  |
| В.   | Full Name of Individual (Last, First, Middle Initia<br>Hosemann, Charles, D, , III, MD, F            | l) or Full O | Organization Name   | Date               | e of Re         | eceipt              |           |           |      |  |
|  | Mailing Address 236 St Andrews Dr  |              |   |                    | ∭ /<br>)1       | 31                  | / Y       | 2020      | Y    |  |
|  | City   | State        | Zip Code  | Tra                | ansact          | ion ID :            | 1048779   | 1         |      |  |
|  | Jackson  | MS           | 39211   | Amo                | ount of         | Each R              | eceipt th | nis Perio | d    |  |
|  | FEC ID number of contributing federal political committee.   | С            |   |                    | 250.00          |                     |           |           | 0.00 |  |
|  | Name of Employer (for Individual)<br>Self Employed   |              | upation (for Individual)<br>hopaedic Surgeon                                  |                    | Memo Item       |                     |           |           |      |  |
|  | Receipt For:   | Aggregate    | Year-to-Date ▼<br>250.00  |                    |                 |                     |           |           |      |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Initia<br>Dowd, Thomas, Charles, , MD, FA               |              | Organization Name   | Date               | e of Re         | eceipt              |           |           |      |  |
|  | Mailing Address 407 Country Ln   |              |   |                    | )2 /            | 02                  | / Y       | 2020      | Y    |  |
|  | City<br>San Antonio  | State<br>TX  | Zip Code<br>78209-2320  |                    |                 | tion ID :<br>Each R |           |           | d    |  |
| FEC ID number of contributing federal political committee.   |  |              |   |                    |                 | y .                 |           | 250       | ).00 |  |
|  |  |              | upation (for Individual)<br>nopaedic Surgeon                                  |                    | Mem             | o Item              |           |           |      |  |
|  | Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     250.00 |              |   |                    |                 |                     |           |           |      |  |
| s  | UBTOTAL of Receipts This Page (optional)   |              |   |                    |                 | 9                   | . ,       | 750       | ).00 |  |
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| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)                                  | FOR LINE NUMBER: PAGE 106 OF 300<br>(check only one)  |
|--|---|---|
| TEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page         | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th        |   |   |
| /  |   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In<br>Watson, Troy, S, , MD, FAAOS                        | nitial) or Full Organization Name                         | Date of Receipt   |
| Mailing Address 75 Kittansett Loop   | State Zip Code  | 02 02 2020<br>Transaction ID : 10487794   |
| Henderson<br>FEC ID number of contributing   | NV 89052-6694   | Amount of Each Receipt this Period  |
| federal political committee.           Name of Employer (for Individual)                               | Occupation (for Individual)                               | Memo Item   |
| Desert Orthopaedic Center         Receipt For:         Primary       General         Other (specify) ▼ | Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼<br>750.00 | 1   |
| Full Name of Individual (Last, First, Middle In<br>Musgrave, Douglas, S, , MD, FAAC                    |   | Date of Receipt   |
| Mailing Address 61800 Somerset Dr  | State Zin Code  | 01 31 2020  |
| City<br>Bend   | StateZip CodeOR97702                                      | Transaction ID : 10487796<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 250.00  |
| Name of Employer (for Individual)<br>Northwest Surgical Specialists                                    | Occupation (for Individual)<br>Orthopaedic Surgeon        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00                        | 1   |
| Full Name of Individual (Last, First, Middle In<br>Galvin, Eugene, Gerard, , MD,FA                     |   | Date of Receipt   |
| Mailing Address 132 27th Ave   |   | 01 / D D / Y Y Y Y<br>2020  |
| City<br>San Francisco  | StateZip CodeCA94121                                      | Transaction ID : 10487799           Amount of Each Receipt this Period                                    |
| FEC ID number of contributing federal political committee.   | C   | 250.00  |
| Name of Employer (for Individual)<br>Kaiser Permanente<br>Receipt For:                                 | Occupation (for Individual)<br>Orthopaedic Surgeon        | Memo Item   |
| Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>250.00                        | 1   |
| SUBTOTAL of Receipts This Page (optional)  |   | 750.00  |
| TOTAL This Period (last page this line number  | r only)   |   |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | (check only one)       Image: Mark 11 a mark       11 a mark |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using th |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th                                 | ne American Association of Ortho                   | paedic SurgeonsPAC of AAOS   |
| A. Bruce, Jeremy, R, , MD,FAAOS<br>Mailing Address 3249 Reflecting Dr                           | itial) or Full Organization Name                   | Date of Receipt  |
| City  | State Zip Code                                     | 01 31 2020<br>Transaction ID : 10487800  |
| Chattanooga   | TN 37415-5656                                      | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | C  | 500.00   |
| Name of Employer (for Individual)<br>UTCOM  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>500.00                 |  |
| Full Name of Individual (Last, First, Middle Ir<br>B. Slover, James, D, , MD, FAAOS             | iitial) or Full Organization Name                  | Date of Receipt  |
| Mailing Address 303 East 33rd Street<br>Apt 8A  |  | 01 / D D / Y Y Y Y<br>01 31 2020   |
| City<br>New York  | State Zip Code<br>NY 10016                         | Transaction ID : 10487804<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С  | 250.00   |
| Name of Employer (for Individual)<br>New York University  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00                 |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Riederman, Robert, , , MD, FAAG           |  | Date of Receipt  |
| Mailing Address 15 Merry Hill Court   |  | 01 / Y Y Y Y<br>2020   |
| City<br>Baltimore   | State Zip Code<br>MD 21208                         | Transaction ID : 10487805  |
| FEC ID number of contributing federal political committee.                                      | C  | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>CAO  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>350.00                 |  |
| SUBTOTAL of Receipts This Page (optional)   | •  | 1100.00  |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                               | for each category of the<br>Detailed Summary Page  | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |
|---|-------------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using  |                               |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                     |
| NAME OF COMMITTEE (In Full) Political Action Committee of t   | the America                   | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle         A.       Cunningham, Rick, B, , MD, FAAOS         Mailing Address 113 Meadow Road         City         Edwards         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Vail - Summit Orthopedics         Receipt For:         Primary       General         Other (specify) | C<br>CO<br>CC<br>Occu<br>Orth | rganization Name<br>Zip Code<br>81632<br>upation (for Individual)<br>upaedic Surgeon<br>Year-to-Date ▼<br>300.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle<br>B. Daouk, Ayman, Ahmad, , MD,FAA<br>Mailing Address 1240 Poinsettia Ave   |                               |  | Date of Receipt  |
| City<br>Orlando<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Physicians Associates<br>Receipt For:  | Orth                          | Zip Code<br>32804<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>250.00                    | 01     31     2020       Transaction ID : 10487807       Amount of Each Receipt this Period       250.00       Memo Item |
| C. Yacoubian, Stephan, Vahe, , MI<br>Mailing Address 1248 Swarthmore Dr<br>City   |                               |  | Date of Receipt<br>01 31 2020<br>Transaction ID : 10487812   |
| Glendale<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)  | CA                            | 91206  | Amount of Each Receipt this Period   |
| Self Employed Receipt For: Primary Other (specify)  | Orth                          | opaedic Surgeon<br>Year-to-Date ▼<br>250.00  |  |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line numb   |                               |  | 800.00   |
FOR LINE NUMBER: PAGE 109 OF 300

| ITEMIZED RECEIPTS  |   |               | for ea    | separate schedule(s)<br>ach category of the<br>led Summary Page | (cheo | ck onl<br>11a<br>13 | y on  | e)<br>11b<br>14                               | 11c                        |          |          |
|--|---|---------------|-----------|---|-------|---------------------|-------|---|----------------------------|----------|----------|
|  | information copied from such Reports and Sta<br>or commercial purposes, other than using the n                                    |               |           |   |       |                     |       |   |                            |          |          |
|  | AME OF COMMITTEE (In Full) Political Action Committee of the  | America       | an Ass    | sociation of Ortho  | paed  | dic S               | Surç  | geons   | sPA                        | C of     | AAOS     |
| A  | ull Name of Individual (Last, First, Middle Initia<br>McKenzie, Matthew, J, , MD, FAAOS<br>Iailing Address 810 E 23rd St Ste 5000 | l) or Full O  | rganizati | on Name   |       | ate o<br>M M        |       | ceipt   | / Y                        | y<br>202 | Y Y      |
|  | ity<br>Sioux Falls  | State<br>SD   |           | Code<br>7105-2132   |       | Trans               |       | on ID :                                       | <b>104878</b><br>eceipt tl | 13       |          |
|  | EC ID number of contributing ederal political committee.  | С             |           |   | ļ     |                     |       | <b>y</b>                                      |                            | 7        | 50.00    |
| S  | lame of Employer (for Individual)<br>lioux Falls Specialty Hospital<br>leceipt For:   |               | opaedic   | for Individual)<br>Surgeon<br>Date ▼                            |       | M                   | emo   | ltem  |                            |          |          |
|  | Primary     General       Other (specify) ▼   |               | 7         | 750.00  |       |                     |       |   |                            |          |          |
|  | ull Name of Individual (Last, First, Middle Initia<br>Heller, John, G, , MD, FAAOS  | l) or Full Oi | rganizati | on Name   | D     | ate o               | f Ree | ceipt   |                            |          |          |
| _  | Mailing Address 1818 Cedar Canyon Dr  |               |           |   |       | <sup>M</sup> 01     | /     | D D D<br>31                                   | / Y                        | 2020     | Y Y<br>) |
|  | ity<br>\tlanta  | State<br>GA   | · · ·     | Code<br>345-4024  |       |                     |       |   | 1048783<br>eceipt tl       |          | iod      |
| F  | EC ID number of contributing ederal political committee.  | С             |           |   |       | moun                |       | 1   |                            |          | 00.00    |
|  | lame of Employer (for Individual)<br>mory University  |               | •         | pation (for Individual)<br>paedic Surgeon                       |       |                     | emo   | Item  |                            |          |          |
| F  | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-I | Date ▼<br>1000.00   |       |                     |       |   |                            |          |          |
|  | ull Name of Individual (Last, First, Middle Initia<br>Colizza, Wayne, Anthony, , MD,FA  |               | rganizati | on Name   |       | ate o               | f Red | ceipt   |                            |          |          |
| _  | lailing Address 3 Hillside Court East   |               | ·         |   |       | <sup>M</sup> 01     |       | 31  |                            | 2020     |          |
|  | ity<br>Morris Plains  | State<br>NJ   | ·         | Code<br>950   | A     |                     |       |   | 104878<br>eceipt tl        |          | riod     |
| FEC ID number of contributing federal political committee. |   |               |           |   | ļ     |                     |       | 9   | ,                          | 2        | 50.00    |
| Tri-County Orthopaedics Or                                 |   | Ortho         | opaedic   | for Individual)<br>Surgeon                                      |       | Memo Item           |       |   |                            |          |          |
|  | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       250.00                    |               |           |   |       |                     |       |   |                            |          |          |
| SU   | BTOTAL of Receipts This Page (optional)   |               |           |   |       |                     |       | ,   | ,                          | 20       | 00.00    |
| то   | TAL This Period (last page this line number or  | nly)          |           | •••••   |       |                     |       | <u>,                                     </u> |                            |          | 40.1     |

| SCHEDULE A (FEC Form 3X)  |                                   | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 110 OF 300                             |  |
|---|-----------------------------------|--|--|--|
| ITEMIZED RECEIPTS   |                                   | for each category of the                     | (check only one)   |  |
|   |                                   | Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 17                    |  |
| Any information copied from such Reports and S                                      |                                   |  | person for the purpose of soliciting contributions           |  |
| or for commercial purposes, other than using the                                    |                                   |  |  |  |
|   | <u>.</u>                          |  |  |  |
| Political Action Committee of th  | e America                         | an Association of Orth                       | opaedic SurgeonsPAC of AAOS                                  |  |
| / Full Name of Individual (Last, First, Middle In                                   | itial) or Full O                  | rganization Name                             |  |  |
| A. Momont, Michael, C, , MD, FAAOS  | ,                                 |  | Date of Receipt  |  |
| Mailing Address 535 Marshall Street   |                                   |  | M = M / D = D / Y = Y = Y                                    |  |
| City  | State                             | Zip Code                                     | 01 31 2020   |  |
| Duluth  | MN                                | 55803  | Transaction ID : 10487841 Amount of Each Receipt this Period |  |
|   |                                   |  |  |  |
| FEC ID number of contributing<br>federal political committee.                       | С                                 |  | 1000.00  |  |
| Nome of Employer (for Individual)   | 0.000                             | unation (for Individual)                     | Memo Item  |  |
| Name of Employer (for Individual)<br>Orthopaedic Associates of Duluth               |                                   | upation (for Individual)<br>Iopaedic Surgeon |  |  |
| Receipt For:  |                                   | Year-to-Date ▼                               |  |  |
| Primary General   | Ayyreyale                         |  |  |  |
| Other (specify) ▼   |                                   | 1000.00                                      |  |  |
| Full News of Individual Acts of Fig. 104111   |                                   | NI   |  |  |
| Full Name of Individual (Last, First, Middle In<br>B. Weber, Daniel, T, , MD, FAAOS | itial) or Full O                  | rganization Name                             | Date of Receipt  |  |
|   | Mailing Address 1230 Braeburn Ave |  |  |  |
|   |                                   |  |  |  |
| City  | State                             | Zip Code                                     | Transaction ID : 10487842                                    |  |
| Flossmoor   | IL                                | 60422  | Amount of Each Receipt this Period                           |  |
| FEC ID number of contributing<br>federal political committee.                       | C                                 |  | 500.00   |  |
|   |                                   |  |  |  |
| Name of Employer (for Individual)<br>Self Employed                                  |                                   | upation (for Individual)<br>nopaedic Surgeon | Memo Item  |  |
| Receipt For:  |                                   | 1 0  |  |  |
| Primary General   | Aggregate                         | Year-to-Date ▼                               |  |  |
| Other (specify) V   |                                   | 500.00                                       |  |  |
|   |                                   |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>C. Bargren, John, H, , MD, FAAOS | man) or ⊢ull O                    | ryanization Name                             | Date of Receipt  |  |
| Mailing Address 1724 W Union  |                                   |  | M = M / D = D / Y = Y = Y                                    |  |
| #100  |                                   |  | 01 31 2020   |  |
| City<br>Tacoma  | State<br>WA                       | Zip Code<br>98405                            | Transaction ID : 10487844                                    |  |
|   |                                   | 30403  | Amount of Each Receipt this Period                           |  |
| FEC ID number of contributing<br>federal political committee.                       | С                                 |  | 500.00   |  |
|   |                                   |  | Memo Item  |  |
| Name of Employer (for Individual)<br>Puget Sound Orthopaedic                        |                                   | upation (for Individual)<br>opaedic Surgeon  |  |  |
| Receipt For:  |                                   | Year-to-Date ▼                               |  |  |
| Primary General   | Ayyreyale                         |  |  |  |
| Other (specify)   |                                   | 500.00                                       |  |  |
|   |                                   |  |  |  |
|   |                                   |  | 2000.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |                                   |  |  |  |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page | Image: concernent only one)       Image: concernent only only one)       Image: concernent only one)       Image: c |
|---|------------------|---|---|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the                      |                  |   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th   | e Americ         | an Association of Orthe                           | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In<br>Hanson, Eric, C, , MD, FAAOS   | itial) or Full C | Organization Name                                 | Date of Receipt   |
| Mailing Address 1630 E Herndon Ave Ste 202  |                  |   | 01 / D D / Y Y Y Y Y<br>2020  |
| City<br>Fresno  | State<br>CA      | Zip Code<br>93720-3305                            | Transaction ID : 10487845           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                |   | 375.00  |
| Name of Employer (for Individual)<br>Fresno Surgical Hospital   |                  | upation (for Individual)<br>hopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼<br>375.00                          | ]   |
| Full Name of Individual (Last, First, Middle In<br>Ranawat, Anil, S, , MD,FAAOS<br>Mailing Address 535 E 70th St 6th Fl | itial) or Full C | Organization Name                                 | Date of Receipt   |
|   | State            | Zip Code  | 01 31 2020  |
| New York  | NY               | 10021   | Transaction ID : 10487846           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                |   | 250.00  |
| Name of Employer (for Individual)<br>Hosp for Special Surgery   |                  | cupation (for Individual)<br>hopaedic Surgeon     | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼<br>250.00                          | ]   |
| Full Name of Individual (Last, First, Middle In<br>C. Dunteman, Roger, Charles, , MD,                                   |                  | Organization Name                                 | Date of Receipt   |
| Mailing Address 850 Ironwood Dr<br>Ste 202  |                  |   | 01 / D D / Y Y Y Y Y<br>2020  |
| City<br>Coeur D Alene   | State<br>ID      | Zip Code<br>83814                                 | Transaction ID : 10487847         Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                |   | 500.00  |
| Name of Employer (for Individual)<br>Self Employed  |                  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate        | Year-to-Date ▼<br>500.00                          |   |
| SUBTOTAL of Receipts This Page (optional)   |                  |   | 1125.00   |

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

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| SCHEDULE A (FEC Form 3X)   |                                   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 112 OF 300  |  |
|--|-----------------------------------|--|---|--|
| ITEMIZED RECEIPTS  |                                   | for each category of the<br>Detailed Summary Page                        | (check only one)  |  |
|  |                                   |  | v person for the purpose of soliciting contributions ttee to solicit contributions from such committee. |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee o  | f the Americ                      | an Association of Ort  | hopaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Midd<br><b>A.</b> Fogle, Evander, F, , MD,FAAOS  |                                   | organization Name  | Date of Receipt   |  |
| Mailing Address 4162 North Stratford Rd  | NE                                |  | 01 28 2020  |  |
| City<br>Atlanta  | State<br>GA                       | Zip Code<br>30342  | Transaction ID : 10487906<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | С                                 |  |   |  |
| Name of Employer (for Individual)  |                                   | upation (for Individual)   | Memo Item   |  |
| Resurgens Orthopaedics<br>Receipt For:<br>Primary General<br>Other (specify) ▼   |                                   | nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00                            |   |  |
| Full Name of Individual (Last, First, Midd<br>Moseley, Claiborne, Lake, , MD   |                                   | Prganization Name  | Date of Receipt   |  |
| Mailing Address 1607 Castle Drive  | Mailing Address 1607 Castle Drive |  |   |  |
| City<br>Jonesboro  | State<br>AR                       | Zip Code<br>72401  | Transaction ID : 10487907<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | С                                 |  | 500.00  |  |
| Name of Employer (for Individual)<br>Self Employed   |                                   | upation (for Individual)<br>hopaedic Surgeon                             | Memo Item   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date ▼<br>500.00   |   |  |
| Full Name of Individual (Last, First, Midd<br>C. Stuart, Kyle, David, , MD,FAA   |                                   | organization Name  | Date of Receipt   |  |
| Mailing Address 1810 Tucker St   |                                   |  | M M / D D / Y Y Y Y<br>02 02 2020   |  |
| City<br>Dallas   | State<br>TX                       | Zip Code<br>75214  | Transaction ID : 10487916<br>Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | С                                 |  |   |  |
| Name of Employer (for Individual)<br>Sports Medicine Clinic of North Texas<br>Receipt For:<br>Primary General<br>Other (specify) | Orth                              | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>250.00 | Memo Item   |  |
| SUBTOTAL of Receipts This Page (optional   | al)                               |  | 1750.00   |  |

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

| S                     | SCHEDULE A (FEC Form 3X)                                     |               | Use separate schedule(s)                     |  | 300 |
|-----------------------|--|---------------|--|--|-----|
| IT                    | EMIZED RECEIPTS  |               | for each category of the                     | (check only one)                       |     |
|                       |  |               | Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 | 17  |
| Ar                    | ny information copied from such Reports and Sta              | atements ma   | y not be sold or used by any p               |  |     |
|                       | for commercial purposes, other than using the r              |               |  |  |     |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)                                  | <b>.</b> .    |  |  | _   |
| $ \rangle$            | Political Action Committee of the                            | America       | an Association of Orth                       | opaedic SurgeonsPAC of AAOS            | 5   |
| <u> </u>              | Full Name of Individual (Last, First, Middle Initia          | al) or Full O | rganization Name                             |  |     |
| Α.                    | Larson, Bryan, H, , MD, FAAOS                                |               |  | Date of Receipt                        |     |
|                       | Mailing Address 903 Saint Francis St                         |               |  |  |     |
|                       | <u></u>  | Stata         | Zin Codo                                     | 01 30 2020                             |     |
|                       | City<br>Rapid City   | State<br>SD   | Zip Code<br>57701-5310                       | Transaction ID : 10489303              |     |
|                       | FEC ID number of contributing                                |               |  | Amount of Each Receipt this Period     | _   |
|                       | federal political committee.                                 | С             |  | 250.00                                 |     |
|                       | Name of Employer (for Individual)                            |               | upation (for Individual)                     | Memo Item                              |     |
|                       | Black Hills Orthopaedic and Spine Cent                       |               | nopaedic Surgeon                             |  |     |
|                       | Receipt For:   |               | Year-to-Date ▼                               | —                                      |     |
|                       | Primary General  |               |  |  |     |
|                       | Other (specify) <b>v</b>                                     | L             | 250.00                                       |  |     |
|                       | Full Name of Individual (Last, First, Middle Initia          | al) or Eul O  | reanization Name                             |  |     |
| в.                    | Featheringill, John, P K, , MD, FAAO                         |               | rganization name                             | Date of Receipt                        |     |
| -                     | Mailing Address 2250 Highland Ave S Apt 7                    |               |  |  |     |
|                       |  |               |  | 01 30 2020                             |     |
|                       | City   | State<br>AL   | Zip Code                                     | Transaction ID : 10489305              |     |
|                       | Birmingham   |               | 35205-2925                                   | Amount of Each Receipt this Period     | _   |
|                       | FEC ID number of contributing federal political committee.   | С             |  | 500.00                                 |     |
|                       |  |               |  | Memo Item                              |     |
|                       | Name of Employer (for Individual)<br>Ortho Sport Associates  |               | upation (for Individual)<br>nopaedic Surgeon |  |     |
|                       | Receipt For:   |               | Year-to-Date V                               |  |     |
|                       | Primary General  | nggregale     |  |  |     |
|                       | Other (specify) <b>v</b>                                     | L             | , 500.00                                     |  |     |
|                       | Full Name of Individual (Last, First, Middle Initia          | al) or Eul O  | reanization Namo                             |  |     |
| C.                    | Russo, Scott, S, , MD, FAAOS                                 |               | ngamzanon name                               | Date of Receipt                        |     |
|                       | Mailing Address 1579 Winterwood Drive                        |               |  | M M / D D / Y Y Y Y Y                  |     |
|                       |  | Ctata         | Zin Oada                                     |  |     |
|                       | City<br>Grand Rapids   | State<br>MI   | Zip Code<br>49525                            | Transaction ID : 10489308              |     |
|                       | FEC ID number of contributing                                |               |  | Amount of Each Receipt this Period     | -   |
|                       | federal political committee.                                 | С             |  | 250.00                                 |     |
|                       | Name of Employer (for Individual)                            |               | unation (for Individual)                     | Memo Item                              |     |
|                       | Name of Employer (for Individual)<br>Orthopaedic Assoc of MI |               | upation (for Individual)<br>opaedic Surgeon  |  |     |
|                       | Receipt For:   |               | Year-to-Date ▼                               |  |     |
|                       | Primary General  | , iggi oguto  |  |  |     |
|                       | Other (specify)  |               | 250.00                                       |  |     |
| _                     |  |               |  |  |     |
|                       | UBTOTAL of Receipts This Page (optional)                     |               |  | 1000.00                                |     |
| Ľ                     |  |               |  |  | 4   |

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

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FOR LINE NUMBER:

PAGE 114 OF

| IT       | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page                    | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
|----------|---|---------------|--|--|
| Ar<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                               | atements ma   | ay not be sold or used by any p<br>ddress of any political committee | erson for the purpose of soliciting contributions      |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America       | an Association of Ortho  | opaedic SurgeonsPAC of AAOS                            |
| <u>к</u> | Full Name of Individual (Last, First, Middle Initi<br>Johnson, Jeffrey, Einer, , MD,FAAOS<br>Mailing Address 2207 Westerly Ct | al) or Full O | rganization Name   | Date of Receipt  |
|          |   |               |  | 01 / D D / Y Y Y Y<br>01 30 2020                       |
|          | City<br>Chesterfield  | State<br>MO   | Zip Code<br>63017  | Transaction ID : 10489310                              |
|          |   |               |  | Amount of Each Receipt this Period                     |
|          | FEC ID number of contributing federal political committee.  | С             |  | 300.00   |
|          | Name of Employer (for Individual)   | Осси          | upation (for Individual)   | Memo Item  |
|          | Washington Unv  | Orth          | nopaedic Surgeon   |  |
|          | Receipt For:  | Aggregate     | Year-to-Date ▼   |  |
|          | Primary General<br>Other (specify) ▼  |               | 300.00   | ]  |
| в.       | Full Name of Individual (Last, First, Middle Initi<br>Tamai, Junichi, , , MD, FAAOS   | al) or Full O | rganization Name   | Date of Receipt  |
|          | Mailing Address 356 Warren Ave  |               |  | 01 30 2020   |
|          | City  | State         | Zip Code   | Transaction ID : 10489311                              |
|          | Cincinnati  | OH            | 45220  | Amount of Each Receipt this Period                     |
|          | FEC ID number of contributing federal political committee.  | С             |  | 500.00   |
|          | Name of Employer (for Individual)<br>Cincinnati Childrens Medical   |               | upation (for Individual)<br>nopaedic Surgeon                         | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>500.00   | ]  |
| с.       | Full Name of Individual (Last, First, Middle Initi<br>Ruth, Robert, M, , MD, FAAOS  | al) or Full O | rganization Name   | Date of Receipt  |
|          | Mailing Address 5265 Paseo Camio  |               |  | 01 / D D / Y Y Y Y<br>01 30 2020                       |
|          | City<br>Santa Barbara   | State<br>CA   | Zip Code<br>93111  | Transaction ID : 10489313                              |
|          |   |               | 93111  | Amount of Each Receipt this Period                     |
|          | FEC ID number of contributing federal political committee.  | С             |  | 500.00   |
|          | Name of Employer (for Individual)   | Осси          | upation (for Individual)   | Memo Item  |
|          | Self Employed   | Orth          | opaedic Surgeon  |  |
|          | Receipt For:  | Aggregate     | Year-to-Date 🔻   |  |
|          | Primary General<br>Other (specify)  |               | 500.00   | ]  |
| s        | UBTOTAL of Receipts This Page (optional)  |               |  | 1300.00  |
| Т        | OTAL This Period (last page this line number o  | nly)          | ••••••   |  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                                  | for each category of the<br>Detailed Summary Page   | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |
|---|----------------------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using  |                                  |   | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full) Political Action Committee of t   | the America                      | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle         A. Chihlas, Christopher, N, , MD, FAAOS         Mailing Address 230 River Farm Drive         City         East Greenwich         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Southcoast Physicians Group         Receipt For:         Primary       General         Other (specify) ▼ | State<br>RI<br>C<br>Occo<br>Orth | rganization Name<br>Zip Code<br>02818<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>500.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle         B. Huebner, Melburn, K, , MD, FAAC         Mailing Address 1501 North Dowell Road  | ,                                | rganization Name  | Date of Receipt  |
| City<br>Amarillo<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orth                             | Zip Code<br>79124<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>500.00                     | 01     30     2020       Transaction ID : 10489316       Amount of Each Receipt this Period       500.00       Memo Item |
| Full Name of Individual (Last, First, Middle<br>C. Kuhlman, Jeffrey, R, , MD, FAA<br>Mailing Address 179 Arnold Palmer Dr   | OS                               | -   | Date of Receipt  |
| City<br>Advance<br>FEC ID number of contributing<br>federal political committee.  | State<br>NC                      | Zip Code<br>27006   | Transaction ID : 10489318         Amount of Each Receipt this Period         250.00         Memo Item                    |
| Name of Employer (for Individual) Piedmont Healthcare Receipt For: Primary General Other (specify)  | Orth                             | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00   |  |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line number   |                                  |   | 1250.00  |

| SCHEDULE A (FEC Form 3X)  |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 116 OF 30   |
|---|-------------------|---|---|
| TEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (check only one)  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |                   |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | ne America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Ir<br>Deland, Jonathan, T, , MD,FAAOS              | nitial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 131 East 69th Street  |                   |   | 01 30 / Y Y Y Y<br>2020   |
| City<br>New York  | State<br>NY       | Zip Code<br>10021                                 | Transaction ID : 10489320 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 250.00  |
| Name of Employer (for Individual)   |                   | upation (for Individual)                          | Memo Item   |
| Hospital for Special Services<br>Receipt For:   |                   | opaedic Surgeon<br>Year-to-Date ▼                 |   |
| Primary General<br>Other (specify) ▼  |                   | 250.00  | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>. Speer, Kevin, P, , MD, FAAOS               | nitial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 3320 Wake Forest Road, Sui  | 01 30 2020        |   |   |
| City  | State             | Zip Code  |   |
| Raleigh   | NC                | 27609-7300  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 500.00  |
| Name of Employer (for Individual)<br>Duke Orthopedics   |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:  | Aggregate         | Year-to-Date ▼                                    | _   |
| Other (specify) ▼   |                   | , 500.00  | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>O'Grady, Christopher, , , MD, FA             |                   | rganization Name                                  | Date of Receipt   |
| Mailing Address 350 James River Road  |                   |   | 01 16 2020  |
| City  | State<br>FL       | Zip Code  | Transaction ID : 10490543   |
| Gulf Breeze<br>FEC ID number of contributing<br>federal political committee.                    | C                 | 32561   | Amount of Each Receipt this Period 1000.00  |
|   |                   |   |   |
| Name of Employer (for Individual)<br>The Andrews Institute                                      |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  |                   | Year-to-Date ▼<br>1000.00                         | 1   |
| SUBTOTAL of Receipts This Page (optional)   |                   |   | 1750.00   |

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

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

FOR LINE NUMBER:

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| IT | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | (cneck only one)       X       11a       11b       11c       12       13       14       15       16       17 |
|----|---|---------------|---|--|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                       |               |   | erson for the purpose of soliciting contributions  |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e America     | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Wright, Craig, , , MD,FAAOS<br>Mailing Address 504 Valley Road |               | -   | Date of Receipt  |
|    | City<br>Wayne   | State<br>NJ   | Zip Code<br>07470                                 | Transaction ID : 10490544  |
|    | FEC ID number of contributing federal political committee.  | С             |   | Amount of Each Receipt this Period   |
|    | Name of Employer (for Individual)<br>Resurgens Orthopaedics   |               | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>500.00                          |  |
| в. | Full Name of Individual (Last, First, Middle Initia<br>Drinkwater, Christopher, John, , MD                            | al) or Full O | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 85 Barrington St  | State         | Zin Code  | 01 / D D / Y Y Y Y<br>21 2020  |
|    | City<br>Rochester   | State<br>NY   | Zip Code<br>14607-2240                            | Transaction ID : 10490546<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | С             |   |  |
|    | Name of Employer (for Individual)<br>Self Employed  |               | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>250.00                          |  |
| С. |   |               | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 37 La Escalera  |               |   | 01 / Y Y Y Y<br>2020   |
|    | City<br>San Antonio   | State<br>TX   | Zip Code<br>78261-2319                            | Transaction ID : 10490549 Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | С             |   |  |
|    | Name of Employer (for Individual)<br>Self Employed  |               | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>2000.00                         |  |
|    | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o                            |               |   | 2500.00  |

| SCHEDULE A (FEC Form 3X)   |                           | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 118 OF 30                                 |
|--|---------------------------|---|---|
| ITEMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page | (check only one)  |
| Any information copied from such Reports and s<br>or for commercial purposes, other than using the |                           |   | person for the purpose of soliciting contributions              |
| NAME OF COMMITTEE (In Full) Political Action Committee of th                                       | ne America                | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                                     |
| Full Name of Individual (Last, First, Middle In<br>A. Kensinger, Daniel, , , MD, FAAOS             | nitial) or Full O         | rganization Name                                  | Date of Receipt   |
| Mailing Address 964 Wynstone Dr  |                           |   | 01 / Y Y Y Y Y<br>024 2020                                      |
| City   | State                     | Zip Code  | Transaction ID : 10490555                                       |
| Jefferson  | SD                        | 57038   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C                         |   | 1000.00   |
| Name of Employer (for Individual)  | Осси                      | upation (for Individual)                          | Memo Item   |
| CNOS   | Orth                      | opaedic Surgeon                                   | -   |
| Receipt For:   | Aggregate                 | Year-to-Date 🔻                                    |   |
| Primary General  |                           |   | 1   |
| Other (specify) <b>v</b>   |                           | 1000.00   | 1   |
| Full Name of Individual (Last, First, Middle In<br>B. Lajam, Claudette, Malvina, , MD,FA           |                           | rganization Name                                  | Date of Receipt   |
| Mailing Address 30 Knollwood Dr  | M = M / D = D / Y = Y = Y |   |   |
| City   | State                     | Zip Code  | 01 27 2020  |
| Larchmont  | NY                        | 10538-1238  | Transaction ID : 10490559<br>Amount of Each Receipt this Period |
| FEC ID number of contributing  |                           |   |   |
| federal political committee.   | С                         |   | 5000.00   |
| Name of Employer (for Individual)<br>Hosp for Joint Disease  |                           | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:   | Aggregate                 | Year-to-Date <b>V</b>                             |   |
| Primary General<br>Other (specify) ▼   |                           | , 5000.00   | ]   |
| Full Name of Individual (Last, First, Middle In<br>C. Liss, Frederic, E, , MD, FAAOS               | l<br>hitial) or Full O    | rganization Name                                  | Date of Receipt   |
| Mailing Address 554 Church Road  |                           |   | 01 27 2020  |
| City   | State                     | Zip Code  | Transaction ID : 10490562                                       |
| Malvern  | PA                        | 19355   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | ů l                       |   |   |
| Name of Employer (for Individual)<br>The Rothman Institute   |                           | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                 | Year-to-Date ▼<br>5000.00                         | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                           |   | 11000.00  |

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

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

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FOR LINE NUMBER:

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|  |                          | for each category of the<br>Detailed Summary Page  | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |
|--|--------------------------|--|--|
|  |                          |  | person for the purpose of soliciting contributions ee to solicit contributions from such committee.                      |
| NAME OF COMMITTEE (In Full) Political Action Committee of  | the America              | an Association of Orth   | nopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle         A. Baumgarten, Keith, M, , MD,FAAOS         Mailing Address 807 W Chicory         City         Sioux Falls         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Sioux Falls Specialty Hospital         Receipt For:         Primary       General         Other (specify) ▼ | State<br>SD<br>C<br>Occu | Zip Code<br>57108<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Delanois, Ronald, Emilio, , MD,F<br>Mailing Address 6 Brookfield Garth<br>City<br>Lutherville Timonium<br>FEC ID number of contributing<br>federal political committee.  |                          | Zip Code<br>21093  | Date of Receipt<br>01 28 2020<br>Transaction ID : 10490566<br>Amount of Each Receipt this Period<br>500.00               |
| Name of Employer (for Individual)         Lifebridge         Receipt For:         Primary       General         Other (specify) ▼  | Orth                     | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>500.00                       | Memo Item  |
| C. Dennis, Thomas, R, , MD,FAA<br>Mailing Address 128 Lubrano Dr Suite 301   | OS                       | rganization Name   | Date of Receipt  |
| City<br>Annapolis<br>FEC ID number of contributing   | State<br>MD              | Zip Code<br>21401-7028   | Transaction ID : 10490569         Amount of Each Receipt this Period         250.00                                      |
| federal political committee. Name of Employer (for Individual) Annapolis Hand Center Receipt For: Primary General Other (specify)  | Occu<br>Orth             | upation (for Individual)<br>Iopaedic Surgeon<br>Year-to-Date ▼<br>250.00                       | Memo Item  |
| SUBTOTAL of Receipts This Page (optional<br>TOTAL This Period (last page this line num   | ,                        |  | 1750.00  |

| SCHEDULE A (FEC Form 3X)  |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 120 OF 30    |
|---|-------------------|---|------------------------------------|
| ITEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)                   |
| Any information copied from such Reports and s<br>or for commercial purposes, other than using th |                   |   |                                    |
| NAME OF COMMITTEE (In Full) Political Action Committee of th                                      | ne America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS        |
| Full Name of Individual (Last, First, Middle In<br>Lintecum, Neal, D, , MD, FAAOS                 | nitial) or Full O | rganization Name                                  | Date of Receipt                    |
| Mailing Address 789 N 1500 Road   |                   |   | 02 05 2020                         |
| City  | State<br>KS       | Zip Code  | Transaction ID : 10490681          |
| Lawrence  | r.s               | 66049-9194  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С                 |   | 200.00                             |
| Name of Employer (for Individual)   | Осси              | upation (for Individual)                          | Memo Item                          |
| Self Employed   | Orth              | opaedic Surgeon                                   |                                    |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |                                    |
| Other (specify) ▼   |                   | 400.00  | ]                                  |
| Full Name of Individual (Last, First, Middle In<br>B. Wolf, Brian, R, , MD,FAAOS                  | nitial) or Full O | rganization Name                                  | Date of Receipt                    |
| Mailing Address 4346 Maier Ave SW   |                   |   | 02 05 2020                         |
| City  | State             | Zip Code  | Transaction ID : 10490683          |
| Iowa City   | IA                | 52240-8410  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С                 |   | 250.00                             |
| Name of Employer (for Individual)<br>University of Iowa Hospitals                                 |                   | upation (for Individual)<br>nopaedic Surgeon      | Memo Item                          |
| Receipt For:  | Aggregate         | Year-to-Date ▼                                    |                                    |
| Primary General<br>Other (specify) ▼  |                   | 250.00  | ]                                  |
| Full Name of Individual (Last, First, Middle In<br>Brolin, Tyler, James, , MD                     | itial) or Full O  | rganization Name                                  | Date of Receipt                    |
| Mailing Address 1316 Bray Park Drive East   |                   |   | 02 05 2020                         |
| City  | State             | Zip Code  | Transaction ID : 10490685          |
| Collierville  | TN                | 38017   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С                 |   | 250.00                             |
|   |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item                          |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>250.00                          | ]                                  |
| SUBTOTAL of Receipts This Page (optional)   |                   |   | 700.00                             |

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

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

|    | HEDULE A (FEC Form 3X)   |               | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 121 OF 300<br>(check only one)  |
|----|--|---------------|---|---|
|    | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
| or | for commercial purposes, other than using the  |               |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.       |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                           | e America     | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| ۹. | Full Name of Individual (Last, First, Middle Initi<br>Townsend, Peter, F, , MD, FAAOS,     | al) or Full O | rganization Name                                  | Date of Receipt   |
|    | Mailing Address 1941 Limestone Road<br>Suite 101   |               |   | 02 05 / Y Y Y Y<br>2020   |
|    | City   | State<br>DE   | Zip Code  | Transaction ID : 10491089   |
|    | Wilmington   |               | 19808-5413  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                              | С             |   | 1000.00   |
|    | Name of Employer (for Individual)  | Осси          | upation (for Individual)                          | Memo Item   |
|    | Delaware Orthopaedic Specialists   | Orth          | opaedic Surgeon                                   | _   |
|    | Receipt For:   | Aggregate     | Year-to-Date 🔻                                    |   |
|    | Primary General  |               | 1000.00   |   |
|    | Other (specify) V  |               | 1000.00   |   |
|    | Full Name of Individual (Last, First, Middle Initi<br>Lyons, Steven, Thomas, , MD,FAAO     |               | rganization Name                                  | Date of Receipt   |
|    | Mailing Address 12927 Darby Ridge Dr   | 02 06 2020    |   |   |
|    | City   | State         | Zip Code  | Transaction ID : 10491889   |
|    | Татра  | FL            | 33624   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                 | С             |   | 1000.00   |
|    | Name of Employer (for Individual)<br>Self Employed   |               | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
|    | Receipt For:   | Aggregate     | Year-to-Date ▼                                    | —   |
|    | Primary General<br>Other (specify) ▼   |               | 2000.00   | ]   |
| _  | ا<br>Full Name of Individual (Last, First, Middle Initi<br>Ruddy, Michael, John, , MD,FAAO | al) or Full O | rganization Name                                  | Date of Receipt   |
|    | Mailing Address 610 Solar Isle Drive   |               |   | 02 06 2020  |
|    | City   | State         | Zip Code  | Transaction ID : 10492579   |
|    | Fort Lauderdale  | FL            | 33301   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                 | 5             |   |   |
|    | Name of Employer (for Individual)  | Осси          | upation (for Individual)                          | Memo Item   |
|    | Fort Lauderdale Orthopaedics, PL   | Orth          | opaedic Surgeon                                   |   |
|    | Receipt For:   | Aggregate     | Year-to-Date ▼                                    |   |
|    | Primary General  |               |   |   |
|    | Other (specify)  |               | 1000.00   | 1   |
|    | UBTOTAL of Receipts This Page (optional)   |               |   | 3000.00   |
|    |  |               |   |   |

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

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

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| SCHEDULE A (FEC Form 3X)   |                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 122 OF 30                                 |
|--|--------------------|---|---|
| TEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page | (check only one)  |
| or for commercial purposes, other than using t                                   |                    |   | e to solicit contributions from such committee.                 |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                   | the America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                                     |
| Full Name of Individual (Last, First, Middle<br>Anderson, Lesley, J, , MD, FAAOS | Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 133 San Marino Dr  |                    |   | 02 05 / Y Y Y Y<br>2020   |
| City<br>San Rafael   | State<br>CA        | Zip Code<br>94901                                 | Transaction ID : 10493003                                       |
| FEC ID number of contributing federal political committee.                       | С                  | 94301   | Amount of Each Receipt this Period                              |
| Name of Employer (for Individual)  | Осси               | upation (for Individual)                          | Memo Item   |
| Self Employed  | Orth               | opaedic Surgeon                                   |   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Robie, David, B, , MD, FAAOS  | Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 6585 Plesenton Dr S  |                    |   | 02 05 2020  |
| City   | State              | Zip Code  | Transaction ID : 10493005                                       |
| Worthington  | OH                 | 43085-2944  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                       | С                  |   | 2000.00   |
| Name of Employer (for Individual)<br>Orthopaedic One                             |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:   | Aggregate          | Year-to-Date 🔻                                    |   |
| Other (specify) ▼  |                    | 2000.00   | ]   |
| Full Name of Individual (Last, First, Middle<br>Weinstein, Stuart, L, , MD, FAA  |                    | rganization Name                                  | Date of Receipt   |
| Mailing Address 200 Hawkins Dr<br>Ste 01026JPP                                   |                    |   | M M / D D / Y Y Y Y<br>02 05 2020                               |
| City<br>Iowa City  | State<br>IA        | Zip Code<br>52242-1008                            | Transaction ID : 10493006<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                       | al committee.      |   | 1000.00   |
| Name of Employer (for Individual)<br>University of Iowa                          |                    |   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]   |
| SUBTOTAL of Receipts This Page (optional).                                       |                    |   | 4000.00   |

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

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

FOR LINE NUMBER:

PAGE 123 OF

| ITEMIZED RECEIPTS |   |                | for each category of the<br>Detailed Summary Page | (check only one)                                  |  |  |  |
|-------------------|---|----------------|---|---|--|--|--|
|                   | ny information copied from such Reports and S for commercial purposes, other than using the                               |                |   | erson for the purpose of soliciting contributions |  |  |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e America      | an Association of Ortho                           | opaedic SurgeonsPAC of AAOS                       |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Init<br>Steinberg, David, R, , MD,FAAOS<br>Mailing Address 555 New Albany Rd | ial) or Full O | rganization Name                                  | Date of Receipt                                   |  |  |  |
|                   | Maining Address 555 New Albany Ru   |                |   | 02 05 2020  |  |  |  |
|                   | City  | State          | Zip Code  | Transaction ID : 10493008                         |  |  |  |
|                   | Moorestown  | NJ             | 08057   | Amount of Each Receipt this Period                |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С              |   | 1000.00   |  |  |  |
|                   | Name of Employer (for Individual)   | Occu           | upation (for Individual)                          | Memo Item   |  |  |  |
|                   | Penn Medicine, University City  | Orth           | opaedic Surgeon                                   |   |  |  |  |
|                   | Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |   |  |  |  |
|                   | Other (specify) ▼   |                | 1000.00   |   |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Init<br>McAlister, Wade, P, , MD,FAAOS                                       | ial) or Full O | rganization Name                                  | Date of Receipt                                   |  |  |  |
|                   | Mailing Address 1314 Milford St   |                |   | 02 05 / Y Y Y Y<br>202                            |  |  |  |
|                   | City  | State          | Zip Code  | Transaction ID : 10493197                         |  |  |  |
|                   | Houston   | TX             | 77006   | Amount of Each Receipt this Period                |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С              |   | 1000.00   |  |  |  |
|                   | Name of Employer (for Individual)<br>UT Health  |                | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>1000.00                         |   |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Init<br>DellaMaggiore, Eugene, D, , MD,                                      |                | rganization Name                                  | Date of Receipt                                   |  |  |  |
|                   | Mailing Address 1214 Sierra Avenue  |                |   | 02 05 Y Y Y Y Y<br>2020                           |  |  |  |
|                   | City<br>San Jose  | State<br>CA    | Zip Code<br>95126                                 | Transaction ID : 10493201                         |  |  |  |
|                   |   |                | 95126   | Amount of Each Receipt this Period                |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С              |   | 250.00  |  |  |  |
|                   | Name of Employer (for Individual)   | Occu           | upation (for Individual)                          | Memo Item   |  |  |  |
|                   | Receipt For: Aggregati  |                | opaedic Surgeon                                   |   |  |  |  |
|                   |   |                | Year-to-Date 🔻                                    |   |  |  |  |
|                   | Other (specify)   |                | 250.00  | ]   |  |  |  |
|                   | UBTOTAL of Receipts This Page (optional)  |                |   | 2250.00   |  |  |  |
|                   | OTAL This Period (last page this line number of   | oniy)          | ••••••  |   |  |  |  |

| SCHEDULE A (FEC Form 3X)                                       |                               | Use separate schedule(s)                   | FOR LINE NUMBER: PAGE 124 OF 30                              |  |
|--|-------------------------------|--|--|--|
| ITEMIZED RECEIPTS  |                               | for each category of the                   | (check only one)   |  |
|  |                               | Detailed Summary Page                      | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 1                     |  |
|  |                               |  | person for the purpose of soliciting contributions           |  |
|  |                               |  | ee to solicit contributions from such committee.             |  |
| NAME OF COMMITTEE (In Full)                                    |                               |  |  |  |
| Political Action Committee of                                  | of the America                | in Association of Orth                     | opaedic SurgeonsPAC of AAOS                                  |  |
| Full Name of Individual (Last, First, Mid                      | dle Initial) or Full Or       | ganization Name                            |  |  |
| A. Lepse, Peter, S, , MD, FAAOS                                |                               |  | Date of Receipt  |  |
| Mailing Address 3531 Lincolnshire Rd                           |                               |  | M = M / D = D / Y = Y = Y = Y                                |  |
| City   | State                         | Zip Code                                   | 02 05 2020   |  |
| Topeka   | KS                            | 66614                                      | Transaction ID : 10493204 Amount of Each Receipt this Period |  |
| FEC ID number of contributing                                  |                               |  |  |  |
| federal political committee.                                   | C                             |  | 250.00   |  |
| Name of Employer (for Individual)                              | 000                           | pation (for Individual)                    | Memo Item  |  |
| Stormont Vail Health Care                                      |                               | pation (for individual)                    |  |  |
| Receipt For:   |                               | Year-to-Date ▼                             | —  |  |
| Primary General  | , 1991 09410                  |  |  |  |
| Other (specify)  |                               | 250.00                                     |  |  |
| Full Name of Individual (Last, First, Mide                     | dla Initial) ar Full Or       | agaization Nama                            |  |  |
| B. Grant, Michael, P, , MD, FAAOS                              |                               | gamzalion Name                             | Date of Receipt  |  |
| Mailing Address 75 Spring Dale Place                           | M = M / D = D / Y = Y = Y = Y |  |  |  |
|  |                               |  |  |  |
| City   | State<br>CO                   | Zip Code<br>80504                          | Transaction ID : 10493207                                    |  |
|  |                               | 80304                                      | Amount of Each Receipt this Period                           |  |
| FEC ID number of contributing<br>federal political committee.  | С                             |  | 250.00   |  |
|  |                               |  | Memo Item  |  |
| Name of Employer (for Individual)<br>Estes Park Medical Center |                               | pation (for Individual)<br>opaedic Surgeon |  |  |
| Receipt For:   |                               | Year-to-Date ▼                             |  |  |
| Primary General  | Aggregate                     |  |  |  |
| Other (specify) <b>v</b>                                       |                               | , 250.00                                   |  |  |
| Full Name of Individual (Last, First, Mid                      | dla Initial) ar Full Or       | agaization Nama                            |  |  |
| <b>c.</b> Papas, Spiro, N, , MD, FAAO                          |                               | gamzation Name                             | Date of Receipt  |  |
| Mailing Address 200 Delafield Rd                               |                               |  | M = M / D = D / Y = Y = Y = Y                                |  |
| Ste 1040   | Otata                         | Zin Onde                                   | 02 05 2020   |  |
| City<br>Pittsburgh   | State<br>PA                   | Zip Code<br>15215                          | Transaction ID : 10493209 Amount of Each Receipt this Period |  |
| FEC ID number of contributing                                  |                               |  |  |  |
| federal political committee.                                   | C                             |  | 500.00   |  |
| Name of Employer (for Individual)                              | 0                             | Memo Item                                  |  |  |
|  |                               | pation (for Individual)<br>ppaedic Surgeon |  |  |
| Receipt For:   | I                             | Year-to-Date ▼                             |  |  |
| Primary General  | 33 13 14                      |  |  |  |
| Other (specify)  |                               | 500.00                                     | 1  |  |
| Г  |                               |  |  |  |
| SUBTOTAL of Receipts This Page (option                         | nal)                          | 1  | 1000.00  |  |
|  | ,                             |  |  |  |

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

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| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 125 OF 300   |
|---|--|--|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | (check only one)   |
|   |  | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of t                             | the American Association of Ort                    | hopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>A. Hall, Robert, J, , MD, FAAOS         | Initial) or Full Organization Name                 | Date of Receipt  |
| Mailing Address 10400 Blackwolf Cir   |  | 02 / D D / Y Y Y Y<br>05 / 2020  |
| City<br>Anchorage   | State Zip Code<br>AK 99507-1202                    | Transaction ID : 10493237 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                              | C  | 250.00   |
| Name of Employer (for Individual)   | Occupation (for Individual)                        | Memo Item  |
| Orthopaedic Physicians Anchorage  | Orthopaedic Surgeon                                |  |
| Receipt For:  | Aggregate Year-to-Date ▼                           |  |
| Other (specify) ▼   | 250.00   |  |
| Full Name of Individual (Last, First, Middle<br>B. Kenyon, Paul, S, , MD, FAAOS         | Initial) or Full Organization Name                 | Date of Receipt  |
| Mailing Address 214 North West Ave  | 02 05 2020   |  |
| City  | State Zip Code                                     | Transaction ID : 10493238  |
| Jackson   | MI 49203   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                              | C  | 250.00   |
| Name of Employer (for Individual)<br>Self Employed                                      | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |
| Receipt For:  | Aggregate Year-to-Date ▼                           |  |
| Other (specify) ▼   | 250.00   |  |
| Full Name of Individual (Last, First, Middle<br><b>C.</b> Kain, Michael, S, , MD, FAAOS | Initial) or Full Organization Name                 | Date of Receipt  |
| Mailing Address 16 Blossom St   |  | 02 05 2020   |
| City  | State Zip Code                                     | Transaction ID : 10493241  |
|   | MA 02421   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                              | C  | 500.00   |
| Name of Employer (for Individual)<br>Lahey Clinic                                       | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item  |
| Receipt For:  | Aggregate Year-to-Date ▼                           | _  |
| Other (specify)   | 500.00   |  |
| SUBTOTAL of Receipts This Page (optional).  |  | 1000.00  |

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

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 126 OF 300<br>(check only one)  |
|--|--|---|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Political Action Committee of the | ne name and address of any political committee     |   |
| /  | nitio)) or Full Organization Nome                  | · · · ·   |
| Full Name of Individual (Last, First, Middle I           Bell, David, M, , MD, FAAOS           Mailing Address         5924 Stoneridge Drive                         | nilial) or Full Organization Name                  | Date of Receipt   |
| Suite 202<br>City  | State Zip Code                                     | 02 05 2020<br>Transaction ID : 10493242   |
| Pleasanton   | CA 94588   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer (for Individual)<br>Bell Sports Medicine Institute  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| Full Name of Individual (Last, First, Middle I<br>Harp, John, H, , MD, FAAOS   | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 6905 South Q Ct  |  | 02 05 2020  |
| City<br>Fort Smith   | State Zip Code<br>AR 72903-2824                    | Transaction ID : 10493244<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer (for Individual)<br>Cooper Clinic   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| Full Name of Individual (Last, First, Middle I<br>Hazel, Robert, Mark, , MD, FAA   |  | Date of Receipt   |
| Mailing Address 1812 Valley Rd NE  |  | 02 05 2020  |
| City<br>Gainesville  | State Zip Code<br>GA 30501                         | Transaction ID : 10493246<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer (for Individual)<br>Self Employed   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>500.00                 | 1   |
| SUBTOTAL of Receipts This Page (optional)  | ······   | 1500.00   |
| TOTAL This Period (last page this line numbe   | r only)  |   |

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

| SCHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)                       | FOR LINE NUMBER: PAGE 127 OF 300                                |
|--|--|--|---|
| ITEMIZED RECEIPTS  |  | for each category of the Detailed Summary Page | (check only one)  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th                                  |  |  | erson for the purpose of soliciting contributions               |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | ne America   | an Association of Orthe                        | opaedic SurgeonsPAC of AAOS                                     |
| Full Name of Individual (Last, First, Middle Ir<br>Wells, Matthew, E, , MD, FAAOS  | nitial) or Full O  | rganization Name                               | Date of Receipt   |
| Mailing Address 444 Hendricks Isle Unit 304  | -  |  | 02 05 2020  |
| City<br>Fort Lauderdale  | State<br>FL  | Zip Code<br>33301                              | Transaction ID : 10493248 Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.   | C  |  |   |
| Name of Employer (for Individual)  | Осси   | pation (for Individual)                        | Memo Item   |
| Fort Lauderdale Ortho & Sports Med         Receipt For:         Primary       General         Other (specify) ▼                  |  | opaedic Surgeon<br>Year-to-Date ▼<br>300.00    | ]   |
| Full Name of Individual (Last, First, Middle Ir<br><b>B.</b> Grogan, Thomas, J, , MD,FAAOS<br>Mailing Address 521 S Westgate Ave | nitial) or Full O  | rganization Name                               | Date of Receipt   |
|  |  |  | 02 05 2020  |
| City<br>Los Angeles  | State<br>CA  | Zip Code<br>90049                              | Transaction ID : 10493251                                       |
| FEC ID number of contributing federal political committee.   | C  |  | Amount of Each Receipt this Period                              |
| Name of Employer (for Individual)<br>Self Employed   |  | upation (for Individual)<br>opaedic Surgeon    | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ▼<br>500.00                       | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>c. Hansen, Uel, , , MD, FAAOS   | nitial) or Full O  | rganization Name                               | Date of Receipt   |
| Mailing Address 73203 E Sundown Pr SE  |  |  | 02 05 / Y Y Y Y<br>2020   |
| City<br>Kennewick  | State<br>WA  | Zip Code<br>99338                              | Transaction ID : 10493252<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | ů – Elektrik – Elektri |  |   |
| Name of Employer (for Individual)<br>Tri-City Orthopaedics   |  | ipation (for Individual)<br>opaedic Surgeon    | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>350.00                       | ]   |
| SUBTOTAL of Receipts This Page (optional)  |  |  | 1150.00   |

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

| SCHEDULE A (FEC Form 3)  | <b>K)</b>  | Use separate schedule(s)                                       | FOR LINE NUMBER: PAGE 128 OF 300<br>(check only one)  |
|--|--|--|---|
| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page              | X         11a         11b         11c         12           13         14         15         16         17 |
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                                       | g the name and a                                   | ddress of any political committe                               | operson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.    |
| / Full Name of Individual (Last, First, Middl  |  |  |   |
| A. Itamura, John, Minoru, , MD,FAAOS<br>Mailing Address 921 Monterey Rd  |  |  | Date of Receipt   |
| City   | State  | Zip Code   | 02 05 2020<br>Transaction ID : 10493254   |
| South Pasadena<br>FEC ID number of contributing  | CA   | 91030  | Amount of Each Receipt this Period  |
| federal political committee.   | C  |  | 500.00  |
| Name of Employer (for Individual)<br>The Kerlan-Jobe Orthopaedic Foundation<br>Receipt For:<br>Primary General | Orth   | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼ | Memo Item   |
| Other (specify) ▼<br>Full Name of Individual (Last, First, Middl   | a Initial) or Full O                               | 500.00   | 1   |
| B. Delfico, Anthony, John, , MD, FA<br>Mailing Address 85 S Maple Ave  |  |  | Date of Receipt   |
| City   | State<br>NJ  | Zip Code   | Transaction ID : 10493256   |
| Ridgewood<br>FEC ID number of contributing<br>federal political committee.                                     | C  | 07450  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Self Employed   |  | upation (for Individual)<br>nopaedic Surgeon                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ▼<br>500.00                                       | ]   |
| Full Name of Individual (Last, First, Middl<br>Brooks, Andrew, T, , MD, FAA                                    |  | rganization Name   | Date of Receipt   |
| Mailing Address 1412 Exeter Ct   |  |  | 02 / D D / Y Y Y Y<br>02 05 2020  |
| City<br>Davis  | State<br>CA  | Zip Code<br>95618  | Transaction ID : 10493257 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С  |  | 230.00  |
| Name of Employer (for Individual)<br>Self Employed   | Occupation (for Individual)<br>Orthopaedic Surgeon |  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>230.00                                       | ]   |
| SUBTOTAL of Receipts This Page (optional   | l)   |  | 1230.00   |
| TOTAL This Period (last page this line num   | ber only)  |  |   |

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| SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 129 OF 30                                 |
|---|--|---|---|
| TEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 1             |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |  |   |   |
| NAME OF COMMITTEE (In Full) Political Action Committee of th                                    | ne America                               | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                                     |
| Full Name of Individual (Last, First, Middle Ir<br>A. Hasan, Syed, Ashfaq, , MD,FAAOS           | nitial) or Full O                        | rganization Name                                  | Date of Receipt   |
| Mailing Address 7730 Elmwood Road   |  |   | 02 06 2020  |
| City<br>Fulton  | State<br>MD                              | Zip Code<br>20759                                 | Transaction ID : 10493914<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | С  |   | 250.00  |
| Name of Employer (for Individual)   |  | upation (for Individual)                          | Memo Item   |
| University of Maryland School of Medic<br>Receipt For:<br>Primary General<br>Other (specify) ▼  |  | opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>3. Albert, Todd, J, , MD,FAAOS               | nitial) or Full O                        | rganization Name                                  | Date of Receipt   |
| Mailing Address 541 E 71st Street   | 02 06 2020                               |   |   |
| City<br>New York  | State<br>NY                              | Zip Code<br>10021                                 | Transaction ID : 10493916<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | C  |   | 1000.00   |
| Name of Employer (for Individual)<br>Hospital for Special Surgery                               |  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Year-to-Date ▼<br>1000.00                         | ]   |
| Full Name of Individual (Last, First, Middle Ir<br>Archdeacon, Michael, T, , MD,FA              |  | rganization Name                                  | Date of Receipt   |
| Mailing Address 4538 Philnoll Dr  |  |   | M M / D D / Y Y Y Y Y<br>02 06 2020                             |
| City<br>Cincinnati  | State<br>OH                              | Zip Code<br>45247-5079                            | Transaction ID : 10493917<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | e la |   |   |
| Name of Employer (for Individual)<br>UC Dept of Orthopaedics                                    |  | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                | Year-to-Date ▼<br>250.00                          | ]   |
| SUBTOTAL of Receipts This Page (optional)   | · · · · · · · · · · · · · · · · · · ·    | ······  | 1500.00   |

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

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

| SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 130 OF 3     |
|---|--|---|------------------------------------|
| TEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | (check only one)                   |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |  |   |                                    |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | ne America   | an Association of Orth                            | opaedic SurgeonsPAC of AAOS        |
| Full Name of Individual (Last, First, Middle Ir<br>Nanson, Christopher, J, , MD, FAAOS          | nitial) or Full O                                  | rganization Name                                  | Date of Receipt                    |
| Mailing Address 19150 SW 51st Ave   |  |   | M M / D D / Y Y Y Y<br>02 06 2020  |
| City  | State<br>OR  | Zip Code  | Transaction ID : 10493918          |
| Tualatin  | OK   | 97062   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | С  |   | 1000.00                            |
| Name of Employer (for Individual)   | Occi   | upation (for Individual)                          | Memo Item                          |
| Orthopedics Northwest   | Orth   | opaedic Surgeon                                   |                                    |
| Receipt For:  | Aggregate  | Year-to-Date 🔻                                    |                                    |
| Primary General<br>Other (specify) ▼  |  | 1000.00   | ]                                  |
| Full Name of Individual (Last, First, Middle Ir<br>G. Green, Daniel, William, , MD,FAAC         |  | rganization Name                                  | Date of Receipt                    |
| Mailing Address 535 E 70th St   |  |   |                                    |
|   | 02 07 2020   |   |                                    |
| City  | State  | Zip Code  | Transaction ID : 10494050          |
| New York  | NY   | 10021-4823  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | С  |   | 175.00                             |
| Name of Employer (for Individual)<br>Hosp for Special Surgery                                   |  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item                          |
| Receipt For:  | Aggregate  | Year-to-Date ▼                                    |                                    |
| Primary     General       Other (specify) ▼   |  | , 350.00  | 1                                  |
| Full Name of Individual (Last, First, Middle Ir   | hitial) or Full O                                  | rganization Name                                  | Date of Receipt                    |
| Mailing Address 1671 Woodmere Drive   |  |   | 02 07 2020                         |
| City  | State  | Zip Code  | Transaction ID : 10494282          |
| Jacksonville  | FL   | 32210   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | ů – – – – – – – – – – – – – – – – – – –            |   |                                    |
| Name of Employer (for Individual)<br>Jacksonville Orthopaedic Institute                         | Occupation (for Individual)<br>Orthopaedic Surgeon |   | Memo Item                          |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>1000.00                         | ]                                  |
| SUBTOTAL of Receipts This Page (optional)   |  |   | 2175.00                            |

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

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FOR LINE NUMBER: PAGE 131 OF 300

| IT                            | EMIZED RECEIPTS  |                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | one)<br>11b<br>14              | 11c    | 12<br>16 | 17  |
|-------------------------------|--|----------------|---|--------------------------|--------------------------------|--------|----------|-----|
|                               | y information copied from such Reports and St<br>for commercial purposes, other than using the                           |                |   |                          |                                |        |          |     |
|                               | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America      | an Association of Ortho   | opaedic Su               | urgeon                         | sPA    | C of AA  | NOS |
| Α.                            | Full Name of Individual (Last, First, Middle Initi<br>Vizzi, Peter, D, , MD,FAAOS  | ial) or Full O | rganization Name  | Date of                  | Receipt                        |        |          |     |
|                               | Mailing Address 318 Beverly Drive  |                |   | <sup>M</sup> 02          | / D D<br>07                    | / Y    | 2020     | Y   |
|                               | City<br>Lafayette  | State<br>LA    | Zip Code<br>70503   |                          | of Each R                      |        |          |     |
|                               | FEC ID number of contributing federal political committee.   | С              |   |                          | 4                              |        | 500.0    | 00  |
|                               | Name of Employer (for Individual)<br>Self Employed   |                | upation (for Individual)<br>nopaedic Surgeon                                  | Me                       | mo Item                        |        |          |     |
|                               | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>500.00  |                          |                                |        |          |     |
| в.                            | Full Name of Individual (Last, First, Middle Initi<br>Mason, J, Bohannon, , MD,FAAOS<br>Mailing Address 409 Hermitage Rd | Date of        | Receipt<br>/ D D<br>07  | / Y                      | 2020                           | Y      |          |     |
|                               | City<br>Charlotte  | State<br>NC    | Zip Code<br>28207-1841  |                          | <b>ction ID :</b><br>of Each R |        |          |     |
|                               | FEC ID number of contributing federal political committee.   | С              |   |                          | 500.00                         |        |          |     |
|                               | Name of Employer (for Individual)<br>OrthoCarolina   |                | upation (for Individual)<br>nopaedic Surgeon                                  | Me                       | mo Item                        |        |          |     |
|                               | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>500.00  |                          |                                |        |          |     |
| <u>с</u> .                    | Full Name of Individual (Last, First, Middle Initi<br>Taksali, Sudeep, , , MD, FAAOS                                     | ial) or Full O | rganization Name  | Date of                  | Receipt                        |        |          |     |
|                               | Mailing Address 7535 SW Schroeder Way  |                |   | 02                       | / 08                           | / Y    | 2020     | Y   |
|                               | City<br>Wilsonville  | State<br>OR    | Zip Code<br>97070-9574  |                          | of Each R                      |        |          |     |
|                               | FEC ID number of contributing federal political committee.   | С              |   |                          | y .                            | ,<br>, | 250.0    | 00  |
| Hope Orthopedics of Oregon Or |  |                | upation (for Individual)<br>opaedic Surgeon                                   | Me                       | mo Item                        |        |          |     |
|                               | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>250.00  |                          |                                |        |          |     |
| s                             | UBTOTAL of Receipts This Page (optional)   |                |   |                          | 9                              | ,      | 1250.0   | 00  |
| т                             | OTAL This Period (last page this line number of  | only)          |   | ·                        |                                |        |          |     |

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| SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate s<br>for each catego               |   |
|---|---|---|
|   | Detailed Summ                                   |   |
| or for commercial purposes, other than using th   |   | used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee. |
| /   |   | on of Orthopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Ir<br>Leddy, Michael, J, , III, MD,FA<br>Mailing Address 3444 Masonic Dr             | itial) or Full Organization Name                | Date of Receipt   |
| City  | State Zip Code                                  | 02 08 2020<br>Transaction ID : 10494361   |
| Alexandria<br>FEC ID number of contributing<br>federal political committee.   | LA 71301  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Central Louisiana Surgical Hospital  | Occupation (for Individue Orthopaedic Surgeon   | lual) Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼                        | 250.00  |
| Full Name of Individual (Last, First, Middle Ir<br><b>Sirounian, Gregory, H, , MD, FAAC</b><br>Mailing Address 10 Merillon Ave    |   | Date of Receipt   |
| City  | State Zip Code                                  | 02 09 2020<br>Transaction ID : 10494368   |
| Garden City<br>FEC ID number of contributing<br>federal political committee.  | NY 11530  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Winthrop Orthopedic Associates   | Occupation (for Individ<br>Orthopaedic Surgeon  | dual) Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼                        | 500.00  |
| Full Name of Individual (Last, First, Middle Ir<br>Silverman, Lance, M, , MD,FAAC<br>Mailing Address 2774 W Lake of the Isles Pkv | S   | Date of Receipt   |
| City<br>Minneapolis   | State Zip Code<br>MN 55416                      | 02 09 2020<br>Transaction ID : 10494369   |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Silverman Orthopaedics   | Occupation (for Individu<br>Orthopaedic Surgeon | lual) Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼                        | 250.00  |
| SUBTOTAL of Receipts This Page (optional)   |   |   |
| TOTAL This Period (last page this line number   | only)   |   |

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| ITEMIZED  |   |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 133 OF 300           (check only one)         ***           11a         11b         11c         12           13         14         15         16         17 |
|---|---|-------------------|---|---|
| or for commerci   | al purposes, other than using th<br>OMMITTEE (In Full)                    | e name and a      | ddress of any political committe  | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.  |
| Full Name of Individual (Last, First, Middle Initial) or<br>Ternes, John, P, , MD, FAAOS<br>Mailing Address 3707 Mooreland Farms Rd           |   | nitial) or Full O | rganization Name  | Date of Receipt   |
| City  |   | State             | Zip Code  | 02 09 2020  |
| Charlotte   |   | NC                | 28226-5404  | Transaction ID : 10494371<br>Amount of Each Receipt this Period   |
| FEC ID numl<br>federal politic  | per of contributing<br>al committee.                                      | С                 |   | 500.00  |
| Self Employe  | bloyer (for Individual)<br>d  |                   | upation (for Individual)<br>lopaedic Surgeon                                  | Memo Item   |
| Primary   | Receipt For:<br>Primary General<br>Other (specify) ▼                      |                   | Year-to-Date ▼<br>500.00  |   |
| Full Name of Individual (Last, First, Middle Initial) or<br>B. Waanders, Nicholas, A, , MD,PhD,FAA<br>Mailing Address 2352 Willow Bend Circle |   |                   | rganization Name  | Date of Receipt   |
| City  | City State Zip Code   |                   |   |   |
| Springdale  |   | AR                | 72762-7440  | Transaction ID : 10494375<br>Amount of Each Receipt this Period   |
| FEC ID numl<br>federal politic  | per of contributing<br>al committee.                                      | C                 |   | 250.00  |
| Self Employe  | ployer (for Individual)<br>d  |                   | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary<br>Other (  | general<br>specify) ▼   | Aggregate         | Year-to-Date ▼<br>, 250.00  |   |
|   | Individual (Last, First, Middle Ir<br>er, Scott, B, , MD, FAAO            |                   | rganization Name  | Date of Receipt   |
| Mailing Addre   | ess 1180 Mary Hill Circle   | State             | Zip Code  | 02 10 2020<br>Transaction ID : 10494383   |
| Hartland  |   | WI                | 53029   | Amount of Each Receipt this Period  |
|   | per of contributing<br>al committee.                                      | C                 |   | 250.00  |
| Orthopaedic<br>Receipt For:   | oloyer (for Individual)<br>Associates of Wisconsin<br>General<br>specify) | Orth              | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | Memo Item   |
| SUBTOTAL of   | Receipts This Page (optional)   |                   |   | 1000.00   |

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

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## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 134 OF

300

|                                     | RECEIPTS   |                              | for each category of the<br>Detailed Summary Page | (check onl<br>11a<br>13        | ly one)<br>11b 11c<br>14 15              | 2 12<br>16 17                       |
|-------------------------------------|--|------------------------------|---|--------------------------------|--|-------------------------------------|
| Any information<br>or for commercia | copied from such Reports and St<br>al purposes, other than using the | atements may<br>name and ado | not be sold or used by any political committee    | erson for the<br>to solicit co | purpose of solicit<br>ntributions from s | ing contributions<br>uch committee. |
|                                     | OMMITTEE (In Full)<br>Action Committee of the                        | e America                    | n Association of Ortho                            | opaedic S                      | SurgeonsP                                | AC of AAOS                          |
|                                     | Individual (Last, First, Middle Initi<br>esh, , , MD,FAAOS           | al) or Full Org              | anization Name                                    | Date o                         | f Receipt                                |                                     |
|                                     | ess 8107 Wycliffe Dr   |                              |   |                                | / D D / 06                               | Y Y Y Y<br>2020                     |
| City<br>Cincinnati                  |  | State<br>OH                  | Zip Code<br>45244                                 |                                | saction ID : 10494<br>t of Each Receipt  |                                     |
| FEC ID numb<br>federal politic      | per of contributing<br>al committee.                                 | С                            |   |                                |  | 1000.00                             |
| Wilmington M                        | oloyer (for Individual)<br>emorial Hospital                          | -                            | ation (for Individual)<br>paedic Surgeon          | M                              | lemo Item                                |                                     |
| Receipt For:<br>Primary<br>Other (  | general<br>specify) ▼  | Aggregate Y                  | ear-to-Date ▼<br>1000.00                          |                                |  |                                     |
| B. Sheldon,                         | Individual (Last, First, Middle Initi<br>Daniel, A, , MD, FAAOS      | al) or Full Org              | anization Name                                    | Date o                         | f Receipt                                |                                     |
|                                     | ess 1549 Victoria Isle Way   |                              |   | 02                             | / D D /<br>06                            | 2020                                |
| City<br>Weston                      |  | State<br>FL                  | Zip Code<br>33327                                 |                                | saction ID : 10494<br>t of Each Receipt  |                                     |
| FEC ID numb<br>federal politic      | per of contributing<br>al committee.                                 | С                            |   |                                |  | 250.00                              |
| Name of Em<br>Self Employed         | ployer (for Individual)<br>d   |                              | pation (for Individual)<br>paedic Surgeon         | M                              | lemo Item                                |                                     |
| Receipt For:<br>Primary<br>Other (s | general<br>specify) ▼  | Aggregate Y                  | ear-to-Date ▼<br>250.00                           |                                |  |                                     |
|                                     | Individual (Last, First, Middle Initi<br>rberto, , , MD,FAAOS        | al) or Full Org              | anization Name                                    | Date o                         | f Receipt                                |                                     |
|                                     | iling Address PO Box 1019  |                              |   | 02                             | / D D /<br>06                            | 2020                                |
| City<br>Sabana Grar                 | nde  | State<br>PR                  | Zip Code<br>00637-1019                            |                                | saction ID : 10494<br>t of Each Receipt  |                                     |
| FEC ID numb<br>federal politic      | per of contributing<br>al committee.                                 | C                            |   |                                |  | 500.00                              |
| Name of Emp<br>Self Employe         | bloyer (for Individual)<br>d   |                              | ation (for Individual)<br>baedic Surgeon          | M                              | lemo Item                                |                                     |
| Receipt For:<br>Primary<br>Other (s |  | Aggregate Y                  | ear-to-Date ▼<br>500.00                           |                                |  |                                     |
| SUBTOTAL of                         | Receipts This Page (optional)  |                              | •   |                                | · · · · · ·                              | 1750.00                             |

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

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

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| SCHEDULE A (FEC Form 3X) |  |                | Use separate schedule(s)                   | FOR LINE NUMBER: PAGE 135 OF 30   |
|--------------------------|--|----------------|--|---|
| ITEMIZED RECEIPTS        |  |                | for each category of the                   | (check only one)  |
|                          |  |                | Detailed Summary Page                      | ★         11a         11b         11c         12           13         14         15         16         17 |
| Anv                      | r information copied from such Reports and Sta   | Itements ma    | v not be sold or used by any p             | person for the purpose of soliciting contributions  |
|                          | or commercial purposes, other than using the   |                |  |   |
| 1                        | NAME OF COMMITTEE (In Full)  |                |  |   |
|                          | Political Action Committee of the  | America        | In Association of Orth                     | opaedic SurgeonsPAC of AAOS   |
| <u> </u>                 | The Manager of the State of the set of the s |                | ne de la Nerre                             |   |
| Δ                        | Full Name of Individual (Last, First, Middle Initia<br>Geller, Jeffrey, A, , MD, FAAOS   | al) or Full Or | ganization Name                            | Date of Receipt   |
|                          | Mailing Address 25 Apawamis Ave  |                |  |   |
|                          |  | 02 06 2020     |  |   |
| (                        | City   | State          | Zip Code                                   | Transaction ID : 10494841   |
| _                        | Rye  | NY             | 10580                                      | Amount of Each Receipt this Period  |
| F                        | EC ID number of contributing   | С              |  | 350.00  |
| f                        | ederal political committee.  | U              |  | 330.00  |
| ī                        | Name of Employer (for Individual)  | Occu           | pation (for Individual)                    | Memo Item   |
|                          | Self Employed  | Orth           | opaedic Surgeon                            |   |
| Ī                        | Receipt For:   | Aggregate '    | Year-to-Date 🔻                             |   |
|                          | Primary General  |                |  | 1   |
|                          | Other (specify) <b>v</b>   | 350.00         |  |   |
|                          | The Market Market Alexandria Market Market   |                |  |   |
|                          | Full Name of Individual (Last, First, Middle Initia<br>Greenky, Brett, B, , MD, FAAOS  | al) or Full Or | ganization Name                            | Date of Receipt   |
| -                        | Mailing Address 4115 N Medical Center Dr   |                |  |   |
|                          |  | 02 06 2020     |  |   |
|                          | City   | State          | Zip Code                                   | Transaction ID : 10494844   |
| -                        | Fayetteville   | NY             | 13066-6636                                 | Amount of Each Receipt this Period  |
|                          | EC ID number of contributing   | С              |  | 500.00  |
| 1                        | ederal political committee.  |                |  | 45 45 46  |
|                          | Name of Employer (for Individual)  | Occu           | pation (for Individual)                    | Memo Item   |
| _                        | Northeast Medical  | Orth           | opaedic Surgeon                            |   |
| I                        | Receipt For:   | Aggregate `    | Year-to-Date ▼                             |   |
|                          | Other (specify) ▼  |                | 500.00                                     | 1   |
|                          |  |                | , 500.00                                   | 1   |
|                          | Full Name of Individual (Last, First, Middle Initia  |                | ganization Name                            |   |
| -                        | Rechter, Alan, Jeffrey, , MD, FAAC   | S              |  | Date of Receipt   |
| 1                        | Mailing Address 18885 Katy Freeway   |                |  | M = M / D = D / Y = Y = Y<br>02 06 2020   |
| ī                        | Dity   | State          | Zip Code                                   | 02 06 2020<br>Transaction ID : 10494847   |
|                          | Houston  | TX             | 77094                                      | Amount of Each Receipt this Period  |
| -                        | FEC ID number of contributing  |                |  |   |
|                          | ederal political committee.  | С              |  | 300.00  |
| ī                        | lome of Employer (for Individual)  | Memo Item      |  |   |
|                          | Name of Employer (for Individual)<br>Orthopaedic Associates  |                | pation (for Individual)<br>ppaedic Surgeon |   |
|                          | Receipt For:   | 1              | Year-to-Date V                             |   |
|                          | Primary General  | riggrogato     |  |   |
|                          | Other (specify)  |                | 300.00                                     |   |
|                          |  |                |  |   |
|                          |  |                |  | 1150.00   |
| SL                       | <b>IBTOTAL</b> of Receipts This Page (optional)  |                |  | 1150.00   |
|                          |  |                |  |   |

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

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| SCHEDULE A (FEC Form 3X) |  |                           | Use separate schedule(s)                    | FOR LINE NUMBER: PAGE 136 OF 300  |
|--------------------------|--|---------------------------|---|---|
| IT                       | EMIZED RECEIPTS  |                           | for each category of the                    | (check only one)  |
|                          |  |                           | Detailed Summary Page                       | ★         11a         11b         11c         12           13         14         15         16         17 |
| Ar                       | y information copied from such Reports and Sta                           | tements ma                | y not be sold or used by any r              |   |
|                          | for commercial purposes, other than using the                            |                           |   |   |
| $\backslash$             | NAME OF COMMITTEE (In Full)  |                           |   |   |
|                          | Political Action Committee of the  | America                   | an Association of Orth                      | opaedic SurgeonsPAC of AAOS   |
| V                        | Full Name of Individual (Last, First, Middle Initia                      | al) or Full O             | rganization Name                            |   |
| Α.                       | Rose, Donald, Joseph, , MD, FAAOS  |                           | gamzation reality                           | Date of Receipt   |
|                          | Mailing Address 25 East End Ave  | M = M / D = D / Y = Y = Y |   |   |
|                          | City   | Stata                     | Zip Code                                    | 02 06 2020  |
|                          | New York   | State<br>NY               | 10028                                       | Transaction ID : 10494848   |
|                          |  |                           |   | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.               | С                         |   | 500.00  |
|                          | Name of Employer (for Individual)  | 0001                      | nation (for Individual)                     | Memo Item   |
|                          | Name of Employer (for Individual)<br>RYC Orthopaedic, PC                 |                           | pation (for Individual)<br>opaedic Surgeon  |   |
|                          | Receipt For:   |                           | Year-to-Date V                              |   |
|                          | Primary General  | ggi oguto                 |   | 1   |
|                          | Other (specify)  |                           | 500.00                                      |   |
|                          | Full Name of Individual (Last, First, Middle Initia                      | al) or Full O             | ragnization Namo                            |   |
| В.                       | Guanche, Carlos, , , MD,FAAOS  |                           | ganization Name                             | Date of Receipt   |
|                          | Mailing Address 3608 Crownridge Drive                                    | M M / D D / Y Y Y Y       |   |   |
|                          |  |                           | 02 06 2020                                  |   |
|                          | City<br>Sherman Oaks   | State<br>CA               | Zip Code<br>91403                           | Transaction ID : 10494849   |
|                          |  |                           | 91403                                       | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.               | С                         |   | 1500.00   |
|                          |  |                           | un ettern (fenn herelindelsen)              | Memo Item   |
|                          | Name of Employer (for Individual)<br>Southern California Ortho Institute |                           | ipation (for Individual)<br>opaedic Surgeon |   |
|                          | Receipt For:   |                           | Year-to-Date V                              |   |
|                          | Primary General  | , iggi oguto              |   | 1   |
|                          | Other (specify)  |                           | , 1500.00                                   |   |
|                          | Full Name of Individual (Last, First, Middle Initia                      | al) or Full O             | aganization Name                            |   |
| C.                       | Den Hartog, Bryan, D, , MD, FAAO   | S                         | gunization Name                             | Date of Receipt   |
|                          | Mailing Address 4040 Radio Drive   |                           |   | M M / D D / Y Y Y Y   |
|                          | City   | State                     | Zip Code                                    | 02 06 2020  |
|                          | Woodbury   | MN                        | 55129                                       | Transaction ID : 10494850 Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing  | С                         |   |   |
|                          | federal political committee.   | 750.00                    |   |   |
|                          | Name of Employer (for Individual)  | Memo Item                 |   |   |
|                          | Des Moines Orthopaedic Surgeons  |                           | pation (for Individual)<br>ppaedic Surgeon  | -   |
|                          | Receipt For:   |                           | Year-to-Date ▼                              |   |
|                          | Primary General  |                           | 750.00                                      | 1   |
|                          | Other (specify)  |                           | 130.00                                      | 1   |
|                          |  |                           |   |   |
| s                        | UBTOTAL of Receipts This Page (optional)                                 |                           |   | 2750.00   |
|                          | ,  |                           |   | - , , , , , , , , , , , , , , , , , , ,   |

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

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

FOR LINE NUMBER:

PAGE 137 OF

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$  |
|--|---|---|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the  | atements may not be sold or used by any political committee   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e American Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Initi         A.       Lindgren, David, M, , MD, FAAOS         Mailing Address 8001 Chesshire Ln N         City         Maple Grove         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | ial) or Full Organization Name         State       Zip Code         MN       55311         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00 | Date of Receipt<br>02 06 2020<br>Transaction ID : 10494851<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| Full Name of Individual (Last, First, Middle Initi         B. Tejwani, Nirmal, C, , MD,FAAOS         Mailing Address 84 Northwood Ave         City         Demarest         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) NYU Hospital for Joint Diseases         Receipt For:         Primary       General         Other (specify) ▼    | ial) or Full Organization Name          State       Zip Code         NJ       07627         C       Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼                          | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initi<br>C. Boyette, Deanna, M, , MD,FAAOS<br>Mailing Address 602 Daventry Dr<br>City<br>Greenville<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Boyette Orthos & Sports Med PA<br>Receipt For:<br>Primary General<br>Other (specify)   |   | Date of Receipt<br>02 06 2020 Transaction ID : 10494853<br>Amount of Each Receipt this Period<br>1000.00<br>Memo Item   |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number of  |   | 1500.00   |

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| SCHEDULE A (FEC Form 3X)   |                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 138 OF 30  |
|--|--------------------|---|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | (check only one)         Image: Market on the state of the state |
|  |                    |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                       | the America        | an Association of Orth                            | nopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>Petrosini, Anthony, V, , MD, FAAOS | Initial) or Full C | rganization Name                                  | Date of Receipt  |
| Mailing Address 310 Passaic Avenue   |                    |   | 02 06 / Y Y Y Y Y<br>02 06 2020  |
| City<br>Spring Lake  | State<br>NJ        | Zip Code<br>07762                                 | Transaction ID : 10494875<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                         | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Orthopaedic Institue                          |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               |                    | Year-to-Date ▼<br>1000.00                         | ]  |
| Full Name of Individual (Last, First, Middle<br>B. Edelstein, David, W, , MD, FAAO |                    | rganization Name                                  | Date of Receipt  |
| Mailing Address 6504 Pickens St  |                    |   | 02 06 2020   |
| City<br>Houston  | State<br>TX        | Zip Code<br>77007                                 | Transaction ID : 10494876<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                         | C                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Kelsey Seybold Clinic                         |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Buehler, Knute, C, , MD, FAAO   |                    | rganization Name                                  | Date of Receipt  |
| Mailing Address 1901 NW Rivermist Dr   | -                  |   | 02 06 / Y Y Y Y<br>2020  |
| City<br>Bend   | State<br>OR        | Zip Code<br>97701                                 | Transaction ID : 10494877<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                         | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>The Center                                    |                    | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate          | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 3000.00  |

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

| SCHEDULE A (FEC Form 3X)  |                   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 139 OF 30  |  |
|---|-------------------|---|--|--|
| TEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (check only one)           ✗ 11a         11b         11c         12           13         14         15         16         11 |  |
| Any information copied from such Reports and s<br>or for commercial purposes, other than using th |                   |   |  |  |
| NAME OF COMMITTEE (In Full)   |                   |   | opaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle In<br><b>A.</b> Matson, Paul, C, , MD, FAAOS,        | nitial) or Full O | rganization Name                                  | Date of Receipt  |  |
| Mailing Address 1431 Premier Drive  |                   |   | 02 06 / Y Y Y Y Y<br>2020  |  |
| City<br>Mankato   | State<br>MN       | Zip Code<br>56001                                 | Transaction ID : 10494884  |  |
| FEC ID number of contributing federal political committee.  | С                 |   | Amount of Each Receipt this Period   |  |
| Name of Employer (for Individual)   | Осси              | pation (for Individual)                           | Memo Item  |  |
| Orthopedic and Fracture Clinic  |                   | opaedic Surgeon                                   |  |  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |  |
| Other (specify) ▼   |                   | 300.00  | 1  |  |
| Full Name of Individual (Last, First, Middle In<br>3. Lerman, Daniel, M, , MD, FAAOS              | hitial) or Full O | rganization Name                                  | Date of Receipt  |  |
| Mailing Address 1601 E 19th Ave<br>Suite 3300   |                   |   | 02 06 / Y Y Y Y<br>2020  |  |
| City  | State<br>CO       | Zip Code  | Transaction ID : 10494886  |  |
| Denver  |                   | 80218   | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.  | C                 |   | 500.00   |  |
| Name of Employer (for Individual)<br>Self Employed  |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |  |
| Primary General<br>Other (specify) ▼  |                   | 500.00  | ]  |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Edwards, John, Z, , MD, FAAOS               | nitial) or Full O | rganization Name                                  | Date of Receipt  |  |
| Mailing Address 2500 Summit Ridge Trl   |                   |   | 02 / D D / Y Y Y Y<br>02 06 2020   |  |
| City<br>Charlottesvle   | State<br>VA       | Zip Code  | Transaction ID : 10494888  |  |
| FEC ID number of contributing   | C                 |   | Amount of Each Receipt this Period   |  |
| ·   |                   |   |  |  |
| Name of Employer (for Individual)<br>Martha Jefferson Medical Group                               |                   | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>500.00                          | ]  |  |
| SUBTOTAL of Receipts This Page (optional)   |                   |   | 1300.00  |  |

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

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

FOR LINE NUMBER:

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| IT   | EMIZED RECEIPTS   |                               | for each category of the Detailed Summary Page |   | 12<br>16 17 |
|--|---|-------------------------------|--|---|-------------|
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                               |  |   |             |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | America                       | an Association of Orth                         | opaedic SurgeonsPAC of                                      | f AAOS      |
| A. Full Name of Individual (Last, First, Middle Initial) or Full<br>Farr, Jack, , , II, MD,FAA<br>Mailing Address 5287 N 400 W |   |                               | rganization Name                               | Date of Receipt   | 20          |
|  | City<br>Bargersville  | State<br>IN                   | Zip Code<br>46106                              | Transaction ID : 10494889<br>Amount of Each Receipt this Pe | eriod       |
|  | FEC ID number of contributing federal political committee.                                      | С                             |  |   | 700.00      |
|  | Name of Employer (for Individual)<br>OrthoIndy  |                               | ipation (for Individual)<br>opaedic Surgeon    | Memo Item   |             |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | Year-to-Date ▼<br>700.00                       | ]   |             |
| в.   | Full Name of Individual (Last, First, Middle Initia Sees, Julieanne, P, , DO,FAAOS              | al) or Full Or                | rganization Name                               | Date of Receipt   |             |
|  | Mailing Address 35 Edward Ct  |                               |  | 02 / D D / Y Y<br>06 / 202                                  | 20 Y        |
|  | City<br>Clifton   | State<br>NJ                   | Zip Code<br>07011                              | Transaction ID : 10494890<br>Amount of Each Receipt this Pe | eriod       |
|  | FEC ID number of contributing federal political committee.                                      | С                             |  |   | 250.00      |
|  | Name of Employer (for Individual)<br>Nemours A. I. Dupont Hospital For Chil                     |                               | upation (for Individual)<br>opaedic Surgeon    | Memo Item   |             |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  |                               | Year-to-Date ▼<br>250.00                       | ]   |             |
| с.   | Full Name of Individual (Last, First, Middle Initia<br>Marchetti, Michael, Edward, , MD,        |                               | rganization Name                               | Date of Receipt   |             |
|  | Mailing Address 76 Lamberts Ln  | ailing Address 76 Lamberts Ln |  |   | 20          |
|  | City<br>Cohasset  | State<br>MA                   | Zip Code<br>02025-1214                         | Transaction ID : 10494891<br>Amount of Each Receipt this Pe | eriod       |
|  | FEC ID number of contributing federal political committee.                                      | С                             |  |   | 500.00      |
|  | Name of Employer (for Individual)<br>SouthShore Orthopedics                                     | Ortho                         | ipation (for Individual)<br>opaedic Surgeon    | Memo Item   |             |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                     | Year-to-Date ▼<br>500.00                       | ]   |             |
| s  | UBTOTAL of Receipts This Page (optional)  |                               |  |   | 450.00      |
| т  | OTAL This Period (last page this line number o  | nly)                          |  |   | - 45        |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |  |                              | ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16         17  |
|---|--|------------------------------|---|--|
|   | y information copied from such Reports and S for commercial purposes, other than using the |                              |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                           | e America                    | n Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| <ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li>Gross, Alan, S, , MD, FAAOS</li> <li>Mailing Address PO Box 1828</li> </ul> |  |                              | ganization Name   | Date of Receipt  |
|   | City   | State                        | Zip Code  | Transaction ID : 10494894  |
|   | Petersburg   | AK                           | 99833   | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                 | С                            |   | 250.00   |
|   | Name of Employer (for Individual)  | Occu                         | pation (for Individual)   | Memo Item  |
|   | Self Employed  | Ortho                        | ppaedic Surgeon   |  |
|   | Receipt For:   | Aggregate                    | /ear-to-Date ▼  |  |
|   | Primary     General       Other (specify) ▼  |                              | 250.00  | ]  |
| в.  | Full Name of Individual (Last, First, Middle Init<br>Welch, Robert, L, , MD,FAAOS          | ial) or Full Or              | ganization Name   | Date of Receipt  |
|   | Mailing Address 1524 Black Walnut Ct   |                              |   | M M / D D / Y Y Y Y<br>02 10 2020  |
|   | City   | State                        | Zip Code  | Transaction ID : 10495935  |
|   | Naperville   | IL                           | 60565-5203  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                 | С                            |   | 500.00   |
|   | Name of Employer (for Individual)<br>DuPage Medical Group                                  |                              | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                    | /ear-to-Date ▼<br>500.00  | ]  |
| С.  | Full Name of Individual (Last, First, Middle Init<br>Rosenzweig, Seth, , , MD, FAAOS       |                              | ganization Name   | Date of Receipt  |
|   | Mailing Address 500 N Lewis<br>Ste 280   | 02 / D D / Y Y Y Y Y<br>2020 |   |  |
|   | City<br>New Iberia   | State<br>LA                  | Zip Code<br>70563   | Transaction ID : 10495940 Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                 | С                            |   | 250.00   |
|   | Name of Employer (for Individual)<br>Self Employed<br>Receipt For:                         | Ortho                        | pation (for Individual)<br>paedic Surgeon                                     | Memo Item  |
|   | Primary General<br>Other (specify)   | Aggregate                    | /ear-to-Date ▼<br>250.00  | 1  |
| ⊢   | UBTOTAL of Receipts This Page (optional)   |                              |   | 1000.00  |

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FOR LINE NUMBER: PAGE 142 OF 300

| IT                    | EMIZED RECEIPTS   |                           | Use separate so<br>for each catego<br>Detailed Summa | ry of the                       | (check only one)         ✗ 11a       11b       11c       12         13       14       15       16       17 |
|-----------------------|---|---------------------------|--|---------------------------------|--|
| Ar<br>or              | y information copied from such Reports and St for commercial purposes, other than using the                           | atements ma<br>name and a | ay not be sold or u<br>ddress of any politi          | sed by any per<br>cal committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.             |
|                       | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                   | an Associatio  | n of Ortho                      | paedic SurgeonsPAC of AAOS   |
| Α.                    | Full Name of Individual (Last, First, Middle Initi<br>Bowen, William, Scott, , MD, FAAOS                              | al) or Full O             | rganization Name                                     |                                 | Date of Receipt  |
|                       | Mailing Address 5 St Vincent Cir<br>Ste 100   |                           |  |                                 | 02 11 2020   |
|                       | City<br>Little Rock   | State<br>AR               | Zip Code<br>72205-5412                               |                                 | Transaction ID : 10495941<br>Amount of Each Receipt this Period  |
|                       | FEC ID number of contributing federal political committee.  | С                         |  |                                 | 500.00   |
|                       | Name of Employer (for Individual)<br>Self Employed  |                           | upation (for Individu                                | ial)                            | Memo Item  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼                                       | 500.00                          |  |
| в.                    | Full Name of Individual (Last, First, Middle Initi<br>Yates, Adolph, J, , Jr, MD,FAA<br>Mailing Address 52 Mallard Dr | al) or Full O             | rganization Name                                     |                                 | Date of Receipt  |
|                       | City  | State                     | Zip Code   |                                 | 02 11 2020<br>Transaction ID : 10496013  |
|                       | Pittsburgh<br>FEC ID number of contributing<br>federal political committee.   | С                         | 15238  |                                 | Amount of Each Receipt this Period   |
|                       | Name of Employer (for Individual)<br>Univ of Pittsburgh Med Ctr   |                           | upation (for Individu                                | ial)                            | Memo Item  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date   | 1000.00                         |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle Initi<br>Bruse, Laura, Marie, , MD,FAAOS                                 | al) or Full O             | rganization Name                                     |                                 | Date of Receipt  |
|                       | Mailing Address 944 Everest Peak Avenue   |                           |  |                                 | 02 / 12 / Y Y Y Y<br>02 12 2020  |
|                       | City<br>Henderson   | State<br>NV               | Zip Code<br>89012                                    |                                 | Transaction ID : 10496456<br>Amount of Each Receipt this Period  |
|                       | FEC ID number of contributing federal political committee.  |                           |  |                                 | 250.00   |
| Beautiful Bones Ortho |   |                           | upation (for Individu<br>opaedic Surgeon             | ial)                            | Memo Item  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼                                       | 250.00                          |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                           |  |                                 | 1750.00  |
| т                     | OTAL This Period (last page this line number c  | nly)                      |  | •••••                           |  |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Means, Kenneth, Robert, , Jr, MD, FA Date of Receipt Α. Mailing Address 2908 Crabapple Ln 1 2020 02 12 City Zip Code State Transaction ID: 10496457 21042 MD Ellicott City Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Union Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chase, Adam, J, , MD, FAAOS Date of Receipt Mailing Address 1411 Sharingbrook Dr 02 2020 12 City State Zip Code Transaction ID : 10496775 KS Manhattan 66503 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cunningham, Torin, J., MD, FAAOS Date of Receipt Mailing Address 48 Sea Terrace М 02 12 2020 City State Zip Code Transaction ID : 10496815 CA Newport Coast 92657 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)..... --100

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| ITEMIZED RECEIPTS  |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16         17    |  |  |
|--|---------------------------|---|--|--|--|
| or for commercial purposes, other  | than using the name and a |   | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Fu   |                           | an Association of Orth  | nopaedic SurgeonsPAC of AAOS   |  |  |
| Full Name of Individual (Last,<br>Burnham, Jeremy, M, , MD   | )                         | rganization Name  | Date of Receipt  |  |  |
| Mailing Address 3122 Nicholso  | 02 13 / Y Y Y Y<br>2020   |   |  |  |  |
| City<br>Baton Rouge  | State<br>LA               | Zip Code<br>70810-0353  | Transaction ID : 10496828 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.   | C                         |   | 250.00   |  |  |
| Name of Employer (for Individu<br>University of KY-Kentucky Clinic   | ,                         | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼  |                           | Year-to-Date ▼<br>250.00  | ]  |  |  |
| Full Name of Individual (Last, I           B.         Lang, Gerald, J, , MD, F.           Mailing Address         1309 Redan D | AAOS                      | rganization Name  | Date of Receipt  |  |  |
| City   | State                     | Zip Code  | 02 13 2020<br>Transaction ID : 10496829  |  |  |
| Verona   | WI                        | 53593   | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.   | C                         |   | 250.00   |  |  |
| Name of Employer (for Individu<br>University of Wisconsin  | ,                         | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼  |                           | Year-to-Date ▼<br>, 250.00  | ]  |  |  |
| Full Name of Individual (Last,<br>C. King, David, M, , MD,F  |                           | rganization Name  | Date of Receipt  |  |  |
| Mailing Address N21W29802 C  |                           |   | 02 / D D / Y Y Y Y<br>2020   |  |  |
| City<br>Pewaukee   | State<br>WI               | Zip Code<br>53072-4842  | Transaction ID : 10496881 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.   | C                         |   | 500.00   |  |  |
| Name of Employer (for Individu<br>Self Employed  | ·                         | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify)  |                           | Year-to-Date ▼<br>500.00  | ]  |  |  |
| SUBTOTAL of Receipts This Page   | ge (optional)             |   | ▶ 1000.00  |  |  |

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

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

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1.
### Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |
|--|-------------------------|---|---|
|  |                         |   | 13     14     15     16     17       person for the purpose of soliciting contributions |
|  | sing the name and a     | ddress of any political committe  | ee to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee                    | of the America          | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Mi<br>A. Micheli, Lyle, J, , MD, FAAOS | ddle Initial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 319 Longwood Ave<br>Ste 24                                   | Chata                   | Zin Oode  | 02 / 13 / 2020  |
| City<br>Boston   | State<br>MA             | Zip Code<br>02115-5712  | Transaction ID : 10498289           Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                   | C                       |   | 750.00  |
| Name of Employer (for Individual)<br>Boston Children's Hospital - Orthopedi  |                         | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate               | Year-to-Date ▼<br>750.00  | 1   |
| Full Name of Individual (Last, First, Mi                                     |                         | rganization Name  |   |
| B. Carter, Thomas, R, , MD, FAA<br>Mailing Address 4804 E Palomino Rd        | Date of Receipt         |   |   |
| City   | State                   | Zip Code  | Transaction ID : 10498293   |
| Phoenix  | AZ                      | 85016-4879  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                   | C                       |   | 250.00  |
| Name of Employer (for Individual)<br>Self Employed                           |                         | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate               | Year-to-Date ▼<br>250.00  | ]   |
| Full Name of Individual (Last, First, Mi<br>C. Benecki, Gerard, Mark, , MD   |                         | rganization Name  | Date of Receipt   |
| Mailing Address 17326 32nd Drive NW  |                         |   | 02 13 Y Y Y Y<br>2020   |
| City<br>Stanwood   | State<br>WA             | Zip Code<br>98292   | Transaction ID : 10498294           Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                   | C                       |   | 250.00  |
| Name of Employer (for Individual)<br>United States Navy                      |                         | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate               | Year-to-Date ▼<br>250.00  | ]   |
| SUBTOTAL of Receipts This Page (option                                       | onal)                   |   | 1250.00   |
| TOTAL This Period (last page this line r                                     | number only)            |   |   |

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| S           | CHEDULE A (FEC Form 3X)                                    |               |  | FOR LINE NUMBER: PAGE 146 OF 300  |
|-------------|--|---------------|--|---|
| IT          | EMIZED RECEIPTS  |               | Use separate schedule(s)<br>for each category of the | (check only one)  |
|             |  |               | Detailed Summary Page                                | ×         11a         11b         11c         12           13         14         15         16         17 |
| Ar          | y information copied from such Reports and Sta             | atements ma   | I<br>av not be sold or used by any r                 |   |
|             | for commercial purposes, other than using the              |               |  |   |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                |               |  |   |
| $ \rangle$  | Political Action Committee of the                          | America       | an Association of Orth                               | opaedic SurgeonsPAC of AAOS   |
| Z           | Full Name of Individual (Last, First, Middle Initia        | al) or Full O | Irganization Name                                    |   |
| Α.          | Masem, Mathias, A, , MD, FAAOS                             |               | nganization Name                                     | Date of Receipt   |
|             | Mailing Address 80 Grand Ave #600                          |               |  | M M / D D / Y Y Y Y   |
|             |  |               |  | 02 13 2020  |
|             | City   | State<br>CA   | Zip Code<br>94612                                    | Transaction ID : 10498295   |
|             | Oakland  | CA            | 94012  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee. | С             |  | 250.00  |
|             | rederal political committee.                               |               |  |   |
|             | Name of Employer (for Individual)                          |               | upation (for Individual)                             | Memo Item   |
|             | Self Employed<br>Receipt For:                              | Orth          | nopaedic Surgeon                                     |   |
|             | Primary General  | Aggregate     | Year-to-Date ▼                                       | _   |
|             | Other (specify) ▼  |               | 250.00   |   |
|             |  |               |  | *   |
| _           | Full Name of Individual (Last, First, Middle Initia        | al) or Full O | organization Name                                    |   |
| В.          | Frederick, Hugh, A, , MD, FAAOS                            |               |  | Date of Receipt   |
|             | Mailing Address 6330 Prestonshire Drive                    | 02 13 2020    |  |   |
|             | City   | State         | Zip Code   | Transaction ID : 10498296   |
|             | Dallas   | ТХ            | 75225  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing                              | C             |  | 250.00  |
|             | federal political committee.                               | С             |  | 250.00  |
|             | Name of Employer (for Individual)                          | Occi          | upation (for Individual)                             | Memo Item   |
|             | Self Employed  | Orth          | hopaedic Surgeon                                     |   |
|             | Receipt For:   | Aggregate     | Year-to-Date 🔻                                       |   |
|             | Primary General<br>Other (specify) ▼                       |               | 250.00   | 1   |
|             |  |               | ,              | 1   |
| _           | Full Name of Individual (Last, First, Middle Initia        | al) or Full O | rganization Name                                     |   |
| C.          | Rosen, Craig, H, , MD, FAAOS                               |               |  | Date of Receipt   |
|             | Mailing Address 1802 Champlain Dr                          |               |  |   |
|             | City   | State         | Zip Code   | 02 13 2020<br>Transaction ID : 10498302   |
|             | Voorhees Township  | NJ            | 08043  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing                              |               |  |   |
|             | federal political committee.                               | С             |  | 250.00  |
|             | Name of Employer (for Individual)                          | Memo Item     |  |   |
|             | Cooper Bone & Joint at Inspira Woodbur                     | Occu<br>Orth  |  |   |
|             | Receipt For:   | Aggregate     | Year-to-Date ▼                                       |   |
|             | Primary General  |               | 250.00   | 1   |
|             | Other (specify)  |               | 230.00   | 1   |
|             |  |               |  |   |
| s           | UBTOTAL of Receipts This Page (optional)                   |               | 1  | 750.00  |
| $\vdash$    | ,  |               | •  |   |

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

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fraser, Michael, Robson, , Jr, MD, FA Date of Receipt Α. Mailing Address 2808 NW Walden Dr 1 2020 02 13 City Zip Code State Transaction ID: 10498305 WA Camas 98607 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon US Navv Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nunley, James, Albert, , II, MD, FA Date of Receipt Mailing Address 4709 Creekstone Drive 02 2020 Suite 200 13 City State Zip Code Transaction ID : 10498306 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Duke University Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Marsicano, Joseph, Gerard, MD, FAAOS Date of Receipt С. Mailing Address 1412 Crabapple Dr М M 02 13 2020 City State Zip Code Transaction ID : 10498307 NJ Manasquan 08736 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Brielle Orthopedics** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 148 OF

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| ITEMIZED RECEIPTS  |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         Image: Transmission of the state of th |
|--|-------------------|---|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                   |   | person for the purpose of soliciting contributions be to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                                 | he Americ         | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle  <br>A. Wright, Thomas, W, , Jr, MD,FAA           | nitial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 3450 Hull Road<br>3rd Floor, Room 3341   |                   |   | 02 13 2020  |
| City<br>Gainesville  | State<br>FL       | Zip Code<br>32607   | Transaction ID : 10498308           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                     | C                 |   | 1000.00   |
| Name of Employer (for Individual)<br>University of Florida                                     |                   | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>1000.00   | ]   |
| Full Name of Individual (Last, First, Middle I<br>B. Carter, Ralph, E, , III, MD, F            | nitial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 201 Sterling Ln  | 02 14 2020        |   |   |
| City   | State<br>NC       | Zip Code  | Transaction ID : 10498773   |
| Laurinburg<br>FEC ID number of contributing<br>federal political committee.                    | C                 | 28352   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Self Employed   |                   | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>250.00  | ]   |
| Full Name of Individual (Last, First, Middle I<br>C. Huang, Fredrick, , , MD, FAAOS            |                   | rganization Name  | Date of Receipt   |
| Mailing Address 4448 138th Ave SE  |                   |   | 02 / D D / Y Y Y Y Y<br>13 2020   |
| City<br>Bellevue   | State<br>WA       | Zip Code<br>98006   | Transaction ID : 10498824 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                     | C                 |   | 1000.00   |
| Name of Employer (for Individual)<br>Proliance Surgeons IHA                                    |                   | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   |                   | Year-to-Date ▼<br>1000.00   | ]   |
| SUBTOTAL of Receipts This Page (optional).   |                   |   | 2250.00   |

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

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FOR LINE NUMBER: PAGE 149 OF

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| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         Image: Transmission of the state of th |
|--|--------------------|---|---|
|  |                    |   | person for the purpose of soliciting contributions to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)  |                    |   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle<br>A. Gallentine, James, W, , MD, FAAOS | Initial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address Nebraska Orthopaedic & S<br>575 South 70th                           |                    |   | 02 13 Y Y Y Y<br>2020   |
| City<br>Lincoln  | State<br>NE        | Zip Code<br>68510   | Transaction ID : 10498825 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                           | C                  |   | 1000.00   |
| Name of Employer (for Individual)<br>Nebraska Ortho & Sports Med                     |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate          | Year-to-Date ▼<br>1000.00   | ]   |
| Full Name of Individual (Last, First, MiddleB.Fernicola, Patrick, Joseph, , MD,      |                    | rganization Name  | Date of Receipt   |
| Mailing Address 2131 Old River Rd  |                    |   | 02 / D D / Y Y Y Y<br>2020  |
| City<br>Fortson  | State<br>GA        | Zip Code<br>31808-2543  | Transaction ID : 10498827<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С                  |   | 250.00  |
| Name of Employer (for Individual)<br>Jack Hughston Memorial Hospital                 |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate          | Year-to-Date ▼<br>250.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Lieberman, Isador, H, , MD, ME    |                    | rganization Name  | Date of Receipt   |
| Mailing Address 6020 W Parker Rd, Ste 20   |                    |   | 02 / 13 / Y Y Y Y<br>2020   |
| City<br>Plano  | State<br>TX        | Zip Code<br>75093   | Transaction ID : 10498828         Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                           | C                  |   | 500.00  |
| Name of Employer (for Individual)<br>Texas Back Institute                            |                    | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate          | Year-to-Date ▼<br>500.00  | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 1750.00   |

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

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| IT       | EMIZED RECEIPTS   |                         | for each category of the Detailed Summary Page | (check only one)           ✗         11a         11b         11c         12           13         14         15         16         17 |
|----------|---|-------------------------|--|--|
|          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                       |                         |  | person for the purpose of soliciting contributions<br>to solicit contributions from such committee.                                  |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                 | an Association of Orth                         | opaedic SurgeonsPAC of AAOS  |
| Α.       | Full Name of Individual (Last, First, Middle Initi<br>Brown, Treg, D, , MD,FAAOS<br>Mailing Address 110 Sunrise Trail |                         |  | Date of Receipt  |
|          | City<br>Carbondale  | State                   | Zip Code<br>62902-7523                         | Transaction ID : 10498829  |
|          | FEC ID number of contributing federal political committee.  | С                       |  | Amount of Each Receipt this Period   |
|          | Name of Employer (for Individual)   | Occu                    | pation (for Individual)                        | Memo Item  |
|          | The Orthopaedic Institute   | Orth                    | opaedic Surgeon                                |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate               | Year-to-Date ▼<br>250.00                       | ]  |
| в.       | Full Name of Individual (Last, First, Middle Initi<br>Moore, James, A, , MD, FAAOS                                    | al) or Full Oi          | rganization Name                               | Date of Receipt  |
|          | Mailing Address 425 Hampton Rd<br>Unit 14   | State                   | Zin Code                                       | 02 / 13 / Y Y Y Y<br>2020  |
|          | City<br>Southampton   | State<br>NY             | Zip Code<br>11968                              | Transaction ID : 10498831  |
|          | FEC ID number of contributing federal political committee.  | С                       |  | Amount of Each Receipt this Period   |
|          | Name of Employer (for Individual)<br>Southampton Hospital   |                         | upation (for Individual)<br>opaedic Surgeon    | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate               | Year-to-Date ▼<br>500.00                       | ]  |
| <u> </u> | Full Name of Individual (Last, First, Middle Initi<br>Ruotolo, Charles, J, , MD,FAAOS                                 | al) or Full O           | rganization Name                               | Date of Receipt  |
|          | Mailing Address 5 Signal Ct   | 02 13 / Y Y Y Y<br>2020 |  |  |
|          | City<br>Dix Hills   | State<br>NY             | Zip Code<br>11746                              | Transaction ID : 10498832 Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.  | С                       |  |  |
|          | Name of Employer (for Individual)<br>Total Orthopedics  |                         | ipation (for Individual)<br>opaedic Surgeon    | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate               | Year-to-Date ▼<br>300.00                       | ]  |
| ⊢        | UBTOTAL of Receipts This Page (optional)  |                         | ,  | 1050.00  |

### Use separate schedule(s)

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| ıт. |   |               | Use separate schedule(s)                          | (check only one)  |
|-----|---|---------------|---|---|
| 11  |   |               | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |
|     | y information copied from such Reports and St for commercial purposes, other than using the |               |   | person for the purpose of soliciting contributions  |
|     | NAME OF COMMITTEE (In Full)   |               | ···· · · · · · · · · · · · · · · · · ·            |   |
|     |   | e America     | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Sedaros, Robert, S, , MD, FAAOS       | al) or Full O | Drganization Name                                 | Date of Receipt   |
|     | Mailing Address 874 Oak Park Dr   |               |   | 02 13 Y Y Y Y<br>2020   |
|     | City<br>Melbourne   | State<br>FL   | Zip Code<br>32940                                 | Transaction ID : 10498833 Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.                                  | С             |   | 250.00  |
|     | Name of Employer (for Individual)<br>Space Coast Orthopaedic Center                         |               | cupation (for Individual)<br>hopaedic Surgeon     | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | e Year-to-Date ▼<br>250.00                        | ]   |
| в.  | Full Name of Individual (Last, First, Middle Initi<br>Shea, Kevin, G, , MD,FAAOS            | al) or Full O | Drganization Name                                 | Date of Receipt   |
|     | Mailing Address 300 Pasteur Drive<br>Edwards Bldg R105 MC 5341                              |               |   | 02 / D D / Y Y Y Y<br>02 13 2020  |
|     | City  | State<br>CA   | Zip Code  | Transaction ID : 10498834   |
|     | Stanford  | CA            | 94305   | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.                                  | С             |   | 500.00  |
|     | Name of Employer (for Individual)<br>St Luke's Clinic - Orthopedics                         |               | cupation (for Individual)<br>thopaedic Surgeon    | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | e Year-to-Date ▼<br>, 500.00                      | ]   |
| с.  | Full Name of Individual (Last, First, Middle Initi<br>Festa, Anthony, , , MD, FAAOS         | al) or Full O | Drganization Name                                 | Date of Receipt   |
|     | Mailing Address 78 Laurel Hill Rd   |               |   | 02 / D D / Y Y Y Y<br>13 2020   |
|     | City<br>Mountain Lakes  | State<br>NJ   | Zip Code<br>07046                                 | Transaction ID : 10498835<br>Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.                                  | С             |   | 1000.00   |
|     | Name of Employer (for Individual)<br>New Jersey Orthopaedic Institute                       |               | cupation (for Individual)<br>hopaedic Surgeon     | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | e Year-to-Date ▼<br>1000.00                       | ]   |
| s   | UBTOTAL of Receipts This Page (optional)  |               |   | 1750.00   |
| т   | OTAL This Period (last page this line number c  | only)         |   |   |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page   | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |
|--|--|---|---|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |  |   | person for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) Political Action Committee of the  | e America                                  | an Association of Orth  | nopaedic SurgeonsPAC of AAOS  |
| ✓       Full Name of Individual (Last, First, Middle Init         A.       Hopkins, Mark, D, , MD, FAAOS         Mailing Address       12208 NE 245th Court         City       Brush Prairie         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Kaiser         Receipt For:         Primary       General         Other (specify)                  | State<br>WA<br>C<br>Occu<br>Orth           | rganization Name<br>Zip Code<br>98606<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00    | Date of Receipt<br>02 13 2020<br>Transaction ID : 10498851<br>Amount of Each Receipt this Period<br>1000.00<br>Memo Item    |
| Full Name of Individual (Last, First, Middle Init<br>B. Tosi, Laura, Lowe, , MD,FAAOS<br>Mailing Address 3729 Harrison St NW   | tial) or Full O                            | rganization Name  | Date of Receipt   |
| City<br>Washington<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Childrens Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orth                                       | Zip Code<br>20015   | Transaction ID : 10498852       Amount of Each Receipt this Period       1000.00       Memo Item                            |
| Full Name of Individual (Last, First, Middle Init         C.       Fellars, Todd, A, , MD, MBA, P         Mailing Address       18715 Bernardo Trails Dr         City       San Diego         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Naval Medical Center San Diego         Receipt For:         Primary       General         Other (specify) | CA<br>CA<br>CC<br>CA<br>CC<br>CCL<br>Ortho | rganization Name<br>Zip Code<br>92128-1112<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00 | Date of Receipt<br>02 / 15 / 2020<br>Transaction ID : 10498968<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)  |  |   | ▶ 2250.00   |

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FOR LINE NUMBER: PAGE 153 OF 300

| ITEMIZED RECEIPTS  |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16         17 |
|--|----------------------------|---|---|
|  |                            |   | person for the purpose of soliciting contributions et to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  |                            |   | nopaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. Melvin, James, Stuart, , III, MD, F | Initial) or Full C         | organization Name   | Date of Receipt   |
| Mailing Address 2908 45th St NW  | 02 15 / Y Y Y Y<br>02 2020 |   |   |
| City<br>Washington   | State<br>DC                | Zip Code<br>20016   | Transaction ID : 10498969 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | С                          |   | 250.00  |
| Name of Employer (for Individual)<br>OrthoVirginia                                     |                            | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate                  | Year-to-Date ▼<br>250.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Berg, Troy, L, , MD,FAAOS           | Initial) or Full C         | organization Name   | Date of Receipt   |
| Mailing Address 3720 Glen Crest Ct   |                            |   | 02 15 / Y Y Y Y<br>2020   |
| City<br>Eau Claire   | State<br>WI                | Zip Code<br>54701   | Transaction ID : 10498970<br>Amount of Each Receipt this Period                                     |
| FEC ID number of contributing federal political committee.                             | С                          |   | 250.00  |
| Name of Employer (for Individual)<br>OakLeaf Surgical Hospital                         |                            | upation (for Individual)<br>hopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate                  | Year-to-Date ▼<br>250.00  | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Guevara, Benjamin, G, , MD, F       |                            | organization Name   | Date of Receipt   |
| Mailing Address 280 Remington Dr   |                            |   | 02 / D D / Y Y Y Y<br>2020  |
| City<br>Mandeville   | State<br>LA                | Zip Code<br>70448   | Transaction ID : 10498971 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | С                          |   | 250.00  |
| Name of Employer (for Individual)<br>Ochsner Health Center                             |                            | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                     | Aggregate                  | Year-to-Date ▼<br>250.00  | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                            |   | ▶ 750.00  |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page                               | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |  |
|--|---|---|---|--|
|  |   |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                        |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of   | of the America                          | n Association of Orth   | opaedic SurgeonsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Midd<br>A. Page, Alexandra, Elizabeth, , MD,F<br>Mailing Address 15937 Hopper Lane   |   | ganization Name   | Date of Receipt   |  |
| San Diego<br>FEC ID number of contributing<br>federal political committee.   | CA                                      | 92127   | Amount of Each Receipt this Period  |  |
| Name of Employer (for Individual)         Southern California Permanente Medical         Receipt For:         Primary       General         Other (specify) ▼  | Ortho                                   | pation (for Individual)<br>opaedic Surgeon<br>/ear-to-Date ▼<br>1000.00         | Memo Item   |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pinto, Mark, C, , MD, FAAOS Mailing Address 1382 Waterways Dr City State Zip Code  |   |   | Date of Receipt   |  |
| Ann Arbor<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (energify)  | Ortho                                   | 48108<br>pation (for Individual)<br>opaedic Surgeon<br>/ear-to-Date ▼<br>250.00 | Amount of Each Receipt this Period  |  |
| C. Forman, Scott, K, , MD, FAAC<br>Mailing Address 360 San Miguel Dr<br>Ste 701<br>City<br>Newport Beach<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General | DS<br>State<br>CA<br>C<br>Occu<br>Ortho | , , ,   | Date of Receipt<br>02 / 16 / 2020<br>Transaction ID : 10498977<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |  |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line nu  |   |   | 1500.00   |  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |
|--|--|---|--|
|  |  |   | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                         | f the America  | an Association of Orth  | nopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Midd<br><b>A.</b> Farjo, Laith, A, , MD, FAAOS | le Initial) or Full O                                | rganization Name  | Date of Receipt  |
| Mailing Address 1808 Hermitage   |  |   | 02 / D D / Y Y Y Y<br>16 2020  |
| City<br>Ann Arbor  | State<br>MI  | Zip Code<br>48104   | Transaction ID : 10498980           Amount of Each Receipt this Period                                 |
| FEC ID number of contributing federal political committee.                           | С  |   | 500.00   |
| Name of Employer (for Individual)<br>Self Employed                                   |  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate  | Year-to-Date ▼<br>500.00  |  |
| Full Name of Individual (Last, First, Midd<br>B. Jana, Ajoy, K, , MD, FAAOS          | le Initial) or Full O                                | rganization Name  | Date of Receipt  |
| Mailing Address 17259 Valley Drive   |  |   | 02 16 / Y Y Y Y<br>02 16 2020  |
| City<br>Omaha  | State<br>NE  | Zip Code<br>68130   | Transaction ID : 10498984<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                           | С  |   | 300.00   |
| Name of Employer (for Individual)<br>Methodist Physicians Clinic Orthopedic          |  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate  | Year-to-Date ▼<br>300.00  | ]  |
| Full Name of Individual (Last, First, Midd<br>C. Vittetoe, David, , , MD, FAAO       |  | rganization Name  | Date of Receipt  |
| Mailing Address 24761 Timber Hills Ln  | Mailing Address 24761 Timber Hills Ln                |   |  |
| City<br>Adel   | State<br>IA  | Zip Code<br>50003-8421  | Transaction ID : 10499865 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | C  |   | 250.00   |
| Name of Employer (for Individual)<br>Des Moines Orthopaedic Surgeons PC              | Des Moines Orthopaedic Surgeons PC Orthopaedic Surge |   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate  | Year-to-Date ▼<br>250.00  |  |
| SUBTOTAL of Receipts This Page (optional   | al)  |   | ▶ 1050.00  |
| TOTAL This Period (last page this line nur   | nber only)   |   |  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   |                | for each category of the<br>Detailed Summary Page | (check only one)         ✗ 11a       11b       11c       12         13       14       15       16       17 |
|-------------------|---|----------------|---|--|
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                         |                |   |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Capozzi, James, D, , MD, FAAOS<br>Mailing Address 14 Meadow Lane | al) or Full O  | Zip Code  | Date of Receipt  |
|                   | East Williston  | NY             | 11596   | Transaction ID : 10499868 Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С              |   |  |
|                   | Name of Employer (for Individual)   |                | pation (for Individual)                           | Memo Item  |
|                   | Winthrop Orthopaedic Associates Receipt For:  |                | opaedic Surgeon                                   |  |
|                   | Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>500.00                          | ]  |
| <b>–</b>          | Full Name of Individual (Last, First, Middle Initia   | al) or Full Oi | rganization Name                                  | Data of Descipt  |
| в.                | Larson, James, Wesley, , III, MD, F<br>Mailing Address 119 St Andrews Ct  |                |   | Date of Receipt  |
|                   | City  | State          | Zip Code  | Transaction ID : 10499872  |
|                   | Winchester  | VA             | 22602   | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С              |   | 250.00   |
|                   | Name of Employer (for Individual)<br>Bone and Joint Specialists of Winchest   |                | upation (for Individual)<br>Iopaedic Surgeon      | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>250.00                          | ]  |
| С.                | Full Name of Individual (Last, First, Middle Initia<br>Wolanin, Andre, F, , MD, FAAOS                                   | al) or Full O  | rganization Name                                  | Date of Receipt  |
|                   | Mailing Address 1235 Homestead Creek Drive  |                |   | 02 14 YYYY<br>2020   |
|                   | City<br>Broadview Heights   | State<br>OH    | Zip Code<br>44147-2579                            | Transaction ID : 10499873  |
|                   | FEC ID number of contributing federal political committee.  | C              |   | Amount of Each Receipt this Period   |
|                   | Name of Employer (for Individual)<br>Southwest Orthopaedics Inc   |                | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>500.00                          | ]  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                | )   | 1250.00  |
| Т                 | OTAL This Period (last page this line number of   | nly)           |   |  |

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                         | for each category of the<br>Detailed Summary Page | (check only one)<br><b>X</b> 11a 11b 11c 12<br>13 14 15 16 17  |
|---|-------------------------|---|--|
|   |                         |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee                        | of the America          | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Mic<br>A. Goldman, Ariel, , , MD, FAAOS | Idle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 126 Tara Drive  |                         |   | 02 14 2020   |
| City  | State<br>NY             | Zip Code<br>11576                                 | Transaction ID : 10499874  |
| Roslyn  |                         | 11576   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                    | С                       |   | 1000.00  |
| Name of Employer (for Individual)   | Осси                    | upation (for Individual)                          | Memo Item  |
| Northwell Health  | Orth                    | opaedic Surgeon                                   |  |
| Receipt For:  | Aggregate               | Year-to-Date ▼                                    |  |
| Other (specify)   |                         | 1000.00   | ]  |
| Full Name of Individual (Last, First, Mic<br>B. Diekmann, Glenn, R, , MD, FA  |                         | rganization Name                                  | Date of Receipt  |
| Mailing Address 2453 Del Prado  | <u> </u>                |   | 02 17 2020   |
| City  | State                   | Zip Code  | Transaction ID : 10499912  |
| La Verne  | CA                      | 91750-1124  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                    | С                       |   | 500.00   |
| Name of Employer (for Individual)<br>Kaiser Permanente                        |                         | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate               | Year-to-Date ▼<br>500.00                          | ]  |
| Full Name of Individual (Last, First, Mic<br>C. Migliori, Sidney, Premer, , M |                         | rganization Name                                  | Date of Receipt  |
| Mailing Address 40 Chief Botelho Ct   |                         |   | M M / D D / Y Y Y Y<br>02 07 2020  |
| City<br>East Greenwich  | State<br>RI             | Zip Code<br>02818                                 | Transaction ID : 10499917  |
| FEC ID number of contributing federal political committee.                    | С                       |   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>Ortho Rhode Island                       |                         | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate               | Year-to-Date ▼<br>84.00                           | ]  |
| SUBTOTAL of Receipts This Page (optio   |                         |   | 1584.00  |

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|   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|---|--|---|--|
| or for commercial purposes, other than using  |  |   | person for the purpose of soliciting contributions<br>see to solicit contributions from such committee.                              |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of                                      | the America  | an Association of Orth  | nopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle           A.         Abdelshahed, Mina, , , MD,FAAOS | e Initial) or Full O   | rganization Name  | Date of Receipt  |
| Mailing Address 565 Avenue E  |  |   | 02 07 Y Y Y Y Y<br>2020  |
| City<br>Bayonne   | State<br>NJ  | Zip Code<br>07002-3917  | Transaction ID : 10499918           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С  |   | 250.00   |
| Name of Employer (for Individual)<br>Union County Ortho   |  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>250.00  |  |
|   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Elzaim, Haissam, S, , MD, FAAOS<br>Mailing Address 112 Cardinal Ave |   |  |
| City  | State  | Zip Code  | 02 10 2020<br>Transaction ID : 10499922  |
| McAllen   | ТХ   | 78504   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  |   | 250.00   |
| Name of Employer (for Individual)<br>Self Employed  |  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>, 250.00  |  |
| Full Name of Individual (Last, First, Middle<br>C. Schneider, James, Michael, , N                 |  | rganization Name  | Date of Receipt  |
| Mailing Address 25 Vischer Ferry Rd   |  |   | M M / D D / Y Y Y Y<br>02 11 2020  |
| City<br>Rexford   | State<br>NY  | Zip Code<br>12148   | Transaction ID : 10499941<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С  |   | 1000.00  |
| Name of Employer (for Individual)<br>Capital Region Orthopaedics                                  |  | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>1000.00   | ]  |
| SUBTOTAL of Receipts This Page (optional  | )  |   | 1500.00  |

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

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FOR LINE NUMBER: PAGE 159 OF 300

| ITEMIZED RECEIPTS  |  |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | y one)<br>11b 11c<br>14 15              | 12<br>16 17           |
|--|--|---------------|---|--------------------------|---|-----------------------|
|  | n copied from such Reports and Sta<br>cial purposes, other than using the n                                |               |   |                          |   |                       |
|  | COMMITTEE (In Full)<br>Action Committee of the   | America       | an Association of Orthe   | opaedic S                | SurgeonsPA                              | C of AAOS             |
| Full Name of Individual (Last, First, Middle Initial) or Full         A. Huddleston, James, Irvin, , III, MD,FA         Mailing Address 103 Harkins Road |  | l) or Full Or | rganization Name  |                          | f Receipt                               |                       |
|  |  |               |   | м м<br>02                | / D D /<br>12                           | 2020                  |
| City<br>Woodside   |  | State<br>CA   | Zip Code<br>94062   |                          | action ID : 104999<br>t of Each Receipt |                       |
|  | nber of contributing<br>ical committee.  | С             |   |                          |   | 250.00                |
|  | nployer (for Individual)<br>edicine Outpatient Center  |               | upation (for Individual)<br>opaedic Surgeon                                   | M                        | emo Item                                |                       |
| Receipt For  | :  | Aggregate \   | Year-to-Date ▼<br>250.00  | ]                        |   |                       |
| B. Caucci, I   | of Individual (Last, First, Middle Initia<br>David, J, , MD,FAAOS<br><sup>ress</sup> 201 Stoney Creek Road | l) or Full Or | rganization Name  | Date of                  | f Receipt                               | 2020                  |
| City   |  | State         | Zip Code  |                          | action ID : 104999                      |                       |
| FEC ID nun   | nber of contributing<br>ical committee.  | С             | 18411   | Amount                   | t of Each Receipt                       | this Period<br>250.00 |
|  | nployer (for Individual)<br>norial Healthcare System   |               | upation (for Individual)<br>Iopaedic Surgeon                                  | M                        | emo Item                                |                       |
| Receipt For<br>Prima<br>Other  |  | Aggregate     | Year-to-Date ▼<br>250.00  | ]                        |   |                       |
|  | of Individual (Last, First, Middle Initia<br>on, William, Charles, , MD, F                                 |               | rganization Name  | Date of                  | f Receipt                               |                       |
|  | ress 31370 Ashworth Rd   | 1             |   | 02                       | / D D /<br>18                           | 2020                  |
| City<br>Waukee   |  | State<br>IA   | Zip Code<br>50263   |                          | saction ID : 105004                     |                       |
| Capital Ortho & Sports Medicine Or   |  | С             |   |                          |   | 1000.00               |
|  |  |               | upation (for Individual)<br>opaedic Surgeon                                   | м                        | emo Item                                |                       |
| Receipt For<br>Prima<br>Other  |  | Aggregate \   | Year-to-Date ▼<br>1000.00   | ]                        |   |                       |
| SUBTOTAL O   | f Receipts This Page (optional)  |               |   |                          |   | 1500.00               |
| TOTAL This F   | Period (last page this line number on  | ıly)          |   |                          |   |                       |

| S  | CHEDULE A (FEC Form 3X)   |              |   | lea conarata cohodula(a)              |        | NE NUMBEF    | R: PAGE 160 OF 300  |
|--|---|--------------|---|---------------------------------------|--------|--------------|---------------------|
| ITEMIZED RECEIPTS  |   |              | Use separate schedule(s) for each category of the |                                       |        | only one)    |                     |
|  |   |              |   | Detailed Summary Page                 | × 11a  |              | 11c 12<br>15 16 17  |
| Ar   | y information copied from such Reports and Sta  | tements ma   | ay n  | ot be sold or used by any pe          | -      |              |                     |
|  | for commercial purposes, other than using the n   |              |   |                                       |        |              |                     |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |              |   |                                       |        | _            |                     |
| $ \rangle$   | Political Action Committee of the   | America      | an  | Association of Ortho                  | paedic | : Surgeor    | nsPAC of AAOS       |
| V  | Full Name of Individual (Last, First, Middle Initia                                     | l) or Full O | )rgar   | ization Name                          |        |              |                     |
| Α.   | Heaps, Robert, J, , MD, FAAOS   | .,           | . ga.   |                                       | Date   | of Receipt   |                     |
|  | Mailing Address 66 Colonel Daniels Dr   |              |   |                                       |        | M / D        |                     |
|  | City  | State        |   | Zip Code                              | 0      |              |                     |
|  | City<br>Bedford   | NH           |   | 03110-5010                            |        | ansaction ID |                     |
|  | FEC ID number of contributing   |              | -   |                                       |        | UNIT OF EACH | Receipt this Period |
|  | federal political committee.  | С            |   |                                       |        |              | 1000.00             |
|  | Name of Employer (for Individual)   | 000          | upat  | ion (for Individual)                  | - 0    | Memo Item    |                     |
|  | Self Employed   |              | •   | edic Surgeon                          |        | Werno Rem    |                     |
|  | Receipt For:  | Aggregate    | •   | 3                                     | -      |              |                     |
|  | Primary General   | riggrogato   | Tou   |                                       |        |              |                     |
|  | Other (specify) <b>v</b>  | L            | -   | 1000.00                               |        |              |                     |
|  | Full Name of Individual (Last, First, Middle Initia                                     |              | )raor   | vization Nama                         |        |              |                     |
| в.   | Slough, James, A, , MD,FAAOS  |              | nyai  |                                       | Date   | of Receipt   |                     |
|  | Mailing Address 236 Rivermist Drive   |              |   |                                       | M      | M / D        | D / Y Y Y Y         |
|  |   |              |   | 0                                     | 2 1    | 9 2020       |                     |
|  | City<br>Buffalo   | State<br>NY  |   | Zip Code<br>14202                     |        | Insaction ID |                     |
|  |   |              | _   | 14202                                 | Amo    | ount of Each | Receipt this Period |
|  | FEC ID number of contributing federal political committee.                              | С            |   |                                       |        |              | 1000.00             |
|  | ·   |              |   |                                       | - 6    | Memo Item    | ,                   |
|  | Name of Employer (for Individual)<br>Excelsior Orthopaedics                             |              | •   | ion (for Individual)<br>Iedic Surgeon |        | Memo item    |                     |
|  | Receipt For:  | Aggregate    |   |                                       | _      |              |                     |
|  | Primary General   | Ayyreyale    | Tea   |                                       |        |              |                     |
|  | Other (specify) <b>v</b>  | L            | ,   | 1000.00                               |        |              |                     |
|  | Full Name of Individual (Last First Middle India  |              |   | institut Manag                        |        |              |                     |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Van Meter, Jerry, W, , MD, FAAOS | i) or Full O | rgar  | nzation Name                          | Date   | of Receipt   |                     |
| •  | Mailing Address PO Box 2356781  |              |   |                                       | _      | M / D        |                     |
|  |   |              |   |                                       |        | 2 2          |                     |
|  | City<br>Honolulu  | State<br>HI  |   | Zip Code<br>96823                     |        | ansaction ID |                     |
|  |   | 1            | _   | 30023                                 | Amo    | ount of Each | Receipt this Period |
| FEC ID number of contributing federal political committee. |   | С            |   |                                       |        |              | 1000.00             |
|  |   |              |   |                                       | - 6    | Memo Item    | ,                   |
|  | Self Employed Or  |              | •   | ion (for Individual)<br>edic Surgeon  |        | wento item   |                     |
|  |   |              |   | r-to-Date ▼                           | -      |              |                     |
|  | Primary General   | Aggregate    | Tea   |                                       |        |              |                     |
|  | Other (specify)   | L            | -   | 1000.00                               |        |              |                     |
| _  |   |              |   |                                       |        |              |                     |
|  | UBTOTAL of Receipts This Page (optional)  |              |   |                                       |        |              | 3000.00             |
| Ľ  | CETCTAL OF HECEIPIS THIS Fage (Optional)  |              |   | •••••                                 | - 14   | , ,          | 9                   |

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

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

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

Use separate schedule(s) for each category of the

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(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stronach, Benjamin, M, , MD, FAAOS Date of Receipt Α. Mailing Address 105 Antlers Ln 1 2020 02 21 City Zip Code State Transaction ID: 10507311 MS Madison 39110 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Univ of Mississippi Hlth Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Paynter, Thomas, B, , MD, FAAOS Date of Receipt Mailing Address 4900 Deer View Rd NE 02 2020 22 City State Zip Code Transaction ID : 10507613 IA Cedar Rapids 52411 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Elmendorf Medical Center Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hebert-Davies, Jonah, , , MD Date of Receipt Mailing Address 924 30th Ave S М M 02 22 2020 City Zip Code State Transaction ID : 10507614 WA Seattle 98144-3220 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Harborview Medical Center Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 162 OF 300

| IT   | EMIZED RECEIPTS   |                           | fo              | se separate schedule(s)<br>r each category of the<br>etailed Summary Page | Ì.            | eck only one)<br>11a 11b 11c 12<br>13 14 15 16 17                                       |
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| Ar<br>or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                         | atements ma<br>name and a | ay no<br>Iddre: | t be sold or used by any pe<br>ss of any political committee              | rson<br>to so | for the purpose of soliciting contributions<br>licit contributions from such committee. |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                   | an /            | Association of Ortho  | pae           | dic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Initial) or Full<br>A. Hunt, Stephen, Austin, , MD, FAAOS |   | al) or Full O             | rgani           | zation Name   |               | Date of Receipt   |
|  | Mailing Address 7 Pheasant Run Dr   |                           |                 |   |               | 02 / D D / Y Y Y Y<br>23 2020   |
|  | City<br>Basking Ridge   | State<br>NJ               |                 | Zip Code<br>07920   |               | Transaction ID : 10507619<br>Amount of Each Receipt this Period                         |
|  | FEC ID number of contributing federal political committee.  | C                         |                 |   |               | 250.00  |
|  | Name of Employer (for Individual)<br>Self Employed  |                           | •               | on (for Individual)<br>edic Surgeon                                       |               | Memo Item   |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year            | -to-Date ▼<br>250.00  |               |   |
| в.   | Full Name of Individual (Last, First, Middle Initi<br>Noyes, Frank, R, , MD,FAAOS<br>Mailing Address 9400 Cunningham Rd | al) or Full O             | rgani           | zation Name   | _             | Date of Receipt   |
|  | City  | State                     |                 | Zip Code  | _             | 02 23 2020<br>Transaction ID : 10507621   |
|  | Cincinnati  | OH                        |                 | 45243   |               | Amount of Each Receipt this Period  |
|  | FEC ID number of contributing federal political committee.  | С                         |                 |   |               | 1000.00   |
|  | Name of Employer (for Individual)<br>Mercy Health-Cincinnati Sportsmedicine   |                           | •               | on (for Individual)<br>edic Surgeon                                       | _             | Memo Item   |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year            | -to-Date ▼<br>1000.00   |               |   |
| <u></u> с.   | Full Name of Individual (Last, First, Middle Initi<br>Younger, Terry, , , MD,FAAOS                                      | al) or Full O             | rgani           | zation Name   |               | Date of Receipt   |
|  | Mailing Address 78 Otis Rd.   |                           |                 |   |               | 02 / D D / Y Y Y Y<br>23 2020   |
|  | City<br>Barrington  | State<br>IL               |                 | Zip Code<br>60010   |               | Transaction ID : 10507623 Amount of Each Receipt this Period                            |
| Swedish Covenant Medical Group Or  |   | С                         |                 |   |               | 1000.00   |
|  |   |                           | •               | on (for Individual)<br>dic Surgeon  |               | Memo Item   |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year            | -to-Date ▼<br>1000.00   |               |   |
| s  | UBTOTAL of Receipts This Page (optional)  |                           |                 | ▶   |               | 2250.00   |
| Т  | OTAL This Period (last page this line number o  | nly)                      |                 | ····· •   |               |   |

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|                             |  |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
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|                             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                                    |                 |   | erson for the purpose of soliciting contributions   |
|                             | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America         | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS   |
| Α.                          | Full Name of Individual (Last, First, Middle Initia<br>Williams, Gerald, R, , Jr, MD,FAA   | al) or Full Or  | rganization Name                                  | Date of Receipt   |
|                             | Mailing Address 859 Lesley Rd  |                 |   | 02 24 2020  |
|                             | City<br>Villanova  | State<br>PA     | Zip Code<br>19085                                 | Transaction ID : 10507630<br>Amount of Each Receipt this Period   |
|                             | FEC ID number of contributing federal political committee.   | С               |   | 1000.00   |
|                             | Name of Employer (for Individual)<br>Rothman Orthopaedic Specialty Hospital  |                 | ipation (for Individual)<br>opaedic Surgeon       | Memo Item   |
|                             | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>1000.00                         |   |
| Β.                          | Full Name of Individual (Last, First, Middle Initia<br>Gerlinger, COL. (ret) Tad, L, , MD, FA<br>Mailing Address 596 Provident Ave | Date of Receipt |   |   |
|                             | City   | State           | Zip Code  | Transaction ID : 10507632   |
|                             | Winnetka<br>FEC ID number of contributing<br>federal political committee.  | C               | 60093   | Amount of Each Receipt this Period  |
|                             | Name of Employer (for Individual)<br>Midwest Orthopaedics  |                 | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |
|                             | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>250.00                          |   |
|                             | Full Name of Individual (Last, First, Middle Initia<br>McNeil, Stephen, C, , MD, FAAOS   |                 | rganization Name                                  | Date of Receipt   |
|                             | Mailing Address 10 Hunter Ln   |                 |   | 02 24 2020  |
|                             | City<br>Canton   | State<br>MA     | Zip Code<br>02021                                 | Transaction ID : 10508395<br>Amount of Each Receipt this Period   |
|                             | FEC ID number of contributing federal political committee.   | С               |   | 1000.00   |
| McNeil Orthopedics, Inc Ort |  |                 | ipation (for Individual)<br>opaedic Surgeon       | Memo Item   |
|                             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>1000.00                         |   |
| ⊢                           | JBTOTAL of Receipts This Page (optional)   |                 |   | 2250.00   |

### Use separate schedule(s)

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| ITE |   |               | Use separate schedule(s)<br>for each category of the | (check only one)  |  |  |
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|     |   |               | Detailed Summary Page                                | X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|     | v information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |  |   |  |  |
|     | NAME OF COMMITTEE (In Full)   | A             |  |   |  |  |
|     | Political Action Committee of the   | America       | an Association of Ortho                              | ppaedic SurgeonsPAC of AAOS   |  |  |
| A.  | Full Name of Individual (Last, First, Middle Initia<br>Stanwood, Walter, , , MD, FAAOS          | al) or Full O | Organization Name                                    | Date of Receipt   |  |  |
|     | Mailing Address 95 Tremont St<br>Ste 1  |               |  | 02 25 2020  |  |  |
|     | City<br>Duxbury   | State<br>MA   | Zip Code<br>02332                                    | Transaction ID : 10508572   |  |  |
| -   | FEC ID number of contributing   | _             |  | Amount of Each Receipt this Period  |  |  |
|     | federal political committee.  | C             |  | 500.00  |  |  |
|     | Name of Employer (for Individual)   |               | upation (for Individual)                             | Memo Item   |  |  |
|     | Self Employed   | Orth          | hopaedic Surgeon                                     |   |  |  |
|     | Receipt For:  | Aggregate     | Year-to-Date ▼                                       | _   |  |  |
|     | Other (specify) ▼   |               | 500.00   |   |  |  |
|     | Full Name of Individual (Last, First, Middle Initia   | al) or Full O | Drganization Name                                    |   |  |  |
|     | Wathne, Richard, , , MD, FAAOS  |               |  | Date of Receipt   |  |  |
|     | Mailing Address 2240 E Center St  |               |  | 02 / D D / Y Y Y Y<br>21 2020   |  |  |
|     | City  | State         | Zip Code   | Transaction ID : 10508616   |  |  |
| -   | Pocatello   | ID            | 83201-3358   | Amount of Each Receipt this Period  |  |  |
|     | FEC ID number of contributing federal political committee.                                      | С             |  | 500.00  |  |  |
|     | Name of Employer (for Individual)<br>Pocatello Orthopaedics                                     |               | upation (for Individual)<br>hopaedic Surgeon         | Memo Item   |  |  |
|     | Receipt For:  | Aggregate     | Year-to-Date ▼                                       |   |  |  |
|     | Primary General<br>Other (specify) ▼  |               | 500.00   |   |  |  |
|     | <br>Full Name of Individual (Last, First, Middle Initi<br>Fleske, Leonard, Thomas, , MD, Fa     |               | Organization Name                                    |   |  |  |
|     | Mailing Address Central Kansas Orthopedic Gro   |               |  | Date of Receipt   |  |  |
|     | 1514 K-96 Hwy   | Jup           |  | 02 21 2020  |  |  |
|     | City  | State         | Zip Code   | Transaction ID : 10508617   |  |  |
| -   | Great Bend  | KS            | 67530  | Amount of Each Receipt this Period  |  |  |
|     | FEC ID number of contributing federal political committee.                                      | С             |  | 1000.00   |  |  |
|     | Name of Employer (for Individual)   | Occi          | upation (for Individual)                             | Memo Item   |  |  |
|     | Central KS Orthopedic Group     Orthopad       Receipt For:     Aggregate Yea                   |               | nopaedic Surgeon                                     |   |  |  |
|     |   |               | Year-to-Date ▼                                       |   |  |  |
|     | Primary     General       Other (specify)     1000.00   |               |  |   |  |  |
|     |   |               | -gs  | 1   |  |  |
| sı  | JBTOTAL of Receipts This Page (optional)  |               | ·····  | 2000.00   |  |  |
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| ITEMIZED RECEIPTS  |   |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         X         11a         11b         11c         12         13         14         15         16         17 |
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|  | for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | name and a  | ddress of any political committe  | operson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                           |
| Full Name of Individual (Last, First, Middle Initial) or Fu         Jafarnia, Kourosh, Korsh, , MD,FAAOS         Mailing Address 617 Little John |   |             | rganization Name  | Date of Receipt<br>02 21 2020  |
|  | City<br>Houston   | State<br>TX | Zip Code<br>77024   | Transaction ID : 10508619<br>Amount of Each Receipt this Period  |
|  | FEC ID number of contributing federal political committee.  | С           |   | 500.00   |
|  | Name of Employer (for Individual)         UT Physicians         Receipt For:         Primary         General         Other (specify) ▼                | Orth        | opaedic Surgeon<br>Year-to-Date ▼<br>500.00                                   | Memo Item  |
| B.   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Achleitner, Oliver, , , MD, FAAOS Mailing Address 535 Paredes Line Rd |             |   | Date of Receipt  |
|  | City<br>Brownsville   | State<br>TX | Zip Code<br>78521   | Transaction ID : 10508827<br>Amount of Each Receipt this Period  |
|  | FEC ID number of contributing federal political committee.  | С           |   | 500.00   |
|  | Name of Employer (for Individual)<br>Self Employed  |             | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>500.00  | ]  |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Initi<br>Breien, Kristoffer, Meyers, , MD, F.  |             | rganization Name  | Date of Receipt  |
|  | Mailing Address 10977 57th St N   |             |   | 02 21 2020   |
|  | City<br>Lake Elmo   | State<br>MN | Zip Code<br>55042-9697  | Transaction ID : 10508828 Amount of Each Receipt this Period   |
|  | FEC ID number of contributing federal political committee.  | С           |   | 1000.00  |
| Summit Orthopedics Or  |   | Ortho       | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼                 | Memo Item  |
|  | Primary General<br>Other (specify)  |             | 1000.00   | ]  |
| $\vdash$   | UBTOTAL of Receipts This Page (optional)  |             |   | 2000.00  |

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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page                        | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America  | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initial) or Fig.         A.       Greenfield, Gerald, Q, , Jr, MD, FA         Mailing Address 12 Remington Run         City       State         San Antonio       TX         FEC ID number of contributing       C         federal political committee.       C |  | Zip Code<br>78258-7707   | Date of Receipt<br>02<br>Transaction ID : 10508829<br>Amount of Each Receipt this Period<br>500.00                                   |
| Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼   | Ortho  | pation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>600.00   | Memo Item  |
| Full Name of Individual (Last, First, Middle Initial) or F<br>Lindaman, Matthew, R, , DO, FAAOS<br>Mailing Address 2130 E Stonebrook Ln<br>City<br>Eldridge<br>FEC ID number of contributing   |  | zganization Name<br>Zip Code<br>52748                                    | Date of Receipt<br>02<br>Transaction ID : 10508833<br>Amount of Each Receipt this Period<br>1000.00                                  |
| federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼  | Orth   | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Memo Item  |
| Full Name of Individual (Last, First, Middle Init<br>C. Chang, Jonathan, L, , MD,FAAOS<br>Mailing Address 1456 Oak Crest Ave   | Date of Receipt<br>02 / 21 / 2020<br>Transaction ID : 10508834 |  |  |
| South PasadenaCAFEC ID number of contributing<br>federal political committee.C   |  | 91030  | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify)   | Ortho  | pation (for Individual)<br>ppaedic Surgeon<br>Year-to-Date ▼<br>1000.00  | Memo Item  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number   |  |  | 2500.00  |

Use separate schedule(s)

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| 17         |  |                | Use separate schedule(s                           | (check only one)                           | (check only one) |  |  |  |
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| 11         | EMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c                       | 12               |  |  |  |
|            | ny information copied from such Reports and Si   |                |   |  |                  |  |  |  |
| or         | for commercial purposes, other than using the  | name and a     | address of any political comi                     | ittee to solicit contributions from such c | ommittee.        |  |  |  |
|            | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                         | e America      | an Association of C                               | thopaedic SurgeonsPAC                      | of AAOS          |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Init<br>Alexiades, Michael, M, , MD,FAAOS   | ial) or Full O | Organization Name                                 | Date of Receipt                            |                  |  |  |  |
|            | Mailing Address 523 E 72nd St 7th FI   |                |   |  | 2020             |  |  |  |
|            | City   | State          | Zip Code  | Transaction ID : 10508853                  |                  |  |  |  |
|            | Manhattan  | NY             | 10021   | Amount of Each Receipt this                | Period           |  |  |  |
|            | FEC ID number of contributing federal political committee.                               | С              |   |  | 500.00           |  |  |  |
|            | Name of Employer (for Individual)<br>Self Employed                                       |                | upation (for Individual)<br>hopaedic Surgeon      | Memo Item                                  |                  |  |  |  |
|            | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |  |                  |  |  |  |
|            | Primary General<br>Other (specify) ▼   |                | 500.00  | 3  |                  |  |  |  |
| B.         | Full Name of Individual (Last, First, Middle Init<br>McClelland, Walter, B, , Jr, MD, FA | ial) or Full O | Organization Name                                 | Date of Receipt                            |                  |  |  |  |
|            | Mailing Address 3531 Nancy Creek Road  |                |   |  | 2020             |  |  |  |
|            | City   | State          | Zip Code  | Transaction ID : 10508859                  |                  |  |  |  |
|            | Atlanta  | GA             | 30327   | Amount of Each Receipt this                | Period           |  |  |  |
|            | FEC ID number of contributing federal political committee.                               | С              |   |  | 250.00           |  |  |  |
|            | Name of Employer (for Individual)<br>Peachtree Orthopaedic Clinic                        |                | upation (for Individual)<br>hopaedic Surgeon      | Memo Item                                  |                  |  |  |  |
|            | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |  |                  |  |  |  |
|            | Other (specify) ▼  |                | , 250.00  |  |                  |  |  |  |
| <u></u> с. | Full Name of Individual (Last, First, Middle Init<br>Pike, Gregg, D, , MD, FAAOS         | ial) or Full O | Organization Name                                 | Date of Receipt                            |                  |  |  |  |
|            | Mailing Address 307 Flood Road   |                |   |  | 2020             |  |  |  |
|            | City   | State<br>MT    | Zip Code  | Transaction ID : 10508862                  |                  |  |  |  |
|            | Great Falls  |                | 59404   | Amount of Each Receipt this                | Period           |  |  |  |
|            | FEC ID number of contributing federal political committee.                               |                |   |  | 250.00           |  |  |  |
|            | Name of Employer (for Individual)  |                | upation (for Individual)                          | Memo Item                                  |                  |  |  |  |
|            | Great Falls Clinic Medical Center Receipt For:   |                | nopaedic Surgeon                                  |  |                  |  |  |  |
|            | Primary General  | Aggregate      | Year-to-Date ▼                                    |  |                  |  |  |  |
|            | Other (specify)  |                | 250.00  |  |                  |  |  |  |
| 5          | UBTOTAL of Receipts This Page (optional)   |                |   | · · · · · · · · · · · · · · · · · · ·      | 1000.00          |  |  |  |
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| ITEMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page | (check only one)         X       11a         11a       11b       11c         13       14       15       16 |
|--|-----------------|---|--|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the |                 |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                   | e Americ        | an Association of Orthe                           | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Ini<br>Cannon, David, L, , MD,MBA,FAA                 | tial) or Full C | Organization Name                                 | Date of Receipt  |
| Mailing Address 2639 Fox Hill Circle East  |                 |   | M M / D D / Y Y Y Y<br>02 21 2020  |
| City<br>Germantown   | State<br>TN     | Zip Code<br>38139                                 | Transaction ID : 10508888<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С               |   | 84.00  |
| Name of Employer (for Individual)<br>Campbell Clinic   |                 | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>252.00                          | ]  |
| Full Name of Individual (Last, First, Middle Ini<br>B. Alley, R, Maxwell, , MD, FAAOS              |                 | Organization Name                                 | Date of Receipt  |
| Mailing Address 1367 Washington Ave Ste 200  |                 |   | 02 / D D / Y Y Y Y<br>21 2020  |
| City<br>Albany   | State<br>NY     | Zip Code<br>12206-1043                            | Transaction ID : 10510136<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С               |   | 2000.00  |
| Name of Employer (for Individual)<br>Capital Region Orthopaedics                                   |                 | upation (for Individual)<br>hopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>2000.00                         | ]  |
| Full Name of Individual (Last, First, Middle Ini<br>C. Wolfe, Joel, , , MD, FAAOS                  | tial) or Full C | Organization Name                                 | Date of Receipt  |
| Mailing Address 6645 Forest Beach Dr   |                 |   | 02 21 2020   |
| City<br>Holland  | State<br>MI     | Zip Code<br>49423-8993                            | Transaction ID : 10510137<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | °               |   | 250.00   |
| Name of Employer (for Individual)<br>Shoreline Orthopaedics  |                 | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>250.00                          | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                 |   | 2334.00  |

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

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

1.

FOR LINE NUMBER:

PAGE 169 OF

300

| ITEMIZED RECEIPTS  | for each   | a category of the<br>Summary Page | (check only one)<br>11a 11<br>13 14 |  |  |
|--|--|-----------------------------------|-------------------------------------|--|--|
| Any information copied from such Reports a<br>or for commercial purposes, other than using   |  |                                   | erson for the purpos                | e of soliciting contributions                                      |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of   | the American Asso  | ciation of Orth                   | opaedic Surge                       | onsPAC of AAOS   |  |
| Full Name of Individual (Last, First, Middl<br>Osborn, Keith, D, , MD, FAAOS<br>Mailing Address 405 Higgins Rd<br>City<br>Eastham<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Resurgens Orthopaedics<br>Receipt For:<br>Primary General | State Zip Co<br>MA 0264  | State Zip Code<br>MA 02642-1471   |                                     | pt<br>21 2020<br>ID : 10510139<br>ch Receipt this Period<br>250.00 |  |
| Under (specify) ▼<br>Full Name of Individual (Last, First, Middl<br>B. Kazaglis, Jeffrey, A, , MD, FAAC  |  | Date of Receipt                   |                                     |  |  |
| Mailing Address 11 Stone Ridge Drive<br>City<br>South Barrington<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed  | State     Zip Code       IL     60010-9593       C     Occupation (for Individual)       Orthopaedic Surgeon |                                   |                                     | 21 2020<br>ID : 10510146<br>ch Receipt this Period<br>500.00       |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Dat  | 500.00                            | ]                                   |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Vena, Vincent, E, , MD, FAAO<br>Mailing Address 528 Waterfall Drive  |  | Name                              |                                     | D D / Y Y Y Y  |  |
| City<br>Johnstown<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify)   | State Zip Co<br>PA 15900<br>C Occupation (for<br>Orthopaedic Sun<br>Aggregate Year-to-Dat                    | 6<br>Individual)<br>rgeon         |                                     | 21 2020<br>ID : 10510148<br>Ch Receipt this Period<br>250.00<br>em |  |
| SUBTOTAL of Receipts This Page (optiona  | l)   |                                   |                                     | 1000.00  |  |
| TOTAL This Period (last page this line num   | ber only)  |                                   |                                     |  |  |

| SCHEDULE A (FEC Form 3)  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 170 OF 30   |
|--|---|---|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | (check only one)         ▼         11a       11b         11b       11c         12         13       14         15       16 |
|  | nd Statements may not be sold or used by any g the name and address of any political committe | person for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)  |   | nopaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middl<br>Cain, E, Lyle, , Jr, MD,FAA       |   | Date of Receipt   |
| Mailing Address 805 St Vincent's Dr Ste 1  | 00  | 02 21 2020  |
| City   | State Zip Code<br>AL 35205  | Transaction ID : 10510150   |
| Birmingham   | AL 33203  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C   | 500.00  |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item   |
| Andrews Sprts Med & Ortho Ctr  | Orthopaedic Surgeon   |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Other (specify) ▼  | 500.00  |   |
| Full Name of Individual (Last, First, Middl<br>B. Rivero, Dennis, P, , MD, FAAOS |   | Date of Receipt   |
| Mailing Address 8177 S Harvard St #533   |   | 02 21 2020  |
| City   | State Zip Code  | Transaction ID : 10510154   |
| Tulsa  | OK 74137  | Amount of Each Receipt this Period  |
| FEC ID number of contributing<br>federal political committee.                    | C   | 250.00  |
| Name of Employer (for Individual)<br>Muskogee Surgical Associates                | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General<br>Other (specify) ▼   | , , 250.00  |   |
| Full Name of Individual (Last, First, Middl                                      |   | Date of Receipt   |
| Mailing Address 10561 Jeffreys St<br>Ste 230                                     | ,<br>   | 02 21 Y Y Y Y<br>02 21 2020   |
| City<br>Henderson  | StateZip CodeNV89052  | Transaction ID : 10510155<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | C   | 500.00  |
| Name of Employer (for Individual)<br>Orthopedic Institute of Henderson           | Occupation (for Individual)<br>Orthopaedic Surgeon  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate Year-to-Date ▼<br>500.00  | ]   |
| SUBTOTAL of Receipts This Page (optiona  | l)  | ▶ 1250.00   |

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

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 171 OF 300<br>(check only one)  |
|---|--|---|
| TEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th                           |  |   |
| /   |  | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle II<br>Rajacich, Nicholas, , , MD,FAAOS<br>Mailing Address 619 North I Street | nitial) or Full Organization Name                  | Date of Receipt   |
|   |  | 02 21 2020  |
| City  | State Zip Code<br>WA 98403                         | Transaction ID : 10510157   |
| Tacoma  | WA 98403   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 1000.00   |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:  | Aggregate Year-to-Date ▼                           |   |
| Primary General<br>Other (specify) ▼  | 1000.00  |   |
| Full Name of Individual (Last, First, Middle In<br>B. Parker, James, R, , MD, FAAOS                                       | nitial) or Full Organization Name                  | Date of Receipt   |
| Mailing Address 11 Stoneridge Dr  | 02 21 2020   |   |
| City  | State Zip Code                                     | Transaction ID : 10510158   |
| Amarillo  | TX 79124   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 1000.00   |
| Name of Employer (for Individual)<br>Parker Sports Medicine   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:  | Aggregate Year-to-Date ▼                           |   |
| Primary     General       Other (specify) ▼   | 1000.00  |   |
| Full Name of Individual (Last, First, Middle II<br>C. McIntosh, Jeffrey, Brian, , MD,FA                                   |  | Date of Receipt   |
| Mailing Address PO Box 83   | M M / D D / Y Y Y Y<br>02 21 2020                  |   |
| City<br>Mount Vernon  | StateZip CodeIL62864-0001                          | Transaction ID : 10510176           Amount of Each Receipt this Period                                    |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer (for Individual)<br>Neuromuscular Orthopedic Institute   | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>500.00                 |   |
| SUBTOTAL of Receipts This Page (optional)   | ·  | 2500.00   |
| TOTAL This Period (last page this line numbe  | r only)  |   |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                                   | for each category of the<br>Detailed Summary Page   | (check only one)  |
|--|-----------------------------------|---|---|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |                                   |   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | ne America                        | n Association of Orth   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In         A.       Stokel, Edward, A, , MD,FAAOS         Mailing Address 6505 Indian Garden Rd         City         Petoskey         FEC ID number of contributing<br>federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼                | State<br>MI<br>C<br>Occu<br>Ortho | ganization Name<br>Zip Code<br>49770-0616<br>pation (for Individual)<br>opaedic Surgeon<br>/ear-to-Date ▼<br>500.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle In<br>B. Jacofsky, David, Joseph, , MD,FAA<br>Mailing Address 8931 W Black Hill Rd  |                                   | ganization Name<br>Zip Code   | Date of Receipt   |
| Peoria         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Self Employed         Receipt For:         Primary       General Other (specify) ▼   | Ortho                             | 85383-3782<br>pation (for Individual)<br>opaedic Surgeon<br>//ear-to-Date ▼<br>1000.00                              | Amount of Each Receipt this Period  1000.00  Memo Item  |
| Full Name of Individual (Last, First, Middle In         C.       Baker, Donald, Earl, , MD, FAAO         Mailing Address 215 Little Creek Road         City         Flowood         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Merit Health Orthopedics         Receipt For:         Primary       General         Other (specify) | State<br>MS<br>C<br>Occu<br>Ortho | , , ,   | Date of Receipt<br>02 / 27 / 2020<br>Transaction ID : 10511310<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)  |                                   |   | 1750.00   |

Use separate schedule(s)

FOR LINE NUMBER:

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|  |   |               | Use separate schedule(s)                   |          | (check only one) |                             |            |             |          |
|--|---|---------------|--|----------|------------------|-----------------------------|------------|-------------|----------|
| ITEMIZED RECEIPTS  |   |               | for each category<br>Detailed Summary      |          | <b>×</b> 11a     | 11b                         | 11c        | 12          | <u> </u> |
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |  |          |                  |                             |            |             |          |
| $\overline{\}$   | NAME OF COMMITTEE (In Full)   |               | laarooo or arry pointed                    |          |                  |                             |            |             |          |
| $\rangle$  | Political Action Committee of the   | America       | an Association                             | of Ortho | paedic S         | Surgeon                     | ISPA       | C of A      | AOS      |
| Α.   | Full Name of Individual (Last, First, Middle Initi<br>Summers, Ronald, Alan, , MD, FAAOS        | al) or Full O | Organization Name                          |          | Date o           | f Receipt                   |            |             |          |
|  | Mailing Address 109 Trident Ct  |               |  |          | M M<br>02        | / D<br>27                   |            | y y<br>2020 | Y        |
|  | City<br>Cary  | State<br>NC   | Zip Code<br>27518                          |          |                  | saction ID :<br>t of Each F |            |             |          |
|  | FEC ID number of contributing federal political committee.                                      | С             |  |          |                  |                             |            | 1000.       | 00       |
|  | Name of Employer (for Individual)<br>Wake Orthopaedics  |               | upation (for Individua<br>nopaedic Surgeon | )        | M                | emo Item                    |            |             |          |
|  | Receipt For:  | Aggregate     | Year-to-Date ▼                             | 000.00   |                  |                             |            |             |          |
| в.   | Full Name of Individual (Last, First, Middle Initi<br>Huddleston, Paul, M, , MD,FAAOS           | al) or Full O | organization Name                          |          | Date o           | f Receipt                   |            |             |          |
|  | Mailing Address 31219 Lakeview Ave  |               |  | 02       | / D 28           |                             | 2020       | Ŷ           |          |
|  | City<br>Red Wing  | State<br>MN   | Zip Code                                   |          |                  | action ID :                 |            |             |          |
|  | Red Wing           FEC ID number of contributing           federal political committee.         | C             |  |          | _ Amoun          | t of Each F                 | Receipt tr | 250.        | _        |
|  | Name of Employer (for Individual)<br>Mayo Clinic  |               | upation (for Individua<br>hopaedic Surgeon | l)       | М                | emo Item                    |            |             |          |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date V                             | 250.00   |                  |                             |            |             |          |
| С.   | Full Name of Individual (Last, First, Middle Initi<br>Tracey, Robert, W, , MD,FAAOS             | al) or Full O | organization Name                          |          | Date o           | f Receipt                   |            |             |          |
|  | Mailing Address 1100 Walker Road  |               |  | 02       | / D 28           |                             | 2020       | Y           |          |
|  | City<br>Great Falls   | State<br>VA   | Zip Code<br>22066                          |          |                  | saction ID<br>t of Each F   |            | -           |          |
|  | FEC ID number of contributing federal political committee.                                      | C             |  |          |                  | , , ,                       |            | 250.        | 00       |
| Name of Employer (for Individual)<br>Walter Reed National Military Medical |   |               | upation (for Individua<br>opaedic Surgeon  | )        |                  | lemo Item                   |            |             |          |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date V                             | 250.00   |                  |                             |            |             |          |
|  | UBTOTAL of Receipts This Page (optional)  |               |  |          |                  |                             | · · ·      | 1500.       | 00       |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | (check only one)       Image: 11 a model       11 a model       12 model       13 model       14 model       15 model       16 model       17 model |
|--|---|---|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the  |   |   |
| NAME OF COMMITTEE (In Full) Political Action Committee of the  | e American Association of Ortho   | paedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initi<br>A. Connair, Michael, P, , MD, FAAOS<br>Mailing Address 24 Old Hartford Turnpike<br>City<br>Hamden<br>FEC ID number of contributing                                     | State Zip Code<br>CT 06517  | Date of Receipt<br>02 28 2020<br>Transaction ID : 10511747<br>Amount of Each Receipt this Period<br>250.00  |
| federal political committee.          Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼   | C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 250.00   | Memo Item   |
| Full Name of Individual (Last, First, Middle Initi<br>B. Smith, C, Daniel, , DO, FAAOS<br>Mailing Address 2501 Gene Field Rd   | ial) or Full Organization Name  | Date of Receipt   |
| Saint Joseph         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | MO     64506-1613       C     Occupation (for Individual)<br>Orthopaedic Surgeon       Aggregate Year-to-Date ▼       1000.00 | Transaction ID : 10511798         Amount of Each Receipt this Period         1000.00         Memo Item  |
| Full Name of Individual (Last, First, Middle Initi<br>C. Jacobs-El, Jamil, , , MD,FAAOS<br>Mailing Address PO Box 5110<br>City<br>River Forest   | ial) or Full Organization Name          State       Zip Code         IL       60305   | Date of Receipt<br>02 28 2020<br>Transaction ID : 10511799<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Dreyer Medical Clinic<br>Receipt For:<br>Primary General<br>Other (specify)  | C Occupation (for Individual) Orthopaedic Surgeon Aggregate Year-to-Date 1100.00  | 1100.00<br>Memo Item  |
| SUBTOTAL of Receipts This Page (optional)  |   | 2350.00   |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page  | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |  |
|--|---|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using th  |   |  |  |  |
| NAME OF COMMITTEE (In Full) Political Action Committee of th   | he America  | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle In         A.       Helper, Stephen, D, , MD, FAAOS         Mailing Address       6155 Penfield Lane         City       Solon         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | State<br>OH<br>C<br>Occu<br>Orth  | rganization Name<br>Zip Code<br>44139<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>400.00 | Date of Receipt  |  |
| Full Name of Individual (Last, First, Middle In<br>B. Ho, Christine, Ann, , MD,FAAOS<br>Mailing Address 11608 Valleydale Dr  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Ho, Christine, Ann, , MD,FAAOS |  |  |  |
| City<br>Dallas<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Texas Scottish Rite Hospital For Child<br>Receipt For:   | Orth  | Zip Code<br>75230  | 02     28     2020       Transaction ID : 10511801       Amount of Each Receipt this Period       500.00       Memo Item |  |
| Primary General<br>Other (specify) ▼<br>Full Name of Individual (Last, First, Middle In<br>C. Santos, Erick, Manuel, , MD,PhD  | nitial) or Full O   | Year-to-Date ▼<br>500.00<br>rganization Name   | Date of Receipt  |  |
| Mailing Address 2638 Debra Ln  | State<br>TX     Zip Code<br>78418       C   |  | 02 29 2020<br>Transaction ID : 10511824  |  |
| Corpus Christi<br>FEC ID number of contributing<br>federal political committee.  |   |  | Amount of Each Receipt this Period   |  |
| Name of Employer (for Individual)         South Central TX Bone & Joint Center,         Receipt For:         Primary       General         Other (specify)   | Orth  | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>500.00  | Memo Item  |  |
| SUBTOTAL of Receipts This Page (optional)  |   |  | 1400.00  |  |

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| SCHEDULE A (FEC Form 3X) |  |                           | Use separate schedule(s)        | FOR LINE NUMBER: PAGE 176 OF 300  |
|--------------------------|--|---------------------------|---------------------------------|---|
| ITEMIZED RECEIPTS        |  |                           | for each category of the        | (check only one)  |
|                          |  |                           | Detailed Summary Page           | ★         11a         11b         11c         12           13         14         15         16         17 |
| Ar                       | ny information copied from such Reports and St                           | atements ma               | av not be sold or used by any r | person for the purpose of soliciting contributions  |
|                          | for commercial purposes, other than using the                            |                           |                                 |   |
| $\left  \right $         | NAME OF COMMITTEE (In Full)  |                           |                                 |   |
| $ \rangle$               | Political Action Committee of the  | e America                 | an Association of Orth          | opaedic SurgeonsPAC of AAOS   |
| <u>/</u>                 | Full Name of Individual (Last, First, Middle Init                        | ial) or Full O            | rganization Name                |   |
| Α.                       | Cassidy, Carter, , , MD, FAAOS   | Date of Receipt           |                                 |   |
|                          | Mailing Address 4890 Faulkirk Lane                                       | M = M / D = D / Y = Y = Y |                                 |   |
|                          | City   | State                     | Zip Code                        | 03 01 2020  |
|                          | City<br>Lexington  | KY                        | 40515-1177                      | Transaction ID : 10511828   |
|                          | FEC ID number of contributing  |                           |                                 | Amount of Each Receipt this Period  |
|                          | federal political committee.   | С                         |                                 | 85.00   |
|                          | Name of Employer (for Individual)  | 000                       | upation (for Individual)        | Memo Item   |
|                          | University of Kentucky Res Program                                       |                           | opaedic Surgeon                 |   |
|                          | Receipt For:   |                           | Year-to-Date ▼                  |   |
|                          | Primary General  | 33 - 3                    |                                 | 1   |
|                          | Other (specify) <b>v</b>   |                           | 255.00                          |   |
|                          | Full Name of Individual (Last, First, Middle Init                        | ial) or Full O            | rganization Name                |   |
| В.                       | Ellis, Henry, Bone, , Jr, MD, FA   |                           |                                 | Date of Receipt   |
|                          | Mailing Address 2945 Stanford Ave  |                           |                                 | M M / D D / Y Y Y Y   |
|                          |  |                           |                                 | 03 01 2020  |
|                          | City<br>Dallas   | State<br>TX               | Zip Code<br>75225-7802          | Transaction ID : 10511829   |
|                          | FEC ID number of contributing  |                           | 10220 1002                      | Amount of Each Receipt this Period  |
|                          | federal political committee.   | С                         |                                 | 84.00   |
|                          | Name of Employer (for Individual)  | 000                       | upation (for Individual)        | Memo Item   |
|                          | Name of Employer (for Individual)<br>Texas Scottish Rite Sports Medicine |                           | nopaedic Surgeon                |   |
|                          | Receipt For:   |                           | Year-to-Date ▼                  |   |
|                          | Primary General  |                           |                                 | 1   |
|                          | Other (specify) <b>v</b>   |                           | 252.00                          | 1   |
|                          | Full Name of Individual (Last, First, Middle Init                        | ial) or Full O            | rganization Name                |   |
| C.                       | Kwong, Louis, M, , MD, FAAOS   |                           | J                               | Date of Receipt   |
|                          | Mailing Address Box 422  |                           |                                 |   |
|                          | 1000 W Carson St<br>City   | State                     | Zip Code                        | 03 02 2020<br>Transaction ID : 10511843   |
|                          | Torrance   | CA                        | 90509                           | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing  |                           |                                 |   |
|                          | federal political committee.   | С                         |                                 | 250.00  |
|                          | Name of Employer (for Individual)  | Occi                      | upation (for Individual)        | Memo Item   |
|                          | Self Employed  |                           | opaedic Surgeon                 | -   |
|                          | Receipt For:   | Aggregate                 | Year-to-Date ▼                  |   |
|                          | Primary General  |                           | 250.00                          | 1   |
|                          | Other (specify)  |                           | 230.00                          | 1   |
|                          |  |                           |                                 |   |
| s                        | UBTOTAL of Receipts This Page (optional)                                 |                           |                                 | 419.00  |
| $\vdash$                 |  |                           |                                 |   |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Image: Check only one)       Image: The second |
|---|--|--|
|   | Statements may not be sold or used by any period and address of any political committee  | erson for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the second sec | ne American Association of Ortho   | paedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In         A.       Uppal, Renny, , , MD, FAAOS         Mailing Address 1080 Whites Creek Ln         City         Reno         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼   | nitial) or Full Organization Name          State       Zip Code         NV       89511-8171         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         252.00       252.00         | Date of Receipt  |
| Full Name of Individual (Last, First, Middle In         B. Brophy, Robert, H, , MD,FAAOS         Mailing Address 7 Maryhill Dr         City         St Louis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Washington University Orthopedics         Receipt For:         Primary       General         Other (specify) ▼  | Imitial) or Full Organization Name         State       Zip Code         MO       63124         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       250.00 | Date of Receipt<br>03<br>02<br>2020<br>Transaction ID : 10511845<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item  |
| Full Name of Individual (Last, First, Middle In         C. Dhillon, Manjit, S, , MD,FAAOS         Mailing Address 12602 Nightingale Drive         City         Chester         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Southside Regional Medical Center         Receipt For:         Primary       General         Other (specify)  | nitial) or Full Organization Name          State       Zip Code         VA       23836         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         250.00       250.00              | Date of Receipt<br>03 / 02 / 2020<br>Transaction ID : 10511846<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numbe   | r only)  | 584.00   |

| SCHEDULE A (FEC Form 3X)  |  |  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 178 OF 30<br>(check only one)  |
|---|--|--|---|--|
|   | EMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | Image: Check only one)       Image: Check one) |
|   |  |  |   | person for the purpose of soliciting contributions<br>the to solicit contributions from such committee.  |
| <u> </u>  | NAME OF COMMITTEE (In Full)  |  |   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initial) o<br>A. Eckrich, Stephen, G J, , MD,FAAOS |  | tial) or Full O                                    | rganization Name                                  | Date of Receipt  |
|   | Mailing Address 5511 Shooting Star Trail   |  |   | 03 03 2020   |
|   | City<br>Rapid City   | State<br>SD  | Zip Code<br>57702                                 | Transaction ID : 10519592<br>Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                             | С  |   | 84.00  |
|   | Name of Employer (for Individual)  |  | upation (for Individual)                          | Memo Item  |
|   | Self Employed Receipt For: Primary General   |  | nopaedic Surgeon<br>Year-to-Date ▼                | 1  |
|   | Other (specify) ▼  |  | 252.00  |  |
|   | Full Name of Individual (Last, First, Middle Ini<br>Guthrie, Stuart, Trent, , MD,FAAOS | tial) or Full O                                    | rganization Name                                  | Date of Receipt  |
|   | Mailing Address 417 Dubuar St  |  |   | 03 03 2020   |
|   | City<br>Northville   | State<br>MI  | Zip Code<br>48167-1417                            | Transaction ID : 10520592<br>Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                             | С  |   | 1000.00  |
|   | Name of Employer (for Individual)<br>Self Employed                                     |  | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|   | Receipt For:<br>Primary General  | Aggregate  | Year-to-Date ▼                                    |  |
|   | Other (specify) ▼  |  | 1000.00   | ]  |
| —<br>2.   | Full Name of Individual (Last, First, Middle Ini<br>Alexander, A, Herbert, , MD,FAAC   | tial) or Full O<br><b>)S</b>                       | rganization Name                                  | Date of Receipt  |
|   | Mailing Address PO Box 1657  |  |   | 03 03 2020   |
|   | City<br>Sun Valley   | State<br>ID  | Zip Code<br>83353-1657                            | Transaction ID : 10520611<br>Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                             | С  |   | 1000.00  |
|   | Name of Employer (for Individual)<br>Alexander Orthopaedics PA                         | Occupation (for Individual)<br>Orthopaedic Surgeon |   | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify)                                     | Aggregate  | Year-to-Date ▼<br>1000.00                         | 1  |

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

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FOR LINE NUMBER:

PAGE 179 OF

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| ITEMIZED RECEIPTS   | for eac   | ch category of the<br>ad Summary Page         | (check only one)<br>11a 11b 11c 12<br>13 14 15 16   | 17    |
|---|---|---|---|-------|
| Any information copied from such Reports and S or for commercial purposes, other than using the   |   |   | person for the purpose of soliciting contribu   | tions |
| NAME OF COMMITTEE (In Full) Political Action Committee of the   | e American Ass  | ociation of Ortho                             | opaedic SurgeonsPAC of A  | AOS   |
| Full Name of Individual (Last, First, Middle Init         Mosley, Emmett, Wayne, , MD, FAAOS,         Mailing Address 633 Crescent Hills Way         City         Lakeland         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)                  | State Zip C   | Code<br>313-4675<br>or Individual)<br>Surgeon | Date of Receipt   |       |
| Full Name of Individual (Last, First, Middle Init<br>B. Ayers, Michael, E, , MD,FAAOS<br>Mailing Address 10 Crescent Ave  | ial) or Full Organizatio  |   | Date of Receipt   | Y     |
| Scituate         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) South Shore Orthopedics         Receipt For:         Primary       General         Other (specify) ▼  | MA     020       C     Occupation (free Orthopaedic S       Aggregate Year-to-D | 66<br>or Individual)<br>Surgeon               | Transaction ID : 10520616         Amount of Each Receipt this Period         250.         Memo Item                       | _     |
| Full Name of Individual (Last, First, Middle Init         C.       Garroway, Robert, Y, , MD,FAAOS         Mailing Address 309 Heather Ln         City         Hewlett Harbor         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Orlin and Cohen Ortho Assoc         Receipt For:         Primary       General         Other (specify) |   | Code<br>57<br>or Individual)<br>Gurgeon       | Date of Receipt<br>03 / 04 / 2020<br>Transaction ID : 10521236<br>Amount of Each Receipt this Period<br>250.<br>Memo Item |       |
| SUBTOTAL of Receipts This Page (optional)   |   |   | 584.  | 00    |

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FOR LINE NUMBER: PAGE 180 OF

300

| ITEMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |
|--|----------------------------------|---|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using                         |                                  |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.                               |  |
| NAME OF COMMITTEE (In Full)  |                                  |   | opaedic SurgeonsPAC of AAOS  |  |
| Full Name of Individual (Last, First, Middle<br>A. Acampa, John, W, , MD, FAAOS                                      | Initial) or Full O               | rganization Name  | Date of Receipt  |  |
| Mailing Address 64 Bayberry Rd W   | Mailing Address 64 Bayberry Rd W |   |  |  |
| City<br>Islip  | State<br>NY                      | Zip Code<br>11751   | Transaction ID : 10521238 Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | С                                |   | 300.00   |  |
| Name of Employer (for Individual)<br>Self Employed   |                                  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date ▼<br>300.00  | ]  |  |
| B. Full Name of Individual (Last, First, Middle<br>Conklin, Mark, J, , MD,FAAOS<br>Mailing Address 1702 Sand Lily Dr | Initial) or Full O               | rganization Name  | Date of Receipt  |  |
| City   | State                            | Zip Code  | 03 04 2020<br>Transaction ID : 10521467  |  |
| Golden   | CO                               | 80401   | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.   | C                                |   | 1000.00  |  |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                                  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date ▼<br>1000.00   | ]  |  |
| Full Name of Individual (Last, First, Middle<br>C. Agarwala, Amit, , , MD, FAAOS                                     |                                  | rganization Name  | Date of Receipt  |  |
| Mailing Address 660 Golden Ridge Rd<br>Suite 250   |                                  |   | 03 04 2020   |  |
| City<br>Golden   | State<br>CO                      | Zip Code<br>80401   | Transaction ID : 10521468<br>Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.   | С                                |   | 500.00   |  |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                                  | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                        | Year-to-Date ▼<br>500.00  | ]  |  |
| SUBTOTAL of Receipts This Page (optional).   |                                  |   | 1800.00  |  |

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

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

1.
FOR LINE NUMBER:

PAGE 181 OF 300

| IT       | EMIZED RECEIPTS  |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ✗       11a       11b       11c       12         13       14       15       16       17 |  |  |  |  |
|----------|--|---------------------------|---|--|--|--|--|--|
| Ar<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                          | atements ma<br>name and a | y not be sold or used by any p<br>ddress of any political committee           | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.             |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS |                           |   |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initia<br>Deol, Premjit, , , DO   | al) or Full O             | rganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 4145 Utica Street  |                           |   | 03 04 2020   |  |  |  |  |
|          | City<br>Denver   | State<br>CO               | Zip Code<br>80212-2248  | Transaction ID : 10521472<br>Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                         |   | 500.00   |  |  |  |  |
|          | Name of Employer (for Individual)  | Оссі                      | pation (for Individual)   | Memo Item  |  |  |  |  |
|          | Panorama Orthopedics & Spine Center  | Orth                      | opaedic Surgeon   |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-to-Date ▼<br>500.00  | 1  |  |  |  |  |
|          |  |                           |   | -  |  |  |  |  |
| B.       | Full Name of Individual (Last, First, Middle Initia<br>Desai, Bharat, M, , FAAOS   | al) or Full O             | rganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 7955 Spirit Ranch Rd   |                           |   | 03 / D D / Y Y Y Y<br>2020   |  |  |  |  |
|          | City   | State                     | Zip Code  | Transaction ID : 10521473  |  |  |  |  |
|          | Golden   | CO                        | 80403   | Amount of Each Receipt this Period   |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                         |   | 500.00   |  |  |  |  |
|          | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                           | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item  |  |  |  |  |
|          | Receipt For:   | Aggregate                 | Year-to-Date ▼  |  |  |  |  |  |
|          | Other (specify) ▼  |                           | 500.00  | ]  |  |  |  |  |
| с.       | Full Name of Individual (Last, First, Middle Initia<br>Ellman, Michael, Brian, , MD, FAA                                 |                           | rganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 11646 E Maplewood Ave  |                           |   | 03 / D D / Y Y Y Y Y<br>2020   |  |  |  |  |
|          | City<br>Englewood  | State<br>CO               | Zip Code<br>80111-5826  | Transaction ID : 10521474 Amount of Each Receipt this Period   |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                         |   | 500.00   |  |  |  |  |
|          | Name of Employer (for Individual)Occupation (for Individual)Panorama Orthopedics & Spine CenterOrthopaedic Surgeon       |                           |   | Memo Item  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                 | ]   |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                           |   | 1500.00  |  |  |  |  |
| Т        | OTAL This Period (last page this line number o   | nly)                      |   |  |  |  |  |  |

FOR LINE NUMBER: PAGE 182 OF 300

| IT   | EMIZED RECEIPTS   |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
|--|---|---------------------------|---|--|--|--|--|--|
| Ar<br>or   | y information copied from such Reports and St<br>for commercial purposes, other than using the                                | atements ma<br>name and a | ay not be sold or used by any puddress of any political committee             | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                       |  |  |  |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS      |                           |   |  |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initi<br>Foran, Jared, R H, , MD, FAAOS  | al) or Full O             | organization Name   | Date of Receipt  |  |  |  |  |
|  | Mailing Address 340 Bellaire St   |                           |   | 03 04 Y Y Y Y<br>2020  |  |  |  |  |
|  | City<br>Denver  | State<br>CO               | Zip Code<br>80220-4931  | Transaction ID : 10521475 Amount of Each Receipt this Period   |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                         |   | 500.00   |  |  |  |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center  |                           | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  |                           | Year-to-Date ▼<br>500.00  |  |  |  |  |  |
| в.   | Full Name of Individual (Last, First, Middle Initi<br>Foulk, Douglas, A, , MD, FAAOS<br>Mailing Address 660 Golden Ridge Road | al) or Full O             | rganization Name  | Date of Receipt  |  |  |  |  |
|  | City Ste 250  | State                     | Zip Code  | 03 04 2020<br>Transaction ID : 10521476  |  |  |  |  |
|  | Golden  | CO                        | 80401   | Amount of Each Receipt this Period   |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                         |   | 500.00   |  |  |  |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center  |                           | upation (for Individual)<br>hopaedic Surgeon                                  | Memo Item  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>500.00  |  |  |  |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Initi<br>Friermood, Thomas, G, , MD, FAA   |                           | Prganization Name   | Date of Receipt  |  |  |  |  |
|  | Mailing Address 2635 Vivian St  |                           |   | 03 04 YYYY<br>03 04 2020   |  |  |  |  |
|  | City<br>Lakewood  | State<br>CO               | Zip Code<br>80215   | Transaction ID : 10521477<br>Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.           Name of Employer (for Individual)         Occupation |   |                           |   | 500.00   |  |  |  |  |
|  |   |                           | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |  |  |  |  |
|  |   |                           | Year-to-Date ▼<br>500.00  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                           |   | 1500.00  |  |  |  |  |
| т  | OTAL This Period (last page this line number o  | only)                     |   |  |  |  |  |  |

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FOR LINE NUMBER: PAGE 183 OF 300

| ITEMIZED RECEIPTS                        |  |                       | Use separate so<br>for each catego<br>Detailed Summa | ry of the                        | (check only<br>11a<br>13   | / one)<br>11b<br>14               | 11c<br>15           | 12<br>16 17              |  |
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| Ar<br>or                                 | y information copied from such Reports and Sta<br>for commercial purposes, other than using the  | atements maname and a | ay not be sold or u<br>address of any polit          | sed by any per<br>ical committee | son for the to solicit con | purpose of so<br>atributions from | oliciting<br>m such | contributions committee. |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS                     |                       |  |                                  |                            |                                   |                     |                          |  |
| Α.                                       | Full Name of Individual (Last, First, Middle Initi<br>Gottlob, Charles, Adam, , MD, FAAOS<br>Mailing Address 660 Golden Ridge Rd<br>Ste #250 | al) or Full C         | ull Organization Name                                |                                  |                            | Date of Receipt                   |                     |                          |  |
|  | City<br>Golden   | State<br>CO           | Zip Code<br>80401                                    |                                  |                            | action ID : 10<br>of Each Rec     |                     |                          |  |
|  | FEC ID number of contributing federal political committee.   | С                     |  |                                  |                            |                                   |                     | 500.00                   |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                       | upation (for Individu<br>hopaedic Surgeon            | ual)                             | Me                         | emo Item                          |                     |                          |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date ▼                                       | 500.00                           |                            |                                   |                     |                          |  |
| в.                                       | Full Name of Individual (Last, First, Middle Initi<br>Johnson, James, T, , MD, FAAOS   | al) or Full C         | Organization Name                                    |                                  | Date of                    | Receipt                           |                     |                          |  |
|  | Mailing Address 4901 S Franklin St   |                       |  |                                  | 03                         | / D D 04                          | / Y                 | 2020                     |  |
|  | City<br>Cherry Hills   | State<br>CO           | Zip Code<br>80113                                    |                                  |                            | action ID : 10<br>of Each Rec     |                     | Period                   |  |
|  | FEC ID number of contributing federal political committee.   | С                     |  |                                  |                            |                                   |                     | 500.00                   |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                       | upation (for Individent hopaedic Surgeon             | ual)                             | Me                         | emo Item                          |                     |                          |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date V                                       | 500.00                           |                            |                                   |                     |                          |  |
| С.                                       | Full Name of Individual (Last, First, Middle Initi<br>Knight, Karen, H, , MD   | al) or Full C         | Organization Name                                    |                                  | Date of                    | Receipt                           |                     |                          |  |
|  | Mailing Address 660 Golden Ridge Road<br>Ste 250   |                       |  |                                  | 03                         | / D D D 04                        | / Y                 | 2020                     |  |
|  | City<br>Golden   | State<br>CO           | Zip Code<br>80401-9541                               |                                  |                            | of Each Rec                       |                     |                          |  |
|  | FEC ID number of contributing federal political committee.   | С                     |  |                                  |                            |                                   | g                   | 500.00                   |  |
| Panorama Orthopedics & Spine Center Orth |  |                       | Occupation (for Individual)<br>Orthopaedic Surgeon   |                                  |                            | emo Item                          |                     |                          |  |
|  | Primary General<br>Other (specify)   |                       | Year-to-Date ▼                                       |                                  |                            |                                   |                     |                          |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                       |  | •                                |                            | ,                                 | ,                   | 1500.00                  |  |
| Т  | OTAL This Period (last page this line number o   | nly)                  |  |                                  |                            |                                   | - <b>y</b> -        |                          |  |

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FOR LINE NUMBER: PAGE 184 OF 300

| IT   | EMIZED RECEIPTS  |                       | f   | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | l `_          | heck only one)       11a     11b     11c     12       13     14     15     16     17        |  |  |
|--|--|-----------------------|---|--|---------------|---|--|--|
| Ar<br>or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the  | atements maname and a | ay n<br>addre   | ot be sold or used by any pe<br>ess of any political committee               | ersor<br>to s | n for the purpose of soliciting contributions solicit contributions from such committee.    |  |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS                                   |                       |   |  |               |   |  |  |
| A.   | Full Name of Individual (Last, First, Middle Initia<br>Lammens, Peter, , , MD, FAAOS<br>Mailing Address 24688 Foothill Dr North                            | al) or Full C         | Orgai   | nization Name  |               | Date of Receipt   |  |  |
|  | City<br>Golden   | State<br>CO           |   | Zip Code<br>80401  | _             | 03     04     2020       Transaction ID : 10521490       Amount of Each Receipt this Period |  |  |
|  | FEC ID number of contributing federal political committee.   | С                     |   |  |               | 500.00  |  |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center<br>Receipt For:<br>Primary General  | Orth                  | hopa  | tion (for Individual)<br>aedic Surgeon<br>ar-to-Date ▼                       |               | Memo Item   |  |  |
|  | Other (specify) ▼  |                       | Ŧ   | 500.00   |               |   |  |  |
| в.   | Full Name of Individual (Last, First, Middle Initia<br>Lehman, Timothy, James, , MD, FAA<br>Mailing Address 7050 S Polo Ridge Dr                           | ,                     | Drgai   | nization Name  | _             | Date of Receipt   |  |  |
|  | City<br>Littleton  | State<br>CO           |   | Zip Code<br>80128  |               | Transaction ID : 10521491<br>Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee. |  |                       |   | tion (for Individual)  | 500.00        |   |  |  |
|  | Name of Employer (for Individual)         Panorama Orthopedics & Spine Center         Receipt For:         Primary       General         Other (specify) ▼ | Ort                   | hopa  | aedic Surgeon<br>ur-to-Date ▼<br>500.00                                      |               |   |  |  |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Loutzenhiser, Lonnie, E, , MD, FAA<br>Mailing Address 2591 S Columbine St                           |                       | Drgai   | nization Name  |               | Date of Receipt   |  |  |
|  | City<br>Denver   | State<br>CO           |   | Zip Code<br>80210  | _             | 03 04 2020<br>Transaction ID : 10521492   |  |  |
|  | FEC ID number of contributing federal political committee.   | C                     |   |  |               | Amount of Each Receipt this Period  |  |  |
| Panorama Orthopedics & Spine Center Ort                    |  |                       | Occupation (for Individual)<br>Orthopaedic Surgeon<br>gate Year-to-Date ▼ |  |               | Memo Item   |  |  |
|  | Primary     General       Other (specify)     500.00   |                       |   |  |               |   |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                       |   | •  |               | 1500.00   |  |  |
| т  | OTAL This Period (last page this line number o   | nly)                  |   |  |               |   |  |  |

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FOR LINE NUMBER:

PAGE 185 OF

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|  | EMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|--|--|------------------|---|--|--|--|
|  | ny information copied from such Reports and S for commercial purposes, other than using the                            |                  |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                                 |  |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America        | n Association of Orthe  | opaedic SurgeonsPAC of AAOS  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Init<br>McNair, Patrick, , , MD, FAAOS                                    | tial) or Full Or | ganization Name   | Date of Receipt  |  |  |
| Mailing Address 10363 Carriage Club Drive                  |  |                  |   | M M / D D / Y Y Y Y<br>03 04 2020  |  |  |
|  | City<br>Lone Tree  | State<br>CO      | Zip Code<br>80124   | Transaction ID : 10521493<br>Amount of Each Receipt this Period  |  |  |
|  | FEC ID number of contributing federal political committee.   | С                |   | 500.00   |  |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                  | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | /ear-to-Date ▼<br>500.00  | ]  |  |  |
| в.   | Full Name of Individual (Last, First, Middle Ini<br>Mills, Mark, F, , MD, FAAOS<br>Mailing Address 67 West Ranch Trail | tial) or Full Or | ganization Name   | Date of Receipt  |  |  |
|  | City   | State Zip Code   |   | 03 04 2020   |  |  |
|  | Morrison   | СО               | 80465   | Transaction ID : 10521494<br>Amount of Each Receipt this Period  |  |  |
|  | FEC ID number of contributing federal political committee.   | С                |   | 500.00   |  |  |
|  | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                  | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | /ear-to-Date ▼<br>, 500.00  | ]  |  |  |
| с.   | Full Name of Individual (Last, First, Middle Inite Patel, Nimesh, , , MD, FAAOS  | tial) or Full Or | ganization Name   | Date of Receipt  |  |  |
|  | Mailing Address 570 Eagle Nest Ct  |                  |   | 03 / D D / Y Y Y Y<br>2020   |  |  |
|  | City<br>Golden   | State<br>CO      | Zip Code<br>80401   | Transaction ID : 10521495 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee. |  |                  |   | 500.00   |  |  |
|  |  |                  | pation (for Individual)<br>paedic Surgeon                                     | Memo Item  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate        | /ear-to-Date ▼<br>500.00  | ]  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                  |   | 1500.00  |  |  |

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

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

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FOR LINE NUMBER:

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| City       State       Zip Code       03       04       2020         Transaction ID : 10521496       Amount of Each Receipt his Period       Amount of Each Receipt his Period       500.0         Name of Employer (for individual)       Occupation (for individual)       Occupation (for individual)       Memo Item         Panorama Othopedics & Spine Center       Aggregate Year-to-Date ▼       500.00       Memo Item         B. Puschak, Thomas, Joseph, , MD, FAAOS       Date of Receipt       Od / 2020         Mailing Address 5275 Dunraven Circle       C       03 / 04 / 2020         City       State       Zip Code       03 / 04 / 2020         City       State       Zip Code       03 / 04 / 2020         City       State       Zip Code       03 / 04 / 2020         City       State       Zip Code       03 / 04 / 2020         City       State       Zip Code       03 / 04 / 2020         Receipt For:       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Period Individual (Last, First, Middle Initia) or Full Organization Name       Memo Item       03 / 04 / 2020         Full Name of Individual (Last, First, Middle Initia) or Full Organization Name       Memo Item       03 / 04 / 2020         Full Name of Individual (Last, First, Middle Initia) or Full Organization N   | ITEMIZED RECEIPTS                       |                                     | for each category of the<br>Detailed Summary Page | (check only one)         |  |
|--|---|-------------------------------------|---|--------------------------|--|
| Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of A/         A.       Peace, William, Joseph., MD, FAAOS         Maling Address 18986 W 54th Ln       Date of Receipt         City       State       Zip Code         Goldan       Of a gregate Year-to-Date ▼       Amount of Each Receipt this Period         Receipt For:       Ofther (specify) ▼       Occupation (for Individual)         Parameter of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Beapt For:       Ofther (specify) ▼       State       State         Puti Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Memo Item         Beapt For:       Aggregate Year-to-Date ▼       Date of Receipt       Date of Receipt         Maling Address 5275 Dunraven Circle       C       84003       Date of Receipt         City       State       Zip Code       B4003       Memo Item         Pecipt For:       Occupation (for Individual)       Date of Receipt       Memo Item         Paramachtropedics Sypine Center       Occupation (for Individual)       Memo Item       Memo Item         Parameter Chropedics Sypine Center       Occupation (for Individual)       Memo Item       Memo Item         Receipt For:       Optopadic Surgeon </th <th></th> <th></th> <th></th> <th></th> <th>person for the purpose of soliciting contributions</th>                                |   |                                     |   |                          | person for the purpose of soliciting contributions |
| A.       Peace, William, Joseph, ,MD, FAAOS         Mailing Address 18968 W 54th Ln       C         City       Code         Golden       CO         FEC ID number of contributing<br>federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Penorama Orthopedics & Spree Center       Optionation (for Individual)         Portor and Orthopedics & Spree Center       Aggregate Year-to-Date ▼         Peting Address 5275 Dunraven Circle       C         City       State       Zip Code         Golden       C       Co         Receipt For:       Aggregate Year-to-Date ▼       Transaction ID : 10521497         Other (specify) ▼       State       Zip Code         Golden       Co       Bodd3         Receipt For:       Co       State       Zip Code         Golden       Co       Bodd3       Other (specify) ▼         Primary       General       Othopaedic Surgeon       Transaction ID : 10521497         City       Co       Bodd3       Othor (specify this Period       Soo.00         Receipt For:       Aggregate Year-to-Date ▼       Transaction ID : 10521497       Transaction ID : 10521498         Mailing Address for O contributing<br>federal political   |   |                                     | America   | an Association of Orth   | opaedic SurgeonsPAC of AAOS                        |
| City       State       Zip Code       2020         Golden       City       City       City       City       City       State       200       Transaction ID : 10521496         Name of Employer (for Individual)       Ontopaedic Surgeon       Ontopaedic Surgeon       State       500.00         Panorama Ottopedics & Spine Center       Aggregate Year-to-Date ▼  | <b>A.</b>                               | Peace, William, Joseph, , MD, FAAOS | al) or Full O                                     | Organization Name        |  |
| Golden       CO       80403-2182       Amount of Each Receipt this Period         FEC. ID number of contributing<br>federal political committee.       C       500.00         Name of Employer (for Individual)<br>Other (specify) ▼       Aggregate Year-to-Date ▼       Memo Item         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B.       Puschak, Thomas, Joseph, , MD, FAAOS         Mailing Address 5275 Dunraven Circle       C         City       State         Golden       C         Receipt For:       Occupation (for Individual)<br>Orthopedic Surgeon         Parorama Orthopedics & Spine Center       Occupation (for Individual)<br>Orthopaedic Surgeon         Parorama Orthopedics & Spine Center       Occupation (for Individual)<br>Orthopaedic Surgeon         Parorama Orthopedics & Spine Center       Option Individual)<br>Orthopaedic Surgeon         Parorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼         Primary       General       Occupation (for Individual)<br>Orthopaedic Surgeon         Mailing Address 660 Golden Ridge Road<br>Suite 250       Suite Zip Code<br>CO       Bodol         Mailing Address 660 Golden Ridge Road<br>Suite 250       Solo       Solo         City<br>Gederal Dittical committiee       Occupation (for Individual)<br>Orthopaedic Surgeon       Date of Receipt <td< td=""><td></td><td></td><td>1</td><td></td><td></td></td<>            |   |                                     | 1   |                          |  |
| FEC ID number of contributing<br>federal political committee.       C       500.0         Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center       Orthopaedic Surgeon       Memo Item         Receipt For:<br>B. Puschak, Thomas, Joseph, MD, FAAOS       Aggregate Year-to-Date ▼       500.00         Mailing Address 5275 Dunraven Circle       State       Zip Code<br>Code       C         City<br>Golden       C       State       Zip Code<br>Code       So0.00         Name of Employer (for Individual)<br>Panorama Othopedics & Spine Center       C       Aggregate Year-to-Date ▼       Tansaction ID : 10521497         Name of Employer (for Individual)<br>Panorama Othopedics & Spine Center       C       Beneral       Orthopaedic Surgeon         Receipt For:<br>Difference       General       Occupation (for Individual)<br>Orthopaedic Surgeon       Tansaction ID : 10521497         Receipt For:<br>Difference       General       Occupation (for Individual)<br>Orthopaedic Surgeon       Tansaction ID : 10521497         Receipt For:<br>Difference       General       Occupation (for Individual)<br>Orthopaedic Surgeon       Tansaction ID : 10521497         Receipt For:<br>Difference       General       Occupation (for Individual)<br>Orthopaedic Surgeon       Tansaction ID : 10521498         Mailing Address 680 Golden Ridge Road<br>Suite 250       State       Zip Code<br>Co       So0.00         Name of Employer (for Individual) |   | -                                   |   |                          |  |
| Panorama Orthopedics & Spine Center       Orthopaedic Surgeon         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       500.00         B. Puschak, Thomas, Joseph, , MD, FAAOS       Date of Receipt         Mailing Address 5275 Durraven Circle       01         City       State       Zip Code         Golden       Co       80403         FEC ID number of contributing       C       Transaction ID: 10521497         Name of Employer (for Individual)       Occupation (for Individual)       Aggregate Year-to-Date ▼         Primary       General       Occupation (for Individual)       Memo Item         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       500.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Robinson, Mitchel, S, , MD, FAAOS       Mailing Address 660 Golden Ridge Road       Suite 250         City       State       Zip Code       Aggregate Year-to-Date ▼         Golden       Co       Bo401       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Co       Soute       Soute         Name of Employer (for Individ  |   | FEC ID number of contributing       |   |                          | Amount of Each Receipt this Period                 |
| Receipt For:       Aggregate Year-to-Date ▼         Golden       Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Puschak, Thomas, Joseph, , MD, FAAOS       Mailing Address 5275 Dunraven Circle       Date of Receipt         City       Co       80403       Primary       Gadeen         FEC ID number of contributing tederal political committee.       C       80403       Primary       General         Name of Employer (for Individual)       Occupation (for Individual)       Orthopaedic Surgeon       Memo Item         Pecipt For:       Aggregate Year-to-Date ▼       500,00       Image: Second Suite 250       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Occupation (for Individual)       Date of Receipt         Mailing Address 660 Golden Ridge Road       Suite 250       Suite 250       City       Soute 250         City       Golden       C       80401       Amount of Each Receipt this Period         Parorama Orthopedics & Spine Center       C       80401       Amount of Each Receipt this Period         Golden       Co       80401       Memo Item       Soute 250         City       Golden Ridge Road       Soute 250       Soute 250       Soute 250         Name of Employe  |   | Name of Employer (for Individual)   | Осси  | upation (for Individual) | Memo Item  |
| Primary       General       Aggregate real-objate          Other (specify) ▼       500.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B.       Puschak, Thomas, Joseph, , MD, FAAOS       Date of Receipt         Golden       C0       80403         FEC ID number of contributing tederal political committee.       C       FEC ID number of contributing tederal political committee.       Date of Receipt for:         Name of Employer (for Individual)       Occupation (for Individual)       Orthopaedic Surgeon       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       500,00       Date of Receipt         FLII Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Robinson, Mitchel, S, , MD, FAAOS       Date of Receipt         Mailing Address 660 Golden Ridge Road       Suite 250       Transaction ID : 10521498         Mailing Address 660 Golden Ridge Road       Suite 250       Transaction ID : 10521498         Mame of Employer (for Individual)       Occupation (for Individual)       Transaction ID : 10521498         Amount of Each Receipt for:       C       Bodd1       Amount of Each Receipt fits Period         FEC ID number of contributing tederal political committee.       C       Souco       Ford  |   |                                     | Orth  | nopaedic Surgeon         |  |
| B.       Puschak, Thomas, Joseph, MD, FAAOS       Date of Receipt         Mailing Address 5275 Dunraven Circle       City       State       Zip Code         Golden       CO       80403       FEC ID number of contributing       C         FEC ID number of contributing       C       amount of Each Receipt this Period       500.00         Panorama Orthopedics & Spine Center       Orthopaedic Surgeon       Memo Item         Primary       General       Other (specify) ▼       State       Zip Code         City       State       Zip Code       State       State         City       General       Orthopaedic Surgeon       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address 660 Golden Ridge Road       Suite 250       State       Zip Code         City       State       Zip Code       Bodu1       Tansaction ID : 10521498         Amount of Each Receipt this Period       State       Zip Code       Tansaction ID : 10521498         Mailing Address 660 Golden Ridge Road       Suite 250       Tansaction ID : 10521498       Memount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       Occupation (for Individual)       Memo Item         Panorama Orthopedic Surge  |   | Primary General                     | Aggregate   |                          | ]  |
| Mailing Address 5275 Dunraven Circle         City       State       Zip Code         Golden       CO       80403         FEC ID number of contributing       C       80403         federal political committee.       C       80403         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Robinson, Mitchel, S, , MD, FAAOS       Date of Receipt         Mailing Address e60 Golden Ridge Road       State       Zip Code         Golden       C       80401       Fece ID number of contributing         FEC ID number of contributing       C       State       Zip Code         Golden       C       80401       Fece ID number of contributing       Occupation (for Individual)         FEC ID number of contributing       C       State       Zip Code       State         Golden       C       80401       Feceipt       Mailing Address §60 Golden Ridge Road       State         Suite 250       City       State       Zip Code       80401       Memo Item         Panorama Orthopedics & Spine   |   |                                     |   | Organization Name        | Date of Receipt                                    |
| Golden       CO       80403         FEC ID number of contributing<br>federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         Receipt For:<br>Primary<br>Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         C. Robinson, Mitchel, S, , MD, FAAOS<br>Mailing Address 660 Golden Ridge Road<br>Suite 250       Date of Receipt         City<br>Golden       State<br>CO       Zip Code<br>80401       Date of Receipt this Period         FEC ID number of contributing<br>federal political committee.       C       State<br>CO       Zip Code<br>80401         Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center       Occupation (for Individual)<br>Orthopaedic Surgeon       Memo Item         Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Primary<br>General       Aggregate Year-to-Date ▼       Memo Item   |   |                                     |   |                          |  |
| FEC ID number of contributing federal political committee.       C       500.0         Name of Employer (for Individual) Panorama Orthopedics & Spine Center       Occupation (for Individual) Orthopaedic Surgeon       Memo Item         Receipt For:       Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         C.       Robinson, Mitchel, S, , MD, FAAOS       State       Zip Code       Code         Mailing Address 660 Colden Ridge Road Suite 250       State       Zip Code       Code         City       State       Zip Code       Roount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Off Individual)         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item  |   | •                                   |   |                          |  |
| Panorama Orthopedios & Spine Center       Orthopaedic Surgeon         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Robinson, Mitchel, S, , MD, FAAOS       Date of Receipt         Mailing Address 660 Golden Ridge Road       01         Suite 250       Zip Code         City       State         Golden       C         FEC ID number of contributing       C         FEC ID number of contributing       C         rederal political committee.       Orthopaedic Surgeon         Name of Employer (for Individual)       Occupation (for Individual)         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼         Primary       General       Orthopaedic Surgeon         Other (specify)       Aggregate Year-to-Date ▼       Memo Item   | -                                       | FEC ID number of contributing       |   |                          | Amount of Each Receipt this Period                 |
| Primary       General         Other (specify) ▼       General         C.       Robinson, Mitchel, S, , MD, FAAOS         Mailing Address 660 Golden Ridge Road       Date of Receipt         Suite 250       State         City       State         Golden       CO         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Panorama Orthopedics & Spine Center       Occupation (for Individual)         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼   |   |                                     |   | 1 ( )                    | Memo Item  |
| C. Robinson, Mitchel, S, , MD, FAAOS       Date of Receipt         Mailing Address       660 Golden Ridge Road       04       2020         City       State       Zip Code       03       04       2020         City       Golden       CO       80401       Transaction ID : 10521498         FEC ID number of contributing federal political committee.       C       State       City       State       State <td></td> <td>Primary General</td> <td>Aggregate</td> <td></td> <td>]</td>  |   | Primary General                     | Aggregate   |                          | ]  |
| Suite 250       O3       O4       2020         City       State       Zip Code       Transaction ID : 10521498         Golden       CO       80401       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.0         Name of Employer (for Individual)       Occupation (for Individual)       500.0         Panorama Orthopedics & Spine Center       Aggregate Year-to-Date ▼       Memo Item         Primary       General       500.00       500.00  |   |                                     |   | Organization Name        | Date of Receipt                                    |
| Golden       CO       80401       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.0         Name of Employer (for Individual)       Occupation (for Individual)       500.0         Panorama Orthopedics & Spine Center       Orthopaedic Surgeon       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       500.00         Other (specify)       500.00       1500.00  |   |                                     |   |                          |  |
| FEC ID number of contributing federal political committee.       C       500.0         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Panorama Orthopedics & Spine Center       Orthopaedic Surgeon       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       500.00         Other (specify)       500.00       1500.00   |   | -                                   |   |                          |  |
| Panorama Orthopedics & Spine Center     Orthopaedic Surgeon       Receipt For:     Aggregate Year-to-Date ▼       Other (specify)     500.00   |   | 8                                   | С   |                          | 500.00   |
| Primary General<br>Other (specify) 500.00  | Panorama Orthopedics & Spine Center Ort |                                     |   |                          | Memo Item  |
| SUBTOTAL of Receipts This Page (optional)  |   | Primary General                     | Aggregate   | 500.00                   | 1  |
| TOTAL This Period (last page this line number only)  |   |                                     |   |                          | 1500.00  |

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FOR LINE NUMBER:

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| IT  | EMIZED RECEIPTS  |                                    | for each category of the<br>Detailed Summary Page                       | (cneck only one)  |  |  |  |  |
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| Ar<br>or  | y information copied from such Reports and St for commercial purposes, other than using the  | atements ma                        | ay not be sold or used by any p<br>ddress of any political committee    | erson for the purpose of soliciting contributions   |  |  |  |  |
|   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS                                   |                                    |   |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or F         A.       Schneider, David, J, , MD, FAAOS         Mailing Address 711 Skywalker Point         City       State |  |                                    | zip Code  | Date of Receipt<br>03 / 04 / 2020<br>Transaction ID : 10521499                              |  |  |  |  |
|   | Lafayette  | CO                                 | 80026   | Amount of Each Receipt this Period  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.   | С                                  |   | 500.00  |  |  |  |  |
|   | Name of Employer (for Individual)         Panorama Orthopedics & Spine Center         Receipt For:         Primary       General         Other (specify) ▼ | Orth                               | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>500.00 | Memo Item   |  |  |  |  |
| B.  | Full Name of Individual (Last, First, Middle Initi<br>Seemann, Mitchell, D, , MD, FAAOS<br>Mailing Address 660 Golden Ridge Rd, Ste 250                    | Date of Receipt                    |   |   |  |  |  |  |
|   | City<br>Golden   | State<br>CO                        | Zip Code<br>80401-9541  | 03     04     2020       Transaction ID : 10521500       Amount of Each Receipt this Period |  |  |  |  |
|   | FEC ID number of contributing federal political committee.   |                                    |   | 500.00  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                                    | upation (for Individual)<br>nopaedic Surgeon                            |   |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | Year-to-Date ▼<br>500.00  | ]   |  |  |  |  |
| С.  | Full Name of Individual (Last, First, Middle Initi<br>Thomas, Robert, L, , MD, FAAOS   | al) or Full O                      | rganization Name  | Date of Receipt   |  |  |  |  |
|   | Mailing Address 7214 S Chase Way   |                                    |   | 03 04 2020 -  |  |  |  |  |
|   | City<br>Littleton  | State<br>CO                        | Zip Code<br>80128   | Transaction ID : 10521501   |  |  |  |  |
|   | FEC ID number of contributing<br>federal political committee.  Name of Employer (for Individual) Panorama Orthopedics & Spine Center  Descript For:        |                                    |   | Amount of Each Receipt this Period  |  |  |  |  |
|   |  |                                    |   | Memo Item   |  |  |  |  |
|   | Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>500.00 |   | ]   |  |  |  |  |
|   | UBTOTAL of Receipts This Page (optional)   |                                    | · · · · · · · · · · · · · · · · · · ·                                   | 1500.00   |  |  |  |  |
| Т   | OTAL This Period (last page this line number of  | only)                              | ••••••  |   |  |  |  |  |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page   | (check only one)         X       11a         11b       11c         12         13       14         15       16         17    |
|--|---|---|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using th  |   |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                       |
| NAME OF COMMITTEE (In Full) Political Action Committee of tl   | he America                                | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle I         A.       Wong, Douglas, Cabot, , MD, FAAOS         Mailing Address 23769 Shooting Star Dr         City         Golden         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Department of Spino Conter   | State<br>CO<br>C                          | Zip Code<br>80401   | Date of Receipt   |
| Panorama Orthopedics & Spine Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼  |   | Year-to-Date ▼<br>500.00  | ]   |
| Full Name of Individual (Last, First, Middle II         B. Drewek, Michael, , , MD         Mailing Address 660 Golden Ridge Rd         Ste 250         City         Golden         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Panorama Orthopedics & Spine Center         Receipt For:         Primary       General         Other (specify) ▼ | State<br>CO<br>C<br>Occu<br>Orth          | rganization Name<br>Zip Code<br>80401-9541<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>500.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle I         C. Froelich, John, Marshal, , MD, F.         Mailing Address 831 Uinta Way         City         Denver         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Panorama Orthopedics & Spine Center         Receipt For:         Primary       General         Other (specify)                | AAOS<br>State<br>CO<br>C<br>Occu<br>Ortho | rganization Name<br>Zip Code<br>80230-6824<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>500.00 | Date of Receipt<br>03 / 04 / 2020<br>Transaction ID : 10521504<br>Amount of Each Receipt this Period<br>500.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)  |   |   | 1500.00   |

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### Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | (check only one)<br><b>X</b> 11a 11b 11c 12<br>13 14 15 16 17   |  |  |  |
|---|-----------------------------------|--|---|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full) | d Statements ma<br>the name and a | ay not be sold or used by any p<br>address of any political committe                                     | person for the purpose of soliciting contributions              |  |  |  |
|   | the Americ                        | an Association of Orth   | opaedic SurgeonsPAC of AAOS                                     |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Horner, Michael, , , DO   | Initial) or Full C                | Organization Name  | Date of Receipt   |  |  |  |
| Mailing Address 660 Golden Ridge Rd<br>Ste 250  | 7.0.4                             | M = M         /         D = D         /         Y = Y = Y         Y           03         04         2020 |   |  |  |  |
| City<br>Golden  | State<br>CO                       | Zip Code<br>80401-9541   | Transaction ID : 10521508 Amount of Each Receipt this Period    |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 500.00  |  |  |  |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center<br>Receipt For:                                    | Orth                              | upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date ▼   | Memo Item   |  |  |  |
| Primary General<br>Other (specify) ▼  |                                   | 500.00   | ]   |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Lodha, Sameer, J, , MD, FAAOS  | Initial) or Full C                | Organization Name  | Date of Receipt   |  |  |  |
| Mailing Address 2538 W 36th Ave   |                                   |  |   |  |  |  |
| City<br>Denver  | State<br>CO                       | Zip Code<br>80211-2849   | Transaction ID : 10521509<br>Amount of Each Receipt this Period |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 500.00  |  |  |  |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center  |                                   | upation (for Individual)<br>hopaedic Surgeon   | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                         | Year-to-Date ▼<br>500.00   | ]   |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Murken, Roger, E, , MD, FAAO   |                                   | Organization Name  | Date of Receipt   |  |  |  |
| Mailing Address 660 Golden Ridge Rd<br>Ste 250  |                                   |  | 03 / D D / Y Y Y Y<br>03 04 2020                                |  |  |  |
| City<br>Golden  | State<br>CO                       | Zip Code<br>80401  | Transaction ID : 10521510 Amount of Each Receipt this Period    |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 500.00  |  |  |  |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center  |                                   | upation (for Individual)<br>nopaedic Surgeon   | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                         | Year-to-Date ▼<br>500.00   | ]   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                                   |  | 1500.00   |  |  |  |
| TOTAL This Period (last page this line numb   | er only)                          |  |   |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                                    | for each category of the<br>Detailed Summary Page                  | X     11a     11b     11c     12       13     14     15     16     17  |
|--|------------------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using                         | d Statements ma<br>the name and ac | y not be sold or used by any p<br>ddress of any political committe | e to solicit contributions from such committee.                        |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of   | the America                        | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. Rowland, Edmund, B, , Jr, MD, FA                                  | Date of Receipt                    |  |  |
| Mailing Address 265 Skyhill Dr   | 0                                  | Zin Onda   | 03 / 04 / 2020   |
| City<br>Evergreen  | State<br>CO                        | Zip Code<br>80439-3797   | Transaction ID : 10521511           Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | С                                  |  | 500.00   |
| Name of Employer (for Individual)<br>Panorama Orthopedics & Spine Center   |                                    | pation (for Individual)<br>opaedic Surgeon                         | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | Year-to-Date ▼<br>500.00   | ]  |
| B. Full Name of Individual (Last, First, Middle<br>Vanderheiden, Todd, Frederick, ,<br>Mailing Address 841 S Race St | ,                                  | ganization Name  | Date of Receipt  |
| City   | State                              | Zip Code   | 03 04 2020   |
| Denver   | СО                                 | 80209-4608   | Transaction ID : 10521512<br>Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | С                                  |  | 500.00   |
| Name of Employer (for Individual)<br>Denver Health Medical Center  |                                    | ipation (for Individual)<br>opaedic Surgeon                        | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | Year-to-Date ▼<br>,  | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Kinder, Jeremy, Ron, , MD, FAA                                    |                                    | ganization Name  | Date of Receipt  |
| Mailing Address 8709 Stoll Place   |                                    |  | 03 / D D / Y Y Y Y<br>03 04 2020                                       |
| City<br>Denver   | State<br>CO                        | Zip Code<br>80238  | Transaction ID : 10521513<br>Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | С                                  |  | 500.00   |
| Colorado Limb Consultants  |                                    | pation (for Individual)<br>opaedic Surgeon                         | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                          | Year-to-Date ▼<br>500.00   | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                                    |  | 1500.00  |

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

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

- 10

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| SCHEDULE A (FEC Fo   | orm 3X)                                   | Use separate schedule(s)                      | FOR LINE NUMBER: PAGE 191 OF 300                                |  |  |
|--|---|---|---|--|--|
| ITEMIZED RECEIPTS  |   | for each category of the                      | (check only one)  |  |  |
|  |   | Detailed Summary Page                         | 13 14 15 16 17  |  |  |
|  |   |   | person for the purpose of soliciting contributions              |  |  |
|  |   | address of any political committe             | ee to solicit contributions from such committee.                |  |  |
| NAME OF COMMITTEE (In Full Political Action Comm               |   | an Association of Orth                        | opaedic SurgeonsPAC of AAOS                                     |  |  |
| / Full Name of Individual (Last, Fi                            |   | Drganization Name                             |   |  |  |
| A. Mejia, Hector, A, , MD, FAA                                 |   |   | Date of Receipt   |  |  |
| Mailing Address 4920 E Progres                                 | s Ct                                      |   | 03 04 2020  |  |  |
| City   | State                                     | Zip Code                                      | Transaction ID : 10521514                                       |  |  |
| Greenwood Village  | СО  | 80121   | Amount of Each Receipt this Period                              |  |  |
| FEC ID number of contributing federal political committee.     | C   |   | 500.00  |  |  |
| Name of Employer (for Individua                                | l) Occ                                    | upation (for Individual)                      | Memo Item   |  |  |
| Tallahassee Orthopedic Clinic                                  | Ort                                       | hopaedic Surgeon                              |   |  |  |
| Receipt For:   | Aggregate                                 | Year-to-Date ▼                                |   |  |  |
| Primary General<br>Other (specify) ▼                           |   | 1000.00                                       |   |  |  |
|  |   |   |   |  |  |
| Full Name of Individual (Last, Fi<br>B. Rentz, Darin, , , MD   | rst, Middle Initial) or Full C            | Organization Name                             | Date of Receipt   |  |  |
| Mailing Address 633 Diamond R                                  | Mailing Address 633 Diamond Ridge Parkway |   |   |  |  |
| City   | State                                     | 03 04 2020                                    |   |  |  |
| Castle Rock  | CO  | Zip Code<br>80108                             | Transaction ID : 10521515<br>Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing                                  |   |   |   |  |  |
| federal political committee.                                   | C   |   | 500.00  |  |  |
| Name of Employer (for Individua<br>Self Employed               |   | cupation (for Individual)<br>hopaedic Surgeon | Memo Item   |  |  |
| Receipt For:   | Aggregate                                 | Year-to-Date <b>V</b>                         |   |  |  |
| Other (specify) ▼  |   | , 500.00                                      | ]   |  |  |
| Full Name of Individual (Last, Fi<br>C. Schmidt, Todd, A, , MD |   | Organization Name                             | Date of Receipt   |  |  |
| Mailing Address 2865 Lake Park                                 |   |   | 03 05 2020  |  |  |
| City   | State                                     | Zip Code                                      | Transaction ID : 10534446                                       |  |  |
| Jonesboro  | GA  | 30236   | Amount of Each Receipt this Period                              |  |  |
| FEC ID number of contributing federal political committee.     | C   |   | 250.00  |  |  |
| Name of Employer (for Individua<br>OrthoAtlanta                |   | upation (for Individual)<br>nopaedic Surgeon  | Memo Item   |  |  |
| Receipt For:   | Aggregate                                 | Year-to-Date 🔻                                |   |  |  |
| Other (specify)  |   | 250.00  |   |  |  |
|  |   |   | -   |  |  |
| SUBTOTAL of Receipts This Page                                 | e (optional)                              |   | 1250.00   |  |  |
|  |   |   |   |  |  |

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

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

1.

FOR LINE NUMBER: PAGE 192 OF 300

| ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c<br>13 14 15      |                           |  |  |  |
|--|---|---|--|---------------------------|--|--|--|
| Any information copied from such<br>or for commercial purposes, othe<br>NAME OF COMMITTEE (In Fu | r than using the name and a<br>ull)         | ddress of any political committe  | ee to solicit contributions from s               | uch committee.            |  |  |  |
| Political Action Comr  | nittee of the America                       | an Association of Orth  | opaedic SurgeonsP                                | AC of AAUS                |  |  |  |
| Full Name of Individual (Last,<br>A. Lintecum, Neal, D, , MD, F                                  | AAOS  | rganization Name  | Date of Receipt                                  |                           |  |  |  |
| Mailing Address 789 N 1500 R   | oad   |   | M M / D D /<br>03 05                             | Y Y Y Y<br>2020           |  |  |  |
| City<br>Lawrence   | State<br>KS                                 | Zip Code<br>66049-9194  | Transaction ID : 10534<br>Amount of Each Receipt |                           |  |  |  |
| FEC ID number of contributing federal political committee.                                       | С   |   |  | 200.00                    |  |  |  |
| Name of Employer (for Individe<br>Self Employed  |   | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |                           |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼<br>600.00  | ]  |                           |  |  |  |
| Full Name of Individual (Last, <b>B.</b> Rathjen, Karl, E, , MD,F                                | AAOS  | rganization Name  | Date of Receipt                                  |                           |  |  |  |
| Mailing Address Dept of Orthop<br>2222 Welborn   |   |   | M M / D D /<br>03 05                             |                           |  |  |  |
| City<br>Dallas   | State<br>TX                                 | Zip Code<br>75219-3993  | Transaction ID : 10534<br>Amount of Each Receipt | Transaction ID : 10534449 |  |  |  |
| FEC ID number of contributing federal political committee.                                       |   |   |  | 1000.00                   |  |  |  |
| Name of Employer (for Individ<br>Texas Scottish Rite Hosp  | ,   | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item  |                           |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼  |   | Year-to-Date ▼<br>1000.00   | ]  |                           |  |  |  |
| Full Name of Individual (Last, C. Farber, Daniel, C, , MI  | First, Middle Initial) or Full O<br>D,FAAOS | rganization Name  | Date of Receipt                                  |                           |  |  |  |
| Mailing Address 300 Fairhill Re  | 1   |   | 03 / D D / 06                                    | Y Y Y Y<br>2020           |  |  |  |
| City<br>Wynnewood  | State<br>PA                                 | Zip Code<br>19096-1804  | Transaction ID : 10534<br>Amount of Each Receipt | -                         |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C   |   |  | 250.00                    |  |  |  |
| Name of Employer (for Individual)<br>Penn Medicine Orthopaedics                                  |   | ipation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |                           |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify)  |   | Year-to-Date ▼<br>250.00  | ]  |                           |  |  |  |
| SUBTOTAL of Receipts This Pa   | ge (optional)                               |   |  | 1450.00                   |  |  |  |

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

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

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| IT         | EMIZED RECEIPTS  |   | Ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |
|------------|--|---|---|--|
|            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                          |   |   | person for the purpose of soliciting contributions   |
|            | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America                                     | n Association of Orth   | opaedic SurgeonsPAC of AAOS                          |
| Α.         | Full Name of Individual (Last, First, Middle Initia<br>Early, John, S, , MD,FAAOS<br>Mailing Address 8210 Walnut Hill Ln | al) or Full Or                              | ganization Name   | Date of Receipt                                      |
|            | City Ste 130   | State                                       | Zip Code  | Transaction ID : 10534716                            |
|            | Dallas   | ТХ  | 75231   | Amount of Each Receipt this Period                   |
|            | FEC ID number of contributing federal political committee.   | С   |   | 250.00   |
|            | Name of Employer (for Individual)  | Occu  | pation (for Individual)   | Memo Item  |
|            | Texas Orthopaedic Associates   | Ortho                                       | ppaedic Surgeon   |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                   | /ear-to-Date ▼<br>250.00  | 1  |
| в.         | Full Name of Individual (Last, First, Middle Initia<br>Bear, Brian, Jeffrey, , MD, FAAOS                                 | al) or Full Or                              | ganization Name   | Date of Receipt                                      |
|            | Mailing Address 324 Roxbury Rd   |   |   | M M / D D / Y Y Y Y<br>03 06 2020                    |
|            | City   | State                                       | Zip Code  | Transaction ID : 10534717                            |
|            | Rockford   | IL  | 61107   | Amount of Each Receipt this Period                   |
|            | FEC ID number of contributing federal political committee.   | C   |   | 250.00   |
|            | Name of Employer (for Individual)<br>Self Employed   |   | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                   | /ear-to-Date ▼<br>250.00  | ]  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initia Justice, Benjamin, Jay, , MD,FAAC                                    |   | ganization Name   | Date of Receipt                                      |
|            | Mailing Address 4676 Pascagoula Run  | M = M / D = D / Y = Y = Y = Y<br>03 06 2020 |   |  |
|            | City<br>Greenwood  | State<br>IN                                 | Zip Code<br>46143   | Transaction ID : 10534718                            |
|            | FEC ID number of contributing federal political committee.   | С   |   | Amount of Each Receipt this Period                   |
|            | Name of Employer (for Individual)<br>Ortholndy   |   | pation (for Individual)<br>paedic Surgeon                                     | Memo Item  |
|            | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                   | /ear-to-Date ▼<br>250.00  | ]  |
|            | UBTOTAL of Receipts This Page (optional)   |   |   | 750.00   |

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| ITEMIZED RECEIPTS |   |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|-------------------|---|----------------------------------|---|--|
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                             |                                  |   |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | America                          | n Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Pierce, Troy, D, , MD, FAAOS<br>Mailing Address 4012 Edgewater PI SE |                                  |   | Date of Receipt  |
|                   | City<br>Mandan  | State<br>ND                      | Zip Code<br>58554   | Transaction ID : 10534719  |
|                   | FEC ID number of contributing federal political committee.  | С                                |   | Amount of Each Receipt this Period   |
|                   | Name of Employer (for Individual)   | Occu                             | pation (for Individual)   | Memo Item  |
|                   | The Bone & Joint Center   | Ortho                            | opaedic Surgeon   |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                        | Year-to-Date ▼<br>250.00  | ]  |
| в.                | Full Name of Individual (Last, First, Middle Initia<br>Higgins, Jason, A, , MD, FAAOS                                       | al) or Full Or                   | ganization Name   | Date of Receipt  |
|                   | Mailing Address 102 Estate Dr   | 03 04 2020                       |   |  |
|                   | City  | State                            | Zip Code  | Transaction ID : 10535345  |
|                   | Thibodaux   | LA                               | 70301   | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С                                |   | 250.00   |
|                   | Name of Employer (for Individual)<br>Orthopaedic Sports Specialists of Loui   |                                  | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Y                      | Year-to-Date ▼<br>250.00  | ]  |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Initia<br>Feder, Keith, S, , Sr, MD,FAA  | al) or Full Or                   | ganization Name   | Date of Receipt  |
|                   | Mailing Address 1200 Rosecrans Ave<br>Ste 208   | 03 / D D / Y Y Y Y<br>03 04 2020 |   |  |
|                   | City<br>Manhattan Beach   | State<br>CA                      | Zip Code<br>90266-2470  | Transaction ID : 10535346 Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С                                |   | 250.00   |
|                   | Name of Employer (for Individual)<br>Self Employed  |                                  | pation (for Individual)<br>opaedic Surgeon                                    | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate `                      | Year-to-Date ▼<br>250.00  | ]  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                                  |   | 750.00   |
| Т                 | OTAL This Period (last page this line number o  | nly)                             |   |  |

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 195 OF 300<br>(check only one)  |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | Image: Check only only       Image: Check only       I |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)      | he name and address of any political committe      | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.  |
| Full Name of Individual (Last, First, Middle I                                    | nitial) or Full Organization Name                  |   |
| A. Buckley, Steven, L, , MD, FAAOS  |  | Date of Receipt   |
| Mailing Address 416 Locust Ave SE   | State Zip Code                                     | 03 04 2020<br>Transaction ID : 10535347   |
| Huntsville  | AL 35801   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C  | 500.00  |
| Name of Employer (for Individual)<br>Crestwood Medical Center                     | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| Full Name of Individual (Last, First, Middle I<br>B. Fitzgerald, Michael, G, , MD | Initial) or Full Organization Name                 | Date of Receipt   |
| Mailing Address 5 E Lake St   |  | 03 04 2020  |
| City  | State Zip Code                                     | Transaction ID : 10535348   |
| Skaneateles   | NY 13152-1306                                      | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                        | C  | 250.00  |
| Name of Employer (for Individual)<br>Syracuse Orthopedic Specialists              | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:  | Aggregate Year-to-Date ▼                           |   |
| Other (specify) ▼   | 250.00   |   |
| Full Name of Individual (Last, First, Middle I<br>C. Wong, Rodney, Z, , MD, FAAOS |  | Date of Receipt   |
| Mailing Address 763 Altos Oaks Dr<br>Ste 1  |  | M M / D D / Y Y Y Y<br>03 04 2020   |
| City  | State Zip Code<br>CA 94024-5400                    | Transaction ID : 10535360   |
| Los Altos<br>FEC ID number of contributing<br>federal political committee.        | CA 94024-5400                                      | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Self Empolyed                                | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate Year-to-Date ▼<br>500.00                 |   |
| SUBTOTAL of Receipts This Page (optional)   |  | ▶ 1250.00   |
| TOTAL This Period (last page this line numbe                                      | er only)   |   |

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| ITEMIZED RECEIPTS                 |  |                | for each category of the<br>Detailed Summary Page | (check only one)         ✗ 11a       11b       11c       12         13       14       15       16       17 |
|-----------------------------------|--|----------------|---|--|
|                                   | y information copied from such Reports and SI for commercial purposes, other than using the                        |                |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.       |
|                                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America      | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| Α.                                | Full Name of Individual (Last, First, Middle Init<br>Kindsfater, Kirk, , , MD,FAAOS<br>Mailing Address 16285 CR 76 | ial) or Full O | rganization Name                                  | Date of Receipt  |
|                                   | City   | State          | Zip Code  | 03 04 2020<br>Transaction ID : 10535361  |
|                                   | Eaton  | CO             | 80615   | Amount of Each Receipt this Period   |
|                                   | FEC ID number of contributing federal political committee.   | С              |   | 500.00   |
|                                   | Name of Employer (for Individual)<br>Self Employed   |                | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|                                   | Receipt For:   |                | 1 0   |  |
|                                   | Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>500.00                          | ]  |
| <br>R                             | Full Name of Individual (Last, First, Middle Init<br>Samuelson, Thomas, S, , MD, FAAC                              |                | rganization Name                                  | Date of Receipt  |
| Mailing Address 12101 Catalina St |  |                |   | 03 04 2020   |
|                                   | City   | State          | Zip Code  | Transaction ID : 10535363  |
|                                   | Leawood  | KS             | 66209   | Amount of Each Receipt this Period   |
|                                   | FEC ID number of contributing federal political committee.   | С              |   | 375.00   |
|                                   | Name of Employer (for Individual)<br>Signature Medical Group of KC   |                | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|                                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>875.00                          | ]  |
| с.                                | Full Name of Individual (Last, First, Middle Init<br>Johnson, Wayne, Anthony, , MD, I                              |                | rganization Name                                  | Date of Receipt  |
|                                   | Mailing Address 8212 NW Stonebridge Court  |                |   | M M / D D / Y Y Y Y<br>03 04 2020  |
|                                   | City<br>Lawton   | State<br>OK    | Zip Code<br>73505                                 | Transaction ID : 10535365<br>Amount of Each Receipt this Period  |
|                                   | FEC ID number of contributing federal political committee.   | С              |   | 1000.00  |
|                                   | Name of Employer (for Individual)<br>Premier Orthopaedics  |                | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
|                                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>1000.00                         | ]  |
| s                                 | UBTOTAL of Receipts This Page (optional)   |                |   | 1875.00  |
| Т                                 | OTAL This Period (last page this line number of  | only)          |   |  |

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| ITEMIZED RECEIPTS  |                                      | for each category of the<br>Detailed Summary Page  | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |
|--|--------------------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using   |                                      |  | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full) Political Action Committee of t  | the America                          | an Association of Orth   | opaedic SurgeonsPAC of AAOS                          |
| Full Name of Individual (Last, First, Middle Kennedy, Thomas, C, , MD, FAAOS         Mailing Address 1106 Pecks Canyon         City         Yakima         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼                   | State<br>WA<br>C<br>Occo<br>Orth     | Zip Code<br>98908<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>1000.00     | Date of Receipt                                      |
| Full Name of Individual (Last, First, Middle         B. Green, Daniel, William, , MD,FAA         Mailing Address 535 E 70th St         City         New York         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Hosp for Special Surgery         Receipt For:         Primary       General Other (specify) ▼              | OS<br>State<br>NY<br>C<br>Occ<br>Ort | Zip Code<br>10021-4823<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>525.00 | Date of Receipt                                      |
| Full Name of Individual (Last, First, Middle         Milam, R, Alden, , IV, MD,FAA         Mailing Address 3320 Selwyn Ave         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         OrthoCarolina Spine Center         Receipt For:         Primary       General         Other (specify) | State<br>NC<br>C<br>Occu             | Zip Code<br>28209<br>Upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | Date of Receipt                                      |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line numb  |                                      |  | 1425.00  |

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FOR LINE NUMBER: PAGE 198 OF 300

| ITEMIZED RECEIPTS   |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | (check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         17 |
|---|----------------------------------|--|--|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r  | atements ma<br>name and a        | ay not be sold or used by any penderess of any political committee                               | erson for the purpose of soliciting contributions to solicit contributions from such committee.                                      |
| NAME OF COMMITTEE (In Full) Political Action Committee of the   | America                          | an Association of Ortho  | paedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Initia         A.       Kiner, Dirk, W, , MD, FAAOS         Mailing Address       438 Oliver Street         City       City  | State                            | Zip Code   | Date of Receipt<br>03 / 07 / 2020<br>Transaction ID : 10535409   |
| Chattanooga<br>FEC ID number of contributing<br>federal political committee.  | TN<br>C                          | 37405-4020   | Amount of Each Receipt this Period 84.00   |
| Name of Employer (for Individual)         Southern Orthopaedic Trauma Surgeons         Receipt For:         Primary       General         Other (specify) ▼   | Aggregate                        | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00                         | Memo Item  |
| Full Name of Individual (Last, First, Middle Initia<br>B. Dietz, James, J, , MD, FAAOS<br>Mailing Address 1156 Yorkshire  | al) or Full O                    | rganization Name   | Date of Receipt<br>03 07 2020  |
| City<br>Grosse Pointe Park<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>St Clair Ortho and Sports Med<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orth                             | Zip Code<br>48230-1101<br>upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date<br>500.00 | Transaction ID : 10535410         Amount of Each Receipt this Period         500.00         Memo Item                                |
| Full Name of Individual (Last, First, Middle Initia         C.       Law, Brian, C, , MD,FAAOS         Mailing Address       541 E Erie Street         Unit 314         City         Milwaukee         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Medical College of Wisconsin         Receipt For:         Primary       General         Other (specify) | State<br>WI<br>C<br>Occu<br>Orth | Zip Code<br>53202<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>250.00    | Date of Receipt<br>03 07 2020<br>Transaction ID : 10535411<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item              |
| SUBTOTAL of Receipts This Page (optional)   |                                  |  | 834.00   |

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| ITEMIZED RECEIPTS |  |                           | for              | e separate schedule(s)<br>each category of the<br>stailed Summary Page | È                  | k only one)<br>11a 11<br>13 14  |   | 12<br>16 17                      |
|-------------------|--|---------------------------|------------------|--|--------------------|---------------------------------|---|----------------------------------|
| Ar<br>or          | y information copied from such Reports and St<br>for commercial purposes, other than using the                       | atements ma<br>name and a | ay not<br>Iddres | be sold or used by any pe<br>s of any political committee              | rson fo<br>to soli | r the purpos<br>cit contributio | e of solicitir                          | g contributions<br>ch committee. |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America                 | an A             | ssociation of Ortho  | paec               | lic Surge                       | onsPA                                   | C of AAOS                        |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Hsu, Joseph, R, , MD,FAAOS                                     | al) or Full O             | organiz          | zation Name  | D                  | ate of Recei                    | pt                                      |                                  |
|                   | Mailing Address 2816 Hedgewyk Pl   |                           |                  |  | -  L               | 03                              | 07                                      | 2020                             |
|                   | City<br>Charlotte  | State<br>NC               |                  | Zip Code<br>28211  |                    | Transaction<br>mount of Ea      |   |                                  |
|                   | FEC ID number of contributing federal political committee.   | С                         |                  |  |                    |                                 |   | 250.00                           |
|                   | Name of Employer (for Individual)<br>Carolinas Medical Center  |                           | •                | n (for Individual)<br>dic Surgeon                                      | 1                  | Memo Ite                        | em                                      |                                  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-            | to-Date ▼<br>250.00  |                    |                                 |   |                                  |
| В.                | Full Name of Individual (Last, First, Middle Initi<br>Gray, F, Scott, , MD,FAAOS<br>Mailing Address 25 Olmstead Lane | al) or Full O             | rganiz           | zation Name  |                    | ate of Recei                    | pt                                      | Y Y Y                            |
|                   | City   | State                     | Z                | Zip Code   | 4 L                | 03<br>Transaction               | 08                                      | 2020                             |
|                   | Ridgefield   | СТ                        |                  | 06877  | Ai                 | mount of Ea                     | ch Receipt t                            | his Period                       |
|                   | FEC ID number of contributing<br>federal political committee.  | С                         |                  |  |                    |                                 |   | 250.00                           |
|                   | Name of Employer (for Individual)<br>Connecticut Family Orthopaedics   |                           | •                | n (for Individual)<br>dic Surgeon                                      |                    | Memo Ite                        | em                                      |                                  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-            | to-Date ▼<br>, 250.00  |                    |                                 |   |                                  |
| с.                | Full Name of Individual (Last, First, Middle Initi<br>Higgins, Michael, E, , MD, FAAOS                               | al) or Full O             | rganiz           | zation Name  | D                  | ate of Recei                    | pt                                      |                                  |
|                   | Mailing Address 5236 Rockport Landing  |                           |                  |  |                    | 03 / I                          | 08                                      | 2020                             |
|                   | City<br>Suffolk  | State<br>VA               |                  | Zip Code<br>23435-3518   |                    | Transaction<br>mount of Ea      |   |                                  |
|                   | FEC ID number of contributing federal political committee.   | С                         |                  |  | ļ                  | 84.00                           | 84.00                                   |                                  |
|                   | Name of Employer (for Individual)<br>Tidewater Orthopaedic Assoc   |                           | •                | n (for Individual)<br>dic Surgeon                                      |                    | Memo Ite                        | em                                      |                                  |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                 | Year-            | to-Date ▼<br>252.00  |                    |                                 |   |                                  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                           |                  | ••••••   |                    | ,                               | , | 584.00                           |
| т                 | OTAL This Period (last page this line number o   | nly)                      |                  | ····· ►  |                    | 1 1 40                          |   |                                  |

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| ITEMIZED RECEIPTS  |                                 | for each category of the<br>Detailed Summary Page  | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17   |
|--|---------------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t   |                                 |  | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t   | he Americ                       | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Szczech, Bartlomiej, , , MD         Mailing Address 89 Intervale Way         City         Lake Placid         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         St Joseph's Hospital Med Ctr         Receipt For:         Primary       General         Other (specify) ▼                              | State<br>NY<br>C<br>Occ<br>Orth | Zip Code<br>12946-3240<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>300.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle         Kennedy, E, Jeff, , MD,FAAOS         Mailing Address 235 Johnstone Dr         City         Madison         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼  | State<br>MS<br>C<br>Occ<br>Ort  | Zip Code<br>39110-7686<br>upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date ▼<br>250.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle         Mejia, Alfonso, , , MD,MPH,FAA         Mailing Address 5332 South Shore Drive         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Illinois Association of Orthopedic Sur         Receipt For:         Primary       General         Other (specify) | State<br>IL<br>C<br>Occ<br>Orth | Zip Code<br>60615-5708<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00 | Date of Receipt<br>03 / 08 / 2020<br>Transaction ID : 10535417<br>Amount of Each Receipt this Period<br>84.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional).   |                                 |  | 434.00   |

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| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 201 OF 300<br>(check only one)  |
|--|--|---|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
|  | I Statements may not be sold or used by any per<br>the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full) Political Action Committee of t                          | the American Association of Ortho  | ppaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Clain, Michael, R, , MD, FAAOS          | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 9 Indian Head Rd   |  | 03 09 2020  |
| City<br>Riverside  | StateZip CodeCT06878-2403  | Transaction ID : 10535420         Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.                           | C  | 84.00   |
| Name of Employer (for Individual)<br>Self Employed                                   | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate Year-to-Date ▼<br>252.00   |   |
| Full Name of Individual (Last, First, Middle<br>3. Durham, Alfred, Ainsley, , MD, FA |  | Date of Receipt   |
| Mailing Address 2954 Lockridge Rd  |  | M M / D D / Y Y Y Y<br>03 06 2020   |
| City<br>Roanoke  | State Zip Code<br>VA 24014   | Transaction ID : 10536173   |
| FEC ID number of contributing federal political committee.                           | С  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Lewis Gale Physicians                           | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate Year-to-Date ▼<br>550.00   |   |
| Full Name of Individual (Last, First, Middle<br>Daluga, Daniel, J, , MD, FAAOS       | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 4601 Penelope Ct   |  | M M / D D / Y Y Y Y<br>03 06 2020   |
| City<br>West Lafayette   | StateZip CodeIN47906   | Transaction ID : 10536174<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                           | С  | 250.00  |
| Name of Employer (for Individual)<br>Self Employed                                   | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate Year-to-Date ▼<br>250.00   |   |
| SUBTOTAL of Receipts This Page (optional).   | ·····  | 884.00  |
| TOTAL This Period (last page this line number  | er only)   |   |

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| 14       15       16       17         rpose of soliciting contributions butions from such committee.       17         rgeonsPAC of AAOS       1000.00         eceipt       2020         tion ID : 10536175       1000.00 |
|--|
| eceipt<br>/ 06 / 2020<br>tion ID : 10536175<br>f Each Receipt this Period  |
| tion ID : 10536175<br>f Each Receipt this Period   |
| o Item   |
| eceipt<br>06 2020<br>tion ID : 10536176<br>f Each Receipt this Period<br>250.00<br>o Item  |
| eceipt<br>10 2020<br>tion ID : 10536232<br>f Each Receipt this Period<br>84.00<br>to Item  |
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bushnell, Brandon, Dubose, , MD, MBA, F Date of Receipt Α. Mailing Address 60 Fallen Branch Circle SE 1 2020 03 10 City Zip Code State Transaction ID: 10536233 GA Rome 30161-2194 Amount of Each Receipt this Period FEC ID number of contributing С 84.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Harbin Clinic Orthopedics and Sports M Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dodds, Julie, A, , MD, FAAOS Date of Receipt Mailing Address 2900 Hannah Blvd 03 10 2020 Ste 212 City State Zip Code Transaction ID : 10536234 MI East Lansing 48823-5382 Amount of Each Receipt this Period FEC ID number of contributing С 84.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 252.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Murphy, Brian, A, , MD, FAAOS Date of Receipt Mailing Address 3803 Highknob Circle М M 03 10 2020 City State Zip Code Transaction ID: 10536376 IL Naperville 60564 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) M & M Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1168.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)..... --100

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| ITEMIZED RECEIPTS |   |                 | for each category of the<br>Detailed Summary Page | (check only one)       ▼     11a       11b     11c       12       13     14       15     16       17 |
|-------------------|---|-----------------|---|--|
|                   | y information copied from such Reports and St for commercial purposes, other than using the                                 |                 |   |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e America       | n Association of Orthe                            | opaedic SurgeonsPAC of AAOS  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Reynolds, Kirk, Allen, , MD,FAAOS<br>Mailing Address 11901 Fairway Dr | al) or Full Org | ganization Name                                   | Date of Receipt  |
|                   | City  | State           | Zip Code  | Transaction ID : 10536378  |
|                   | Little Rock   | AR              | 72212-3424  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С               |   | 84.00  |
|                   | Name of Employer (for Individual)   | Occu            | pation (for Individual)                           | Memo Item  |
|                   | Arkansas Specialty Orthopaedics   | Ortho           | ppaedic Surgeon                                   |  |
|                   | Receipt For:  | Aggregate Y     | /ear-to-Date ▼                                    |  |
|                   | Primary General<br>Other (specify) ▼  |                 | 252.00  |  |
| в.                | Full Name of Individual (Last, First, Middle Initi<br>Woodruff, Robert, James, , MD, FAA                                    |                 | ganization Name                                   | Date of Receipt  |
|                   | Mailing Address 6828 Prestwick Rd   |                 |   | 03 11 2020   |
|                   | City  | State           | Zip Code  | Transaction ID : 10536379  |
|                   | Rapid City  | SD              | 57702-9562  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С               |   | 500.00   |
|                   | Name of Employer (for Individual)<br>Black Hills Orthopaedics and Spine Cen   |                 | pation (for Individual)<br>opaedic Surgeon        | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Y     | /ear-to-Date ▼<br>500.00                          | ]  |
| <u></u> с.        | Full Name of Individual (Last, First, Middle Initi<br>Braaton, Paul, J, , MD,FAAOS  | al) or Full Or  | ganization Name                                   | Date of Receipt  |
|                   | Mailing Address 1335 Coffee Rd<br>Ste 100   |                 |   | 03 / D D / Y Y Y Y Y<br>11 2020  |
|                   | City<br>Modesto   | State<br>CA     | Zip Code<br>95355-3192                            | Transaction ID : 10536380  |
|                   |   |                 | 90000-0192  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С               |   | 84.00  |
|                   | Name of Employer (for Individual)<br>Self Employed  |                 | pation (for Individual)<br>paedic Surgeon         | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y     | /ear-to-Date ▼<br>252.00                          | ]  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                 |   | 668.00   |
| Т                 | OTAL This Period (last page this line number c  | only)           |   |  |

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| IT | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page | (check only one)     ▼     11a     11b     11c     12       13     14     15     16     17 |
|----|--|---------------|---|--|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r                              |               |   | erson for the purpose of soliciting contributions  |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America       | an Association of Ortho                           | ppaedic SurgeonsPAC of AAOS  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Espinoza, Luis, M, , MD, FAAOS<br>Mailing Address 5 Savannah Ridge Lane | al) or Full O | Zip Code  | Date of Receipt<br>03 / 11 / 2020<br>Transaction ID : 10536381                             |
|    | Metairie   | LA            | 70001   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | С             |   | 84.00  |
|    | Name of Employer (for Individual)  |               | upation (for Individual)                          | Memo Item  |
|    | Self Employed  | Orth          | nopaedic Surgeon                                  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>252.00                          |  |
| _  | Full Name of Individual (Last, First, Middle Initia  | al) or Full O | rganization Name                                  |  |
| В. | Glassman, Andrew, H, , MD,FAAOS<br>Mailing Address 126 North Drexel Avenue   |               |   | Date of Receipt<br>03 11 2020  |
|    | City   | State         | Zip Code  | Transaction ID : 10536382  |
|    | Columbus   | OH            | 43209-1427  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | С             |   | 84.00  |
|    | Name of Employer (for Individual)<br>Ohio State University Wexner Medical C  |               | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>252.00                          |  |
| С. | Full Name of Individual (Last, First, Middle Initia<br>John, Thomas, K, , MD,FAAOS   | al) or Full O | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 522 Eastbrook Rd   |               |   | 03 / D D / Y Y Y Y Y<br>2020   |
|    | City<br>Ridgewood  | State<br>NJ   | Zip Code<br>07450-2110                            | Transaction ID : 10536383  |
|    | FEC ID number of contributing federal political committee.   | С             |   | Amount of Each Receipt this Period 84.00   |
|    | Name of Employer (for Individual)<br>Active Orthopedics and Sports Medicine  |               | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>252.00                          | ]  |
|    | UBTOTAL of Receipts This Page (optional)   |               |   | 252.00   |

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page  | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17   |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using t   |   |  | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t   | he America                              | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle  <br>Minston, Jonathan, , , MD<br>Mailing Address 4534 Shadowbrook Court<br>City<br>Bettendorf  | Initial) or Full O<br>State<br>IA       | Zip Code<br>52722  | Date of Receipt          03       /       12       2020         Transaction ID : 10539465         Amount of Each Receipt this Period |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>ORA Orthopaedics<br>Receipt For:   | Orth                                    | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00                           | Memo Item  |
| Full Name of Individual (Last, First, Middle         Marinello, Patrick, Gaetano, , MD         Mailing Address 43 Bradhaven Rd         City         Slingerlands         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Cleveland Clinic Foundation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>NY<br>C<br>Occ<br>Ort          | Zip Code<br>12159-9369<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle         C. Bries, Andrew, David, , MD, FAA         Mailing Address 3126 Westminster Rd         City         Bettendorf         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         ORA Orthopedics         Receipt For:         Primary       General         Other (specify)    | AOS<br>State<br>IA<br>C<br>Occu<br>Orth | Zip Code<br>52722<br>upation (for Individual)<br>iopaedic Surgeon<br>Year-to-Date ▼<br>1000.00     | Date of Receipt<br>03 12 2020<br>Transaction ID : 10539467<br>Amount of Each Receipt this Period<br>1000.00<br>Memo Item             |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line number  |   |  | 1168.00  |

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FOR LINE NUMBER:

PAGE 207 OF

| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | (check only one)  |
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| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |   |   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | e American Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| ✓       Full Name of Individual (Last, First, Middle Ini         A.       Krueger, Chad, A, , MD,FAAOS         Mailing Address 165 Charles Dr         City         Havertown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | tial) or Full Organization Name          State       Zip Code         PA       19083-1031         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       252.00 | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Ini<br>B. Hogan, MaCalus, Vinson, , MD,MB/<br>Mailing Address 106 Field Brook Lane  |   | Date of Receipt   |
| City<br>Gibsonia<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>University of Pittsburgh Medical Cente<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | State     Zip Code       PA     15044       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date       ↓       250.00   | Transaction ID : 10541756<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item                          |
| Full Name of Individual (Last, First, Middle Ini<br>C. Gallant, Gregory, G, , MD, FAAOS<br>Mailing Address 3588 Wellsford Lane<br>City<br>Doylestown<br>FEC ID number of contributing  |   | Date of Receipt<br>03<br>13<br>2020<br>Transaction ID : 10541757<br>Amount of Each Receipt this Period<br>83.33 |
| federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)  | Occupation (for Individual)         Orthopaedic Surgeon         Aggregate Year-to-Date ▼         249.99   | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number   |   | 417.33  |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bostick, Robert, Douglas, , MD, FAAOS Date of Receipt Α. Mailing Address 213 Sena Drive 1 2020 03 06 City Zip Code State Transaction ID: 10541858 LA Metairie 70005 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Jefferson Orthopedic Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rodriguez, Ramon, Francisco, , MD, FAAOS Date of Receipt Mailing Address 106 Lark St 03 2020 06 City State Zip Code Transaction ID : 10541859 New Orleans LA 70124-4521 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tulane University School of Medicine Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gallagher, Daniel, J., MD, FAAOS Date of Receipt Mailing Address 4633 Wichers Dr Ste 100 М 03 06 2020 City State Zip Code Transaction ID : 10541860 Marrero LA 70072-3096 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Bone Joint Clinic** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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300

PAGE 208 OF

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 209 OF

| ITEMIZED RECEIPTS     |  |                           | Use separate schedule(s)<br>for each category of the                  | (check only one)  |
|-----------------------|--|---------------------------|---|---|
|                       |  |                           | Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |
| Ar<br>or              | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements ma<br>name and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.           |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                               | Americ                    | an Association of Ortho   | paedic SurgeonsPAC of AAOS  |
|                       |  |                           |   |   |
| Α.                    | Full Name of Individual (Last, First, Middle Initi<br>Randell, Timmothy, Ryan, , MD, FAAOS     |                           | rganization Name  | Date of Receipt   |
|                       | Mailing Address 144 J D Pt   |                           |   | 03 / D D / Y Y Y Y<br>2020  |
|                       | City<br>Boyce  | State<br>LA               | Zip Code<br>71409   | Transaction ID : 10541861 Amount of Each Receipt this Period  |
|                       | FEC ID number of contributing  | C                         |   | 500.00  |
|                       | federal political committee.   | C                         |   | 500.00  |
|                       | Name of Employer (for Individual)  |                           | upation (for Individual)  | Memo Item   |
|                       | Central Louisiana Surgical Hospital  | Orth                      | opaedic Surgeon   |   |
|                       | Receipt For:   | Aggregate                 | Year-to-Date 🔻  |   |
|                       | Primary General<br>Other (specify) ▼   |                           | 500.00  |   |
|                       |  |                           |   |   |
| R                     | Full Name of Individual (Last, First, Middle Initi<br>Bankston, Larry, S, , Jr, MD, FA         | ial) or Full O            | rganization Name  | Date of Receipt   |
| υ.                    | Mailing Address 2861 E Lakeshore Dr  |                           |   |   |
|                       |  |                           |   | 03 06 2020  |
|                       | City   | State                     | Zip Code  | Transaction ID : 10541862   |
|                       | Baton Rouge  | LA                        | 70808-2180  | Amount of Each Receipt this Period  |
|                       | FEC ID number of contributing federal political committee.                                     | С                         |   | 1000.00   |
|                       | Name of Employer (for Individual)<br>Self Employed   |                           | upation (for Individual)<br>nopaedic Surgeon                          | Memo Item   |
|                       | Receipt For:   | Aggregate                 | Year-to-Date ▼  | _   |
|                       | Primary General  |                           |   |   |
|                       | Other (specify)  | L                         | 1000.00   |   |
| <u></u> с.            | Full Name of Individual (Last, First, Middle Initi<br>Garon, Mark, Tyson, , MD                 | ial) or Full O            | rganization Name  | Date of Receipt   |
|                       | Mailing Address 1165 Belvedere Dr  |                           |   | 03 06 2020  |
|                       | City   | State                     | Zip Code  | Transaction ID : 10541863   |
|                       | Baton Rouge  | LA                        | 70808-8602  | Amount of Each Receipt this Period  |
|                       | FEC ID number of contributing federal political committee.                                     | С                         |   | 1000.00   |
|                       | Name of Employer (for Individual)<br>BJCBR   |                           | upation (for Individual)<br>opaedic Surgeon                           | Memo Item   |
|                       | Receipt For:   | Aggregate                 | Year-to-Date 🔻  |   |
|                       | Other (specify)  |                           | 1000.00   |   |
| F                     | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number of    |                           | •   | 2500.00   |

| SCHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 210 OF 30                    |
|--|-------------------------|---|--|
| ITEMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page | (check only one)                                   |
| or for commercial purposes, other than using the                                       |                         |   | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                         | he America              | an Association of Orth                            | opaedic SurgeonsPAC of AAOS                        |
| Full Name of Individual (Last, First, Middle I<br>Rodriguez, Ricardo, J, , MD,FAAOS    | nitial) or Full O       | rganization Name                                  | Date of Receipt                                    |
| Mailing Address 6666 Pikes Lane  |                         |   | M M / D D / Y Y Y Y<br>03 06 2020                  |
| City   | State                   | Zip Code  | Transaction ID : 10541864                          |
| Baton Rouge  | LA                      | 70808   | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                             | С                       |   | 1000.00  |
| Name of Employer (for Individual)  | Осси                    | upation (for Individual)                          | Memo Item  |
| Self Employed  | Orth                    | opaedic Surgeon                                   | -  |
| Receipt For:   | Aggregate               | Year-to-Date ▼                                    |  |
| Primary General  | i iggi egane            |   |  |
| Other (specify)  |                         | 1000.00   |  |
| Full Name of Individual (Last, First, Middle I<br>B. Massey, Patrick, Allan, , MD, FAA |                         | rganization Name                                  | Date of Receipt                                    |
| Mailing Address 1501 Kings Highway<br>PO Box 33932                                     | 03 06 / Y Y Y Y<br>2020 |   |  |
| City   | State                   | Zip Code  | Transaction ID : 10541866                          |
| Shreveport   | LA                      | 71103-4228  | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                             | С                       |   | 1000.00  |
| Name of Employer (for Individual)<br>The Orthopaedic Clinic                            |                         | upation (for Individual)<br>nopaedic Surgeon      | Memo Item  |
| Receipt For:   | Aggregate               | Year-to-Date 🔻                                    |  |
| Primary     General       Other (specify) ▼  |                         | 1000.00   | ]  |
| Full Name of Individual (Last, First, Middle I<br>C. Chimento, George, F, , MD, FAA    |                         | rganization Name                                  | Date of Receipt                                    |
| Mailing Address 2405 Chester St  |                         |   | 03 06 YYYYY<br>020                                 |
| City   | State                   | Zip Code  | Transaction ID : 10541867                          |
| Metairie   | LA                      | 70001   | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                             | C                       |   | 1000.00  |
|  |                         | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                     |                         | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                         |   | 3000.00  |

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

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|--|--------------------|---|--|
|  |                    |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.                               |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of   | the America        | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>A. Courtney, Paul, Maxwell, , MD                                     | Initial) or Full O | rganization Name  | Date of Receipt  |
| Mailing Address 902 S Front St   |                    |   | 03 14 2020   |
| City<br>Philadelphia   | State<br>PA        | Zip Code<br>19147   | Transaction ID : 10542402<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                  |   | 84.00  |
| Name of Employer (for Individual)<br>Rothman Institute   |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>252.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>B. Moore, Don, K, , MD,FAAOS<br>Mailing Address 5505 Thornbrook Pkwy | Initial) or Full O | rganization Name  | Date of Receipt  |
| City   | State<br>MO        | Zip Code  | Transaction ID : 10542404  |
| Columbia<br>FEC ID number of contributing<br>federal political committee.  | C                  | 65203-9060  | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>Cleveland Clinic  |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>250.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Hussain, Suleman, M, , MD, FA                                     |                    | rganization Name  | Date of Receipt  |
| Mailing Address 6817 Still Creek Pass  |                    |   | M M / D D / Y Y Y Y<br>03 16 2020  |
| City<br>Bettendorf   | State<br>IA        | Zip Code<br>52722   | Transaction ID : 10542406<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                  |   | 84.00  |
| Name of Employer (for Individual)<br>ORA   |                    | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>252.00  | ]  |
| SUBTOTAL of Receipts This Page (optional)  | ·                  |   | 418.00   |

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

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   |                | ose separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>11a<br>13 | y one)<br>11b<br>14              | 11c<br>15 | 12<br>16 17 |
|-------------------|---|----------------|---|--------------------------|----------------------------------|-----------|-------------|
|                   | information copied from such Reports and Sta<br>r commercial purposes, other than using the n                       |                |   |                          |                                  |           |             |
|                   | AME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America        | n Association of Orthe  | opaedic S                | Surgeon                          | sPA       | C of AAOS   |
| <b>A</b>          | ull Name of Individual (Last, First, Middle Initia<br>Grimm, Matthew, R, , MD, FAAOS<br>ailing Address 920 Avenue B | l) or Full Or  | ganization Name   | M M                      |                                  |           | Y Y Y       |
| C<br>N            | ty<br>Iarrero   | State<br>LA    | Zip Code<br>70072   |                          | 16<br>action ID :<br>t of Each F | 105424    |             |
|                   | EC ID number of contributing deral political committee.   | С              |   |                          | -                                |           | 84.00       |
| S                 | ame of Employer (for Individual)<br>elf Employed  |                | pation (for Individual)<br>opaedic Surgeon                                    |                          | emo Item                         |           |             |
| R                 | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y    | /ear-to-Date ▼<br>252.00  | ]                        |                                  |           |             |
| в                 | ull Name of Individual (Last, First, Middle Initia<br>Bilbrew, Lattisha, Latoya, , MD                               | l) or Full Or  | ganization Name   | <u> </u>                 | Receipt                          |           |             |
|                   | ailing Address 1710 Mountain Shadow   | State          | Zip Code  | 03<br>Trans              | / 16                             |           | 2020        |
| S                 | Stone Mountain C  |                | 30087   |                          | t of Each F                      |           |             |
|                   | EC ID number of contributing deral political committee.   | C              |   |                          |                                  |           | 84.00       |
| Se                | ame of Employer (for Individual)<br>If Employed   |                | pation (for Individual)<br>opaedic Surgeon                                    | M                        | emo Item                         |           |             |
| R                 | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y    | /ear-to-Date ▼<br>, 252.00  | 1                        |                                  |           |             |
| <b>C</b> (        | ull Name of Individual (Last, First, Middle Initia<br>Greene, Robert, Neil, , MD,FAAOS                              | l) or Full Org | ganization Name   | Date of                  | Receipt                          |           |             |
| M<br>C            | ailing Address 1211 N 16th Ave  | State          | Zip Code  | 03<br>Traps              | / 17<br>action ID :              |           | 2020        |
|                   | akima   | WA             | 98902   |                          | t of Each F                      |           |             |
|                   | FEC ID number of contributing federal political committee.  |                |   |                          | ,                                |           | 84.00       |
| S                 | ame of Employer (for Individual)<br>elf Employed<br>eceipt For:   | Ortho          | pation (for Individual)<br>paedic Surgeon                                     | м                        | emo Item                         |           |             |
| n<br>[            | Primary General<br>Other (specify)  | Aggregate Y    | /ear-to-Date ▼<br>252.00  | ]                        |                                  |           |             |
| SUE               | <b>STOTAL</b> of Receipts This Page (optional)  |                |   |                          | ,                                | 5         | 252.00      |
| тот               | AL This Period (last page this line number or   | ıly)           |   | . []                     |                                  |           | - 46-       |

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FOR LINE NUMBER: PAGE 213 OF 300

|          | EMIZED RECEIPTS  |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ✗       11a       11b       11c       12         13       14       15       16       17 |
|----------|--|---------------|---|--|
|          | y information copied from such Reports and St<br>for commercial purposes, other than using the   |               |   |  |
|          | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America     | an Association of Ortho   | ppaedic SurgeonsPAC of AAOS  |
| Α.       | Full Name of Individual (Last, First, Middle Initi<br>Pula, David, A, , MD,FAAOS   | al) or Full O | rganization Name  | Date of Receipt  |
|          | Mailing Address 16 Evergreen Trail   |               |   | 03 / D D / Y Y Y Y<br>2020   |
|          | City<br>Orchard Park   | State<br>NY   | Zip Code<br>14127   | Transaction ID : 10546457         Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | С             |   | 250.00   |
|          | Name of Employer (for Individual)<br>Excelsior Orthopaedics  |               | upation (for Individual)<br>Iopaedic Surgeon                                  | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>250.00  |  |
| в.       | Full Name of Individual (Last, First, Middle Initi<br>Shah, Roshan, P, , MD,JD,FAAO<br>Mailing Address 610 West 110th Street<br>Apt 3E | al) or Full O | rganization Name  | Date of Receipt  |
|          | City   | State         | Zip Code  | Transaction ID : 10549755  |
|          | New York<br>FEC ID number of contributing<br>federal political committee.  | C             | 10025   | Amount of Each Receipt this Period   |
|          | Name of Employer (for Individual)<br>Columbia University Medical Center  |               | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>252.00  |  |
| <u> </u> | Full Name of Individual (Last, First, Middle Initi<br>Tyndall, William, A, , MD, FAAOS   | al) or Full O | rganization Name  | Date of Receipt  |
|          | Mailing Address 123 Brittany Ln  |               |   | 03 / D D / Y Y Y Y<br>03 19 2020   |
|          | City<br>Hollidaysburg  | State<br>PA   | Zip Code<br>16648   | Transaction ID : 10549756<br>Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | С             |   | 84.00  |
|          | Name of Employer (for Individual)<br>University Orthopedics  |               | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>252.00  |  |
|          | UBTOTAL of Receipts This Page (optional)   |               |   | 418.00   |

FOR LINE NUMBER: PAGE 214 OF 300

| ITEMIZED RECEIPTS       |   |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)       X     11a       11b     11c       12       13     14       15     16       17 |
|-------------------------|---|---------------|---|--|
|                         | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |  |
|                         | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                | America       | an Association of Ortho   | paedic SurgeonsPAC of AAOS   |
| Α.                      | Full Name of Individual (Last, First, Middle Initia<br>Arend, Thomas, E, , Jr,                  | al) or Full O | rganization Name  | Date of Receipt  |
|                         | Mailing Address 9400 W Higgins Rd   |               |   | 03 / D D / Y Y Y Y<br>03 19 2020   |
|                         | City<br>Rosemont  | State<br>IL   | Zip Code<br>60018   | Transaction ID : 10549757 Amount of Each Receipt this Period   |
|                         | FEC ID number of contributing federal political committee.                                      | С             |   | 250.00   |
|                         | Name of Employer (for Individual)<br>AAOS   |               | upation (for Individual)<br>ef Executive Officer                              | Memo Item  |
|                         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>250.00  |  |
| B.                      | Full Name of Individual (Last, First, Middle Initia<br>Schmitz, Matthew, R, , MD,FAAOS          | al) or Full O | rganization Name  | Date of Receipt  |
|                         | Mailing Address 111 Ottawa Run  |               |   | 03 19 2020   |
|                         | City<br>San Antonio   | State<br>TX   | Zip Code<br>78231   | Transaction ID : 10549758<br>Amount of Each Receipt this Period                                      |
|                         | FEC ID number of contributing federal political committee.                                      | С             |   | 84.00  |
|                         | Name of Employer (for Individual)<br>San Antonio Military Medical Center                        |               | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
|                         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>252.00  |  |
| с.                      | Full Name of Individual (Last, First, Middle Initia<br>Mitros, Stephen, F, , MD, FAAOS          | al) or Full O | rganization Name  | Date of Receipt  |
|                         | Mailing Address 51045 Erin Glen Dr  |               |   | 03 19 2020   |
|                         | City<br>Granger   | State<br>IN   | Zip Code<br>46530   | Transaction ID : 10549759<br>Amount of Each Receipt this Period                                      |
|                         | FEC ID number of contributing federal political committee.                                      | С             |   | 84.00  |
| Mitros Orthopaedics Ort |   |               | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|                         | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>252.00  |  |
| ⊢                       | UBTOTAL of Receipts This Page (optional)  |               | · ·   | 418.00   |

| SCHEDULE A (FEC Form 3X) |   |                          | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 215 OF 300   |
|--------------------------|---|--------------------------|---|--|
| ITEMIZED RECEIPTS        |   |                          | for each category of the<br>Detailed Summary Page | (check only one)           Image: 11a         11b         11c         12                           |
|                          |   |                          |   | 13 14 15 16 17   |
|                          | y information copied from such Reports and St for commercial purposes, other than using the |                          |   | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| $\rangle$                | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                            | America                  | an Association of Orth                            | opaedic SurgeonsPAC of AAOS  |
| <u>م</u>                 | Full Name of Individual (Last, First, Middle Initi<br>Cooper, Scott, Snow, , MD,FAAOS       | al) or Full O            | ganization Name                                   | Date of Receipt  |
|                          | Mailing Address 405 NW A St   |                          |   | 03 19 2020   |
|                          | City<br>Bentonville   | State<br>AR              | Zip Code<br>72712                                 | Transaction ID : 10549762  |
|                          | FEC ID number of contributing federal political committee.                                  | C                        |   | Amount of Each Receipt this Period 84.00   |
|                          | Name of Employer (for Individual)   | Occu                     | pation (for Individual)                           | Memo Item  |
|                          | Mercy Clinic Orthopedics  | Orth                     | opaedic Surgeon                                   |  |
|                          | Receipt For:  | Aggregate                | Year-to-Date ▼                                    | _  |
|                          | Other (specify) ▼   |                          | 252.00  | ]  |
| 3.                       | Full Name of Individual (Last, First, Middle Initi<br>Kamps, Bryan, Scott, , MD,FAAOS       | al) or Full Oi           | ganization Name                                   | Date of Receipt  |
|                          | Mailing Address 3741 Monarch Dr NE  | 03 13 2020               |   |  |
|                          | City<br>Grand Rapids  | State<br>MI              | Zip Code<br>49525                                 | Transaction ID : 10550465<br>Amount of Each Receipt this Period                                    |
|                          | FEC ID number of contributing federal political committee.                                  | С                        |   |  |
|                          | Name of Employer (for Individual)<br>Spectrum Health Medical Group                          |                          | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
|                          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                | Year-to-Date ▼<br>300.00                          | ]  |
| <br>D.                   | Full Name of Individual (Last, First, Middle Initi<br>Bozic, Kevin, John, , MD,MBA,FA       |                          | ganization Name                                   | Date of Receipt  |
|                          | Mailing Address 4360 River Garden Trail   |                          |   | 03 13 2020   |
|                          | City<br>Austin  | State<br>TX              | Zip Code<br>78746                                 | Transaction ID : 10550467<br>Amount of Each Receipt this Period                                    |
|                          | FEC ID number of contributing federal political committee.                                  | D number of contributing |   |  |
|                          | Name of Employer (for Individual)<br>The University of Texas At Austin                      |                          | pation (for Individual)<br>opaedic Surgeon        | Memo Item  |
|                          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                | Year-to-Date ▼<br>1000.00                         | 1  |

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

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

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| SCHEDULE A (FEC Form 3X)  |                   | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 216 OF 300        |  |
|---|-------------------|--|---|--|
| ITEMIZED RECEIPTS   |                   | for each category of the                     | (check only one)                        |  |
|   |                   | Detailed Summary Page                        |   |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |                   |  |   |  |
| NAME OF COMMITTEE (In Full)   |                   |  |   |  |
| Political Action Committee of the   | ne America        | an Association of Orth                       | opaedic SurgeonsPAC of AAOS             |  |
| Full Name of Individual (Last, First, Middle Ir<br>A. Steinmann, John, C, , DO, FAAOS           | nitial) or Full O | rganization Name                             | Date of Receipt                         |  |
| Mailing Address 1517 W Cypress Ave  |                   |  | 03 / D D / Y Y Y Y Y<br>03 13 2020      |  |
| City  | State<br>CA       | Zip Code                                     | Transaction ID: 10550469                |  |
| Redlands  |                   | 92372  | Amount of Each Receipt this Period      |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 500.00                                  |  |
| Name of Employer (for Individual)   | Occi              | upation (for Individual)                     | Memo Item                               |  |
| Arrowhead Orthopaedic   | Orth              | nopaedic Surgeon                             |   |  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                               |   |  |
| Primary General   |                   | 500.00                                       | 1                                       |  |
| Other (specify) <b>v</b>  |                   | 500.00                                       | 1                                       |  |
| Full Name of Individual (Last, First, Middle Ir<br>B. Baier, Thomas, E, , MD, FAAOS             | nitial) or Full O | rganization Name                             | Date of Receipt                         |  |
| Mailing Address 725 Stonegate Rd  |                   |  |   |  |
| City  | State             | Zip Code                                     | Transaction ID : 10550470               |  |
| Libertyville  | IL                | 60048-1855                                   | Amount of Each Receipt this Period      |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 500.00                                  |  |
| Name of Employer (for Individual)<br>Self Employed  |                   | upation (for Individual)<br>nopaedic Surgeon | Memo Item                               |  |
| Receipt For:  | Aggregate         | Year-to-Date ▼                               |   |  |
| Primary General<br>Other (specify) ▼  |                   | 500.00                                       | ]                                       |  |
| Full Name of Individual (Last, First, Middle Ir<br>c. Cannon, David, L, , MD,MBA,FA             |                   | rganization Name                             |   |  |
| Mailing Address 2639 Fox Hill Circle East   | <u> </u>          |  | Date of Receipt                         |  |
| City  | State             | Zip Code                                     | 03 13 2020<br>Transaction ID : 10550485 |  |
| Germantown  | TN                | 38139  | Amount of Each Receipt this Period      |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  | 84.00                                   |  |
| Name of Employer (for Individual)<br>Campbell Clinic  |                   | upation (for Individual)<br>opaedic Surgeon  | Memo Item                               |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>336.00                     | 1                                       |  |
| SUBTOTAL of Receipts This Page (optional)   |                   |  | 1084.00                                 |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016
FOR LINE NUMBER: PAGE 217 OF 300

| IT   | EMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |
|--|--|------------------|---|--|
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                        |                  |   |  |
|  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | America          | an Association of Ortho   | paedic SurgeonsPAC of AAOS   |
| A.   | Full Name of Individual (Last, First, Middle Initia<br>McBride, G, Grady, , MD, FAAOS<br>Mailing Address 1530 Palmer Ave | rganization Name | Date of Receipt   |  |
|  | City<br>Winter Park  | State            | Zip Code<br>32789-2751  | 03 13 2020<br>Transaction ID : 10550538                                |
|  | FEC ID number of contributing federal political committee.   | С                |   | Amount of Each Receipt this Period                                     |
|  | Name of Employer (for Individual)<br>Orlando Orthopaedics<br>Receipt For:  | Orth             | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
|  | Primary General<br>Other (specify) ▼   | Aggregate        | Year-to-Date ▼<br>500.00  |  |
| B.   | Full Name of Individual (Last, First, Middle Initia<br>Reuss, Bryan, Lee, , MD,FAAOS                                     | l) or Full O     | rganization Name  | Date of Receipt  |
|  | Mailing Address 476 Sylvan Dr  | State            | Zip Code  | 03 / 13 / 2020   |
|  | Winter Park  | FL               | 32789-3975  | Transaction ID : 10550539<br>Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.                           |  |                  |   | 500.00   |
|  | Name of Employer (for Individual)<br>Self Employed   |                  | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:       Aggregate         Primary       General         Other (specify) ▼ |  |                  | Year-to-Date ▼<br>500.00  |  |
| С.   | Full Name of Individual (Last, First, Middle Initia<br>Jones, Craig, P, , MD, FAAOS                                      | l) or Full O     | rganization Name  | Date of Receipt  |
|  | Mailing Address 1345 Spring Lake Dr  | State            | Zip Code  |  |
|  | City<br>Orlando  | State<br>FL      | 32804   | Transaction ID : 10550540           Amount of Each Receipt this Period |
| Self Employed Orth   |  |                  |   | 500.00   |
|  |  |                  | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate        | Year-to-Date ▼<br>500.00  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                  | •   | 1500.00  |
| т  | OTAL This Period (last page this line number or  | ıly)             | •••••   |  |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 218 OF

300

| IT.               |   |                | Use separate schedule                             | (check only one) |                              |                            |              |            |        |
|-------------------|---|----------------|---|------------------|------------------------------|----------------------------|--------------|------------|--------|
| ITEMIZED RECEIPTS |   |                | for each category of the<br>Detailed Summary Page |                  | ¥ 11a<br>13                  | 11b                        | 11c          | 12         | 17     |
|                   | ny information copied from such Reports and St<br>for commercial purposes, other than using the |                |   |                  | on for the                   | purpose o                  | f soliciting | g contribu | utions |
| $\square$         | NAME OF COMMITTEE (In Full)   |                |   |                  |                              |                            |              |            |        |
|                   | Political Action Committee of the   | e America      | an Association of C                               | Orthop           | aedic S                      | Surgeor                    | isPA         | C of A     | AOS    |
| Α.                | Full Name of Individual (Last, First, Middle Init<br>Halperin, Lawrence, S, , MD,FAAOS          | ial) or Full O | rganization Name                                  |                  | Date of                      | Receipt                    |              |            |        |
|                   | Mailing Address 408 Spring Valley Ln  |                | м м<br>03   | / D              |                              | 2020                       | Ŷ            |            |        |
|                   | City<br>Altamonte Springs   | State<br>FL    | Zip Code<br>32714                                 |                  |                              | action ID                  |              |            | 1      |
|                   | FEC ID number of contributing federal political committee.                                      | С              |   |                  |                              | -                          |              | 500        |        |
|                   | Name of Employer (for Individual)<br>Orlando Orthopaedic Center                                 |                | upation (for Individual)<br>nopaedic Surgeon      |                  | М                            | emo Item                   |              |            |        |
|                   | Receipt For:  | Aggregate      | Year-to-Date <b>V</b>                             |                  |                              |                            |              |            |        |
|                   | Other (specify) ▼   |                |   |                  |                              |                            |              |            |        |
| в.                | Full Name of Individual (Last, First, Middle Init<br>Burkhart, Bradd, , , MD, FAAOS             | ial) or Full O | rganization Name                                  |                  | Date of                      | Receipt                    |              |            |        |
|                   | Mailing Address 1600 Legion Dr  |                |   |                  | 03 / D D / Y Y Y Y Y<br>2020 |                            |              |            |        |
|                   | City<br>Winter Park   | State<br>FL    | Zip Code<br>32789                                 |                  |                              | action ID :<br>t of Each I |              |            | 1      |
|                   | FEC ID number of contributing federal political committee.                                      | С              |   |                  |                              |                            | 500          | .00        |        |
|                   | Name of Employer (for Individual)<br>Orlando Orthopaedic Center                                 |                | upation (for Individual)<br>nopaedic Surgeon      | М                | emo Item                     |                            |              |            |        |
|                   | Receipt For:  | Aggregate      | Year-to-Date ▼                                    |                  |                              |                            |              |            |        |
|                   | Primary General<br>Other (specify) ▼  |                | , 500.0   |                  |                              |                            |              |            |        |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Init<br>Bonenberger, Eric, Gunn, , MD, F           |                | rganization Name                                  |                  | Date of                      | Receipt                    |              |            |        |
|                   | Mailing Address 8994 Hubbard Place  |                |   |                  |                              |                            | D / Y        | 2020       | Ŷ      |
|                   | City<br>Orlando   | State<br>FL    | Zip Code<br>32819                                 |                  |                              | action ID                  |              | -          | 1      |
|                   | FEC ID number of contributing federal political committee.                                      | C              |   |                  |                              | , ,                        |              | 500        |        |
|                   | Name of Employer (for Individual)<br>Self Employed  |                | upation (for Individual)<br>opaedic Surgeon       |                  | М                            | emo Item                   |              |            |        |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>500.0                           |                  |                              |                            |              |            |        |
| s                 | UBTOTAL of Receipts This Page (optional)  |                |   | •••••            |                              | , ,                        | 9            | 1500       | .00    |

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

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

## SCHEDULE A (FEC Form 3X) 11

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 219 OF 300<br>(check only one)  |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | e name and address of any political committe       | ee to solicit contributions from such committee.  |
| /   |  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle In<br>Weber, Steven, , , DO, FAAOS   | itial) or Full Organization Name                   | Date of Receipt   |
| Mailing Address 25 West Crystal Lake St<br><u>Ste 200</u><br>City   | State Zip Code                                     | 03 / 13 / 2020<br>Transaction ID : 10550544   |
| Orlando   | FL 32806   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| Full Name of Individual (Last, First, Middle In<br>B. Blick, Samuel, S, , MD,FAAOS  | Date of Receipt                                    |   |
| Mailing Address 8707 Southern Breeze Dr   |  | 03 13 2020  |
| City<br>Orlando   | State Zip Code<br>FL 32836                         | Transaction ID : 10550545   |
| FEC ID number of contributing federal political committee.  | C  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| Full Name of Individual (Last, First, Middle In<br>Schwartzberg, Randy, Steven, , N   |  | Date of Receipt   |
| Mailing Address 111 Arrowhead Court   |  | 03 / D D / Y Y Y Y<br>03 13 2020  |
| City<br>Winter Springs  | StateZip CodeFL32708                               | Transaction ID : 10550546 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer (for Individual)<br>Self Employed  | Occupation (for Individual)<br>Orthopaedic Surgeon | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>500.00                 | ]   |
| SUBTOTAL of Receipts This Page (optional)   |  | 1500.00   |
| TOTAL This Period (last page this line number   | only)  |   |

| SCHEDULE A (FEC Form 3X)   |                  | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 220 OF 300                   |  |  |
|--|------------------|--|--|--|--|
| ITEMIZED RECEIPTS  |                  | for each category of the                     | (check only one)                                   |  |  |
|  |                  | Detailed Summary Page                        | 13 14 15 16 17                                     |  |  |
| Any information copied from such Reports and S   |                  |  | person for the purpose of soliciting contributions |  |  |
| or for commercial purposes, other than using the                                       | e name and a     | ddress of any political committe             | e to solicit contributions from such committee.    |  |  |
| NAME OF COMMITTEE (In Full)  | o Amoric         | an Association of Orth                       | opaedic SurgeonsPAC of AAOS                        |  |  |
|  |                  |  | opaedic Surgeons-1 AC OF AACO                      |  |  |
| Full Name of Individual (Last, First, Middle In<br>A. Goll, Stephen, R, , MD, FAAOS    | itial) or Full O | rganization Name                             |  |  |  |
| Mailing Address 315 E New England Ave<br>Unit 4  |                  |  | Date of Receipt                                    |  |  |
|  |                  |  | 03 13 2020   |  |  |
| City   | State            | Zip Code                                     | Transaction ID : 10550547                          |  |  |
| Winter Park  | FL               | 32789-4477                                   | Amount of Each Receipt this Period                 |  |  |
| FEC ID number of contributing federal political committee.                             | С                |  | 500.00   |  |  |
| Name of Employer (for Individual)  | Осси             | upation (for Individual)                     | Memo Item  |  |  |
| Self Employed  | Orth             | opaedic Surgeon                              |  |  |  |
| Receipt For:   | Aggregate        | Year-to-Date ▼                               |  |  |  |
| Other (specify)  |                  | 500.00                                       | 1  |  |  |
|  |                  |  | 1  |  |  |
| Full Name of Individual (Last, First, Middle In<br>B. VanDyke, Travis, Boyd, , MD, FAA |                  | rganization Name                             | Date of Receipt                                    |  |  |
| Mailing Address 725 Baxter Street  |                  |  | 03 13 2020   |  |  |
| City   | State            | Zip Code                                     | Transaction ID : 10550548                          |  |  |
| Orlando  | FL               | 32806  | Amount of Each Receipt this Period                 |  |  |
| FEC ID number of contributing federal political committee.                             | С                |  | 500.00   |  |  |
| Name of Employer (for Individual)<br>Orlando Orthopaedic Center                        |                  | upation (for Individual)<br>nopaedic Surgeon | Memo Item  |  |  |
| Receipt For:   | Aggregate        | Year-to-Date 🔻                               |  |  |  |
| Other (specify) ▼  |                  | 500.00                                       | 1  |  |  |
|  |                  | 500.00                                       | 1  |  |  |
| Full Name of Individual (Last, First, Middle In<br>C. Shen, Wen, , , MD,FAAOS          | itial) or Full O | rganization Name                             | Date of Receipt                                    |  |  |
| Mailing Address 33 Pond Hills Ct   |                  |  | 03 20 2020   |  |  |
| City   | State            | Zip Code                                     | Transaction ID : 10550900                          |  |  |
| Pleasant Valley  | NY               | 12569  | Amount of Each Receipt this Period                 |  |  |
| FEC ID number of contributing federal political committee.                             | С                |  | 250.00   |  |  |
| Name of Employer (for Individual)  | Occi             | upation (for Individual)                     | Memo Item  |  |  |
| Orthopedic Associates of Dutchess Coun   |                  | opaedic Surgeon                              | -  |  |  |
| Receipt For:   | Aggregate        | Year-to-Date 🔻                               |  |  |  |
| Other (specify)  |                  | 250.00                                       | 1  |  |  |
| Other (specify)  |                  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                  |  | 1250.00  |  |  |
| SUBTUTAL OF NECEIPIS THIS FAGE (Uptional)  |                  |  |  |  |  |

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

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

| SCHEDULE A (FEC Form 3)   | ()                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 221 OF 30<br>(check only one)  |
|---|-----------------------|---|--|
| TEMIZED RECEIPTS  |                       | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 |
|   |                       |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.       |
| NAME OF COMMITTEE (In Full)   |                       |   |  |
|   | the Americar          | Association of Ortho                              | ppaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle<br>Brown, Barrett, Shytles, , MD,FAAOS | 3                     | anization Name                                    | Date of Receipt  |
| Mailing Address Fondren Orthopedic Grou<br>7401 Main St                             | C                     |   | 03 20 2020   |
| City  | State                 | Zip Code  | Transaction ID : 10550902  |
| Houston   | ТХ                    | 77030-4509  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                          | C                     |   | 84.00  |
| Name of Employer (for Individual)   | Occupa                | ation (for Individual)                            | Memo Item  |
| Texas Orthopedic Hospital   | Orthop                | aedic Surgeon                                     | _  |
| Receipt For:  | Aggregate Ye          | ar-to-Date 🔻                                      |  |
| Other (specify) ▼   |                       | 252.00  | 1  |
|   |                       |   | 1  |
| Full Name of Individual (Last, First, Middle<br>B. Olson, Craig, L, , MD, FAAOS     | Initial) or Full Orga | anization Name                                    | Date of Receipt  |
| Mailing Address 1800 Eagle Ridge Court  |                       |   | M M / D D / Y Y Y Y  |
|   |                       |   | 03 20 2020   |
| City<br>Manitowoc   | State<br>WI           | Zip Code<br>54220-8625                            | Transaction ID : 10550903  |
| FEC ID number of contributing   |                       | 34220 0023  | Amount of Each Receipt this Period   |
| federal political committee.  | C                     |   | 84.00  |
| Name of Employer (for Individual)<br>Self Employed                                  |                       | ation (for Individual)<br>paedic Surgeon          | Memo Item  |
| Receipt For:  | Aggregate Ye          | ar-to-Date 🔻                                      |  |
| Primary General<br>Other (specify) ▼  |                       | , 252.00  | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Gombera, Mufaddal, M, , MD, I    |                       | anization Name                                    | Date of Receipt  |
| Mailing Address 323 Hunters Trail   |                       |   | 03 20 Y Y Y Y Y<br>2020  |
| City  | State                 | Zip Code  | Transaction ID : 10550904  |
| Houston   | ТХ                    | 77024   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                          | C                     |   | 250.00   |
|   |                       | ation (for Individual)<br>aedic Surgeon           | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                                  | Aggregate Ye          | 250.00  |  |
| SUBTOTAL of Receipts This Page (optional  | )                     | ·····   | 418.00   |

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

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| SCHEDULE A (FEC Form 3X)   |   | )                  | Use separate schedule(s)                     |             | FOR LINE NUMBER: PAGE 222 OF 300 |                    |  |
|----------------------------|---|--------------------|--|-------------|----------------------------------|--------------------|--|
| ITEMIZED                   | ITEMIZED RECEIPTS   |                    | for each category of the                     | (check onl  | ́п́ г                            |                    |  |
|                            |   |                    | Detailed Summary Page                        | ▲ 11a<br>13 | 11b                              | 11c 12<br>15 16 17 |  |
| Any information            | copied from such Reports and                                  | Statements ma      | ay not be sold or used by any p              | -           |                                  |                    |  |
|                            |   |                    | ddress of any political committe             |             |                                  |                    |  |
|                            | OMMITTEE (In Full)  |                    |  |             |                                  |                    |  |
| Political                  | Action Committee of   | the America        | an Association of Orth                       | opaedic S   | Surgeons                         | PAC of AAOS        |  |
| Full Name or               | f Individual (Last, First, Middle                             | Initial) or Full O | rganization Name                             |             |                                  |                    |  |
| A. German, I               | David, J, , MD, FAAOS   |                    | J  | Date o      | f Receipt                        |                    |  |
| Mailing Addr               | ess 6300 Lake Shore Dr  |                    |  | M           |                                  | / Y Y Y Y Y        |  |
| City                       | City  |                    | Zin Codo                                     | 03          | 12                               | 2020               |  |
| City<br>Erie               |   | State<br>PA        | Zip Code<br>16505                            |             | saction ID : 1                   |                    |  |
|                            | has of contribution   |                    | 10000  | Amoun       | t of ⊨ach Re                     | ceipt this Period  |  |
|                            | ber of contributing cal committee.                            | С                  |  |             |                                  | 250.00             |  |
| Name of Em                 | ployer (for Individual)                                       | Occ                | upation (for Individual)                     | м           | emo Item                         |                    |  |
| St. Vincent H              | •   | Orth               | opaedic Surgeon                              |             |                                  |                    |  |
| Receipt For:               |   | Aggregate          | Year-to-Date 🔻                               |             |                                  |                    |  |
| Primar                     | ,   |                    | 250.00                                       | 1           |                                  |                    |  |
| Other                      | (specify) ▼   |                    | 200.00                                       | -           |                                  |                    |  |
|                            | f Individual (Last, First, Middle<br>deh, Frederick, F, , MD, |                    | rganization Name                             | Date o      | f Receipt                        |                    |  |
|                            | Mailing Address 829 Ellis Place                               |                    |  |             |                                  | /                  |  |
| <u>Oitra</u>               |   |                    |  |             | 18                               | 2020               |  |
| City<br>Oradell            |   | State<br>NJ        | Zip Code<br>07649                            |             | action ID : 1                    |                    |  |
|                            | ber of contributing   |                    |  | Amoun       | tor Each Re                      | eceipt this Period |  |
|                            | cal committee.  | С                  |  |             | -                                | 250.00             |  |
| Name of Em<br>Self Employe | nployer (for Individual)<br>d                                 |                    | upation (for Individual)<br>nopaedic Surgeon | М           | emo Item                         |                    |  |
| Receipt For:               |   |                    | Year-to-Date V                               |             |                                  |                    |  |
| Primar                     |   | nyyreyale          |  | 1           |                                  |                    |  |
| Other                      | (specify) 🔻   |                    | 250.00                                       | 1           |                                  |                    |  |
|                            | f Individual (Last, First, Middle                             | Initial) or Full O | rganization Name                             |             |                                  |                    |  |
|                            | frey, C, , MD, FAAOS  |                    |  |             | f Receipt                        |                    |  |
| wanny Addr                 | ess 18709 Ridgewood Rd  |                    |  | 03          | / D D<br>17                      | 2020               |  |
| City                       |   | State              | Zip Code                                     | Trans       | saction ID : 1                   | 0551106            |  |
| Deephaven                  |   | MN                 | 55391  | Amoun       | t of Each Re                     | eceipt this Period |  |
|                            | ber of contributing   | С                  |  |             |                                  | 1000.00            |  |
| federal polition           | cal committee.  |                    |  |             | ,                                |                    |  |
| Name of Em                 | ployer (for Individual)                                       | Occi               | upation (for Individual)                     | M           | emo Item                         |                    |  |
| Twin City Or               | •   | Orth               | opaedic Surgeon                              |             |                                  |                    |  |
| Receipt For:<br>Primar     |   | Aggregate          | Year-to-Date ▼                               |             |                                  |                    |  |
|                            | (specify)   |                    | 1000.00                                      | 11          |                                  |                    |  |
|                            | (   |                    | Age. Age. Age.                               |             |                                  |                    |  |
|                            |   |                    |  |             |                                  |                    |  |
| SUBTOTAL of                | Receipts This Page (optional).                                |                    |  |             |                                  | 1500.00            |  |
|                            |   |                    |  |             |                                  |                    |  |

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

| Any infor<br>or for col<br>Poli<br>Poli<br>A. Barte<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij          | mmercial purposes, other than using the<br>OF COMMITTEE (In Full)<br>tical Action Committee of the<br>ame of Individual (Last, First, Middle Ini<br>on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl   | e name and ac<br>e America<br>tial) or Full Or<br>State<br>LA<br>C                  | Adress of any political committee<br>an Association of Ortho<br>ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>opaedic Surgeon                                    | (check only one)       Image: 11a       11b       11c       12         Image: 13       Image: 14       Image: 15       Image: 16       Image: 17         person for the purpose of soliciting contributions e to solicit contributions from such committee.       Image: 16       Image: 17         opaedic SurgeonsPAC of AAOS         Date of Receipt       Image: 17       2020         Transaction ID : 10551107       Amount of Each Receipt this Period         Image: 1000.00       Image: 1000.00         Image: 1000.00       Image: 1000.00 |
|---|--|---|---|---|
| or for con<br>NAME<br>Poli<br>Full N<br>A. Bartr<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receip             | mmercial purposes, other than using the<br>OF COMMITTEE (In Full)<br>tical Action Committee of the<br>ame of Individual (Last, First, Middle Init<br>on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General | e name and ac<br>e America<br>tial) or Full Or<br>State<br>LA<br>C<br>Occu<br>Orthe | y not be sold or used by any p<br>idress of any political committee<br>an Association of Ortho-<br>ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>opaedic Surgeon | 13       14       15       16       17         person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.       opaedic SurgeonsPAC of AAOS         Date of Receipt       03       17       2020         Transaction ID : 10551107       Amount of Each Receipt this Period  |
| or for color<br>NAME<br>Poli<br>Full N<br>A. Barte<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receip<br>Full N | mmercial purposes, other than using the<br>OF COMMITTEE (In Full)<br>tical Action Committee of the<br>ame of Individual (Last, First, Middle Init<br>on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General | e name and ac<br>e America<br>tial) or Full Or<br>State<br>LA<br>C<br>Occu<br>Orthe | Adress of any political committee<br>an Association of Ortho<br>ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>opaedic Surgeon                                    | Date of Receipt   |
| or for color<br>NAME<br>Poli<br>Full N<br>A. Barte<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receip<br>Full N | mmercial purposes, other than using the<br>OF COMMITTEE (In Full)<br>tical Action Committee of the<br>ame of Individual (Last, First, Middle Init<br>on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General | e name and ac<br>e America<br>tial) or Full Or<br>State<br>LA<br>C<br>Occu<br>Orthe | Adress of any political committee<br>an Association of Ortho<br>ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>opaedic Surgeon                                    | e to solicit contributions from such committee.<br>opaedic SurgeonsPAC of AAOS<br>Date of Receipt<br>03 / 17 / 2020<br>Transaction ID : 10551107<br>Amount of Each Receipt this Period<br>1000.00   |
| Poli<br>Full N<br>A. Barto<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij                                   | tical Action Committee of the<br>ame of Individual (Last, First, Middle Inition, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General   | tial) or Full Or<br>State<br>LA<br>C<br>Occu<br>Orthe                               | ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>ppaedic Surgeon  | Date of Receipt<br>03 / 17 / 2020<br>Transaction ID : 10551107<br>Amount of Each Receipt this Period<br>1000.00   |
| A. Barta<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij   | ame of Individual (Last, First, Middle Inition, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | tial) or Full Or<br>State<br>LA<br>C<br>Occu<br>Orthe                               | ganization Name<br>Zip Code<br>71106<br>pation (for Individual)<br>ppaedic Surgeon  | Date of Receipt<br>03 / 17 / 2020<br>Transaction ID : 10551107<br>Amount of Each Receipt this Period<br>1000.00   |
| A. Barto<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij<br>Receij   | on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>l political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | State<br>LA<br>C<br>Occu<br>Orthe   | Zip Code<br>71106<br>pation (for Individual)<br>paaedic Surgeon   | Model       17       2020         Transaction ID : 10551107         Amount of Each Receipt this Period         1000.00  |
| A. Barto<br>Mailing<br>City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij<br>Receij   | on, R, Shane, , MD,FAORTHA<br>g Address 11 Cliffewood Pl<br>report<br>D number of contributing<br>l political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | State<br>LA<br>C<br>Occu<br>Orthe   | Zip Code<br>71106<br>pation (for Individual)<br>paaedic Surgeon   | Model       17       2020         Transaction ID : 10551107         Amount of Each Receipt this Period         1000.00  |
| City<br>Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij  | report<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | C<br>Occu<br>Orthe  | 71106<br>pation (for Individual)<br>ppaedic Surgeon   | 03     17     2020       Transaction ID : 10551107       Amount of Each Receipt this Period       1000.00   |
| Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij  | D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | C<br>Occu<br>Orthe  | 71106<br>pation (for Individual)<br>ppaedic Surgeon   | Transaction ID : 10551107         Amount of Each Receipt this Period         1000.00  |
| Shrev<br>FEC I<br>federa<br>Name<br>Self E<br>Receij  | D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | C<br>Occu<br>Orthe  | 71106<br>pation (for Individual)<br>ppaedic Surgeon   | Amount of Each Receipt this Period  |
| FEC I<br>federa<br>Name<br>Self E<br>Receij   | D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | Occu  | ppaedic Surgeon   | 1000.00   |
| federa<br>Name<br>Self E<br>Receij  | I political committee.<br>of Employer (for Individual)<br>mployed<br>ot For:<br>Primary General  | Occu  | ppaedic Surgeon   |   |
| Self E<br>Receij  | mployed<br>ot For:<br>Primary General  | Ortho   | ppaedic Surgeon   | Memo Item   |
| Self E<br>Receij  | mployed<br>ot For:<br>Primary General  | Ortho   | ppaedic Surgeon   |   |
| Receip  | of For:<br>Primary General   |   |   |   |
| Full N  | -  | Aggregate   |   |   |
| Full N  | Other (specify) <b>v</b>   |   |   | 1   |
|   |  |   | 1000.00   |   |
|   | anna af badbidabaal (l. 1.551 t.8412.11 t.1.5  | K-N E H O   |   |   |
| B Zino  | ame of Individual (Last, First, Middle Ini<br>as, Christopher, , , MD,FAAOS  | tial) or Full Or  | ganization Name   | Date of Receipt   |
|   | g Address 23829 Little Mack Ste 100  |   |   |   |
|   |  | 03 17 2020  |   |   |
| City  |  | State   | Zip Code  | Transaction ID : 10551108   |
|   | Clair Shores   | MI  | 48080   | Amount of Each Receipt this Period  |
|   | D number of contributing<br>I political committee.   | С   |   | 500.00  |
|   | i ponical committee.   |   |   |   |
| Name<br>Self Fi   | of Employer (for Individual)<br>mployed  |   | pation (for Individual)   | Memo Item   |
|   | bt For:  |   | opaedic Surgeon   |   |
|   | Primary General  | Aggregate   | Year-to-Date ▼  |   |
|   | Other (specify)  |   | 500.00  |   |
|   |  |   |   | -   |
|   | ame of Individual (Last, First, Middle Ini<br>stke, Kenneth, A, , MD,FAAOS   |   | ganization Name   | Date of Receipt   |
|   | g Address 124 Aleta Drive  |   |   |   |
|   |  |   |   | 03 17 2020  |
| City  |  | State   | Zip Code  | Transaction ID : 10551118   |
| Bellea  | air Beach  | FL  | 33786   | Amount of Each Receipt this Period  |
|   | D number of contributing   | С   |   | 500.00  |
| redera  | I political committee.   |   |   |   |
|   | of Employer (for Individual)   |   | pation (for Individual)   | Memo Item   |
|   | a Orthopaedic Institute<br>ot For:   |   | paedic Surgeon  |   |
|   | Primary General  | Aggregate `   | Year-to-Date ▼  | _   |
|   | Other (specify)  |   | 500.00  |   |
|   |  |   | 7 4 4   | -   |

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

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

1.

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                                   | for each category of the<br>Detailed Summary Page  | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |  |  |
|--|-----------------------------------|--|---|--|--|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |                                   |  | person for the purpose of soliciting contributions  |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th  | e America                         | an Association of Orth   | opaedic SurgeonsPAC of AAOS   |  |  |
| Full Name of Individual (Last, First, Middle Ini         A.         Allen, William, D, , MD, FAAOS         Mailing Address 1430 My Drive         City         Zanesville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Orthopedic Assoc of Zanesville         Receipt For:         Primary       General         Other (specify) ▼  | State<br>OH<br>C<br>Occu<br>Orth  | rganization Name<br>Zip Code<br>43701<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | Date of Receipt   |  |  |
| Full Name of Individual (Last, First, Middle Ini<br><b>B.</b> Darr, Kevin, F, , MD, FAAOS<br>Mailing Address 71617 Riverside Dr<br>City<br>Covington<br>FEC ID number of contributing  | itial) or Full Or<br>State<br>LA  | Zip Code<br>70433  | Date of Receipt<br>03 / 17 / 2020<br>Transaction ID : 10551122<br>Amount of Each Receipt this Period<br>1000.00 |  |  |
| federal political committee.          Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼   | Occu<br>Orth                      | upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00   | Memo Item   |  |  |
| Full Name of Individual (Last, First, Middle Ini         C.       Hale, Steven, S, , MD, FAAOS         Mailing Address 3 River Ln         City         Lake Charles         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Imperial Health Center For Orthopaedic         Receipt For:         Primary       General         Other (specify) | State<br>LA<br>C<br>Occu<br>Ortho | rganization Name<br>Zip Code<br>70605-7711<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>1000.00 | Date of Receipt   |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                                   |  | 2250.00   |  |  |

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

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| ITEMIZED RECEIPTS  |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |
|--|-------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                   |   | person for the purpose of soliciting contributions                     |
| NAME OF COMMITTEE (In Full) Political Action Committee of t                                    | he Americ         | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle I<br>A. Stetson, William, B, , MD,FAAOS           | nitial) or Full C | rganization Name  | Date of Receipt  |
| Mailing Address 15 Strawberry Ln   |                   |   | 03 17 2020   |
| City<br>Rolling Hills Estate   | State<br>CA       | Zip Code<br>90274-4111  | Transaction ID : 10551124           Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 250.00   |
| Name of Employer (for Individual)<br>Self Employed   |                   | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>250.00  | ]  |
| Full Name of Individual (Last, First, Middle I<br>B. Perry, Richard, T, , MD, FAAOS            | nitial) or Full C | rganization Name  | Date of Receipt  |
| Mailing Address 23829 Little Mack Ste 100  |                   |   | 03 17 2020   |
| City<br>Saint Clair Shores   | State<br>MI       | Zip Code<br>48080   | Transaction ID : 10551125  |
| FEC ID number of contributing federal political committee.                                     | С                 |   | Amount of Each Receipt this Period                                     |
| Name of Employer (for Individual)<br>St Clair Ortho & Sports Med                               |                   | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>500.00  | ]  |
| Full Name of Individual (Last, First, Middle I<br>C. Gramstad, Gregory, D, , MD, FA            |                   | rganization Name  | Date of Receipt  |
| Mailing Address 6702 SW Canyon Crest Dr  |                   |   | M M / D D / Y Y Y Y<br>03 02 2020                                      |
| City<br>Portland   | State<br>OR       | Zip Code<br>97225   | Transaction ID : 10551136<br>Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 1000.00  |
| Name of Employer (for Individual)<br>Rebound Orthopedics & Neurosurgery                        |                   | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>1250.00   | ]  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 1750.00  |

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

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FOR LINE NUMBER: PAGE 225 OF

| SCHEDULE A (FEC Form 3X)   |                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 226 OF 300  |  |  |
|--|--------------------|---|---|--|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | (check only one)  |  |  |
| or for commercial purposes, other than using t                                       |                    |   | berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                       | the America        | an Association of Orth                            | opaedic SurgeonsPAC of AAOS   |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Epps, Howard, R, , MD,FAAOS |                    | rganization Name                                  | Date of Receipt   |  |  |
| Mailing Address 1936 Wroxton Road  |                    |   | M M / D D / Y Y Y Y<br>03 02 2020   |  |  |
| City<br>Houston  | State<br>TX        | Zip Code<br>77005                                 | Transaction ID : 10551137<br>Amount of Each Receipt this Period                                       |  |  |
| FEC ID number of contributing federal political committee.                           | С                  |   | 250.00  |  |  |
| Name of Employer (for Individual)  |                    | upation (for Individual)                          | Memo Item   |  |  |
| Baylor College of Medicine<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | I                  | opaedic Surgeon<br>Year-to-Date ▼<br>250.00       | 1   |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Urband, Lindsey, , , MD,FAAOS     | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |
| Mailing Address 8008 Frost St<br>Suite 403   | Otata              | Zie Oode  | 03 / 03 / Y Y Y Y<br>2020   |  |  |
| City<br>San Diego  | State<br>CA        | Zip Code<br>92123-4209                            | Transaction ID : 10551142<br>Amount of Each Receipt this Period                                       |  |  |
| FEC ID number of contributing federal political committee.                           | С                  |   | 84.00   |  |  |
| Name of Employer (for Individual)<br>Hand Center of San Antonio                      |                    | upation (for Individual)<br>nopaedic Surgeon      | Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate          | Year-to-Date ▼<br>252.00                          | ]   |  |  |
| Full Name of Individual (Last, First, Middle<br>Blotter, Robert, H, , MD, FAAOS      |                    | rganization Name                                  | Date of Receipt   |  |  |
| Mailing Address 1414 W Fair Ave<br>Ste 190   |                    |   | 03 / D D / Y Y Y Y<br>03 04 2020  |  |  |
| City<br>Marquette  | State<br>MI        | Zip Code<br>49855-2693                            | Transaction ID : 10551143 Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.                           | С                  |   | 250.00  |  |  |
|  |                    | upation (for Individual)<br>opaedic Surgeon       | Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Aggregate          | Year-to-Date ▼<br>250.00                          | ]   |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 584.00  |  |  |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                                 | for each category of the<br>Detailed Summary Page  | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |
|--|---------------------------------|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t   |                                 |  | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t   | the Americ                      | an Association of Orth   | opaedic SurgeonsPAC of AAOS                          |
| Full Name of Individual (Last, First, Middle Engstrom, Stephen, , , MD         Mailing Address       1215 21st Avenue South         Suite 4200       Suite 4200         City       Nashville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Vanderbilt Univ-Vanderbilt Ortho Inst         Receipt For:         Primary       General         Other (specify) ▼ | State<br>TN<br>C<br>Occ<br>Orth | Zip Code         37232-8774         upation (for Individual)         nopaedic Surgeon         Year-to-Date ▼       | Date of Receipt                                      |
| B.       Full Name of Individual (Last, First, Middle         Ritchie, William, L, , IV, MD,FAA         Mailing Address 2100 Louisiana Blvd         Ste 410         City         Albuquerque         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Self Employed         Receipt For:         Primary       General         Other (specify) ▼                                 | State<br>NM<br>C                | Zip Code<br>87110<br>upation (for Individual)<br>hopaedic Surgeon<br>Year-to-Date ▼<br>250.00                      | Date of Receipt                                      |
| Full Name of Individual (Last, First, Middle         C.       Sheehan, John, P, , MD,FAAOS         Mailing Address 6621 Cuming St         City         Omaha         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Boys Town         Receipt For:         Primary       General         Other (specify)   | State<br>NE<br>C<br>Occ<br>Orth | Drganization Name<br>Zip Code<br>68132<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00 | Date of Receipt                                      |
| SUBTOTAL of Receipts This Page (optional).   |                                 |  | 418.00   |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fragomen, Austin, Thomas, , MD, FAAOS Date of Receipt Α. Mailing Address 48-25 64th St 1 2020 03 06 City Zip Code State Transaction ID : 10551147 NY Woodside 11377 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Hospital for Special Surgery Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keeney, James, A, , MD, FAAOS Date of Receipt Mailing Address 1106 Shallow Ridge Circle 03 2020 06 City State Zip Code Transaction ID : 10551148 MO Columbia 65201 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Missouri Orthopaedic Instit Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rodriguez, Ricardo, J., MD, FAAOS Date of Receipt Mailing Address 6666 Pikes Lane М 03 09 2020 City State Zip Code Transaction ID : 10551151 Baton Rouge LA 70808 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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PAGE 229 OF

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| ITEMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page  | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|--|----------------------------------|--|--|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the   |                                  |  |  |
| NAME OF COMMITTEE (In Full) Political Action Committee of the  | e America                        | an Association of Orth   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Initia<br>A. DiCaprio, Matthew, R, , MD,FAAOS<br>Mailing Address 2028 Dobie Lane<br>City<br>Schenectady   | State<br>NY                      | Zip Code<br>12303  | Date of Receipt  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Capital Region Orthopaedics Bone & Joi<br>Receipt For:   | Orth                             | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>500.00                           | 250.00   |
| Full Name of Individual (Last, First, Middle Initial         B.       Migliori, Sidney, Premer, , MD,FAAO         Mailing Address 40 Chief Botelho Ct         City         East Greenwich         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Ortho Rhode Island         Receipt For:         Primary       General         Other (specify) ▼ | State<br>RI<br>C<br>Occu<br>Orth | Zip Code<br>02818<br>upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>168.00      | Date of Receipt  |
| Full Name of Individual (Last, First, Middle Initia<br>C. Harrison, Alicia, Karin, , MD,FAAO<br>Mailing Address 1942 Humboldt Ave S<br>City<br>Minneapolis<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Univ of Minnesota<br>Receipt For:<br>Primary General<br>Other (specify)  | State<br>MN<br>C<br>Occu<br>Orth | Zip Code<br>55403-2815<br>upation (for Individual)<br>iopaedic Surgeon<br>Year-to-Date ▼<br>252.00 | Date of Receipt<br>03 / 09 / 2020<br>Transaction ID : 10551155<br>Amount of Each Receipt this Period<br>84.00<br>Memo Item           |
| SUBTOTAL of Receipts This Page (optional)  |                                  |  | 418.00   |

| SCHEDULE A (FEC Fori<br>ITEMIZED RECEIPTS                              | n 3X)                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 230 OF 300         (check only one)       Image: state stat |
|--|------------------------|---|---|
|  |                        | Dotaliou Summary Fage   | 13 14 15 16 17  |
|  |                        |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)  | i using the name and a |   |   |
|  | e of the America       | an Association of Orth  | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First,<br>Cannada, Lisa, K, , MD,FAAO   | 8                      | rganization Name  | Date of Receipt   |
| Mailing Address 14357 Cottage Lak                                      | e Road                 |   | 03 09 2020  |
| City   | State                  | Zip Code  | Transaction ID : 10551157   |
| Jacksonville   | FL                     | 32224   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | C                      |   | 84.00   |
| Name of Employer (for Individual)                                      | Осси                   | upation (for Individual)  | Memo Item   |
| Univ of Florida College of Medicine                                    | Orth                   | opaedic Surgeon   |   |
| Receipt For:   | Aggregate              | Year-to-Date <b>V</b>   |   |
| Other (specify)  |                        | 252.00  |   |
|  |                        |   | -   |
| Full Name of Individual (Last, First,<br>B. Shrock, Kevin, B, , MD,FAA |                        | rganization Name  | Date of Receipt   |
| Mailing Address 1414 SE 3rd Ave  |                        | 03 09 2020  |   |
| City   | State                  | Zip Code  | Transaction ID : 10551159   |
| Fort Lauderdale  | FL                     | 33316   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | C                      |   | 250.00  |
| Name of Employer (for Individual)<br>Self Employed                     |                        | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item   |
| Receipt For:   | Aggregate              | Year-to-Date 🔻  |   |
| Primary     General       Other (specify) ▼                            |                        | 250.00  |   |
| Full Name of Individual (Last, First, C. Davis, Daniel, Edward, , N    |                        | rganization Name  | Date of Receipt   |
| Mailing Address 20 Brookside Rd  |                        |   | 03 / D D / Y Y Y Y<br>03 11 2020  |
| City<br>Wallingford  | State<br>PA            | Zip Code<br>19086-6208  | Transaction ID : 10551160<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.             | С                      |   | 250.00  |
| Name of Employer (for Individual)<br>Thomas Jefferson Univ Hosp        |                        | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                     | I                      | Year-to-Date ▼<br>250.00  |   |
| SUBTOTAL of Receipts This Page (c                                      | ptional)               |   | ▶ 584.00  |

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| SCHEDULE A (FEC Form 3X)   |                        | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 231 OF 300<br>(check only one)  |
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| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                        | X         11a         11b         11c         12           13         14         15         16         17   |
| or for commercial purposes, other than usir<br>NAME OF COMMITTEE (In Full)   | ng the name and a      | ddress of any political committe   | opaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Mide<br>A. Cimino, William, Gerard, , MD,FAA   |                        | rganization Name   | Date of Receipt   |
| Mailing Address 52 Beach Road<br>Suite 207<br>City<br>Fairfield  | State<br>CT            | Zip Code<br>06824  | M       M |
| FEC ID number of contributing federal political committee.   | С                      |  | 84.00   |
| Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | Orth                   | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼<br>252.00 | Memo Item   |
| Full Name of Individual (Last, First, Mido<br>Parsley, Brian, S, , MD,FAAOS<br>Mailing Address 5420 West Loop South                  | lle Initial) or Full O | rganization Name   | Date of Receipt   |
| Suite 2400<br>City<br>Bellaire   | State<br>TX            | Zip Code<br>77401  | 03     13     2020       Transaction ID : 10551162       Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С                      |  | 84.00   |
| Name of Employer (for Individual)<br>UT Health Physicians<br>Receipt For:  | Orth                   | upation (for Individual)<br>nopaedic Surgeon<br>Year-to-Date ▼           | Memo Item   |
| Primary General<br>Other (specify) ▼   |                        | 252.00   | ]   |
| Full Name of Individual (Last, First, Mide<br>Damalas, Dino, , , MBA   | lle Initial) or Full O | rganization Name   | Date of Receipt   |
| Mailing Address 9400 W Higgins Rd  | State                  | Zip Code   | 03 13 2020<br>Transaction ID : 10551163   |
| Rosemont<br>FEC ID number of contributing<br>federal political committee.  | C                      | 60018-4975   | Amount of Each Receipt this Period 84.00  |
| Name of Employer (for Individual)<br>AAOS  |                        | upation (for Individual)<br>of Operating Officer                         | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate              | Year-to-Date ▼<br>252.00   | ]   |
| SUBTOTAL of Receipts This Page (option   | al)                    |  | 252.00  |
| TOTAL This Period (last page this line nur   | mber only)             |  |   |

| SCHEDULE A (FEC Form 3X)  | Use separate s                                  | chedule(s) FOR LINE NUMBER: PAGE 232 OF 300<br>(check only one)  |  |  |
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| ITEMIZED RECEIPTS   | for each catego<br>Detailed Summa               | bry of the   |  |  |
| or for commercial purposes, other than using                                      |   | sed by any person for the purpose of soliciting contributions<br>tical committee to solicit contributions from such committee. |  |  |
|   |   | on of Orthopaedic SurgeonsPAC of AAOS  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Chapman, Cary, B, , MD,FAAOS   | Initial) or Full Organization Name              | Date of Receipt  |  |  |
| Mailing Address 860 5th Ave   | State Zip Code                                  | 03 / 21 / 2020<br>Transaction ID : 10551825  |  |  |
| New York  | NY 10065  | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                        | С   | 84.00  |  |  |
| Name of Employer (for Individual)<br>Self Employed                                | Occupation (for Individu<br>Orthopaedic Surgeon | ual) Memo Item   |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                        |  |  |  |
| Other (specify)   | 1 1 <u>7</u> 1 <u>1 7</u> 1                     | 252.00   |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Stoeckl, Andrew, , , MD, FAAOS | Initial) or Full Organization Name              | Date of Receipt  |  |  |
| Mailing Address 90 Fairlawn Dr  |   |  |  |  |
| City  | State Zip Code                                  | Transaction ID : 10551827  |  |  |
| Amherst   | NY 14226  | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                        | C   | 83.00  |  |  |
| Name of Employer (for Individual)<br>Excelsior Orthopedics                        | Occupation (for Individe<br>Orthopaedic Surgeon | ual) Memo Item   |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                        |  |  |  |
| Other (specify) ▼   |   | 249.00   |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Sherbondy, Paul, Strawn, , MD, |   | Date of Receipt  |  |  |
| Mailing Address 507 Beaumont Drive  |   | M M / D D / Y Y Y Y<br>03 22 2020  |  |  |
| City<br>State College   | State Zip Code<br>PA 16801                      | Transaction ID : 10551828<br>Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.                        | C   | 84.00  |  |  |
| Name of Employer (for Individual)<br>Self Employed                                | Occupation (for Individu<br>Orthopaedic Surgeon | ual) Memo Item   |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                | 252.00  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).  |   |  |  |  |
| TOTAL This Period (last page this line number                                     | ər only)  |  |  |  |

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FOR LINE NUMBER: PAGE 233 OF 300

| ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | (check only one)         ▲         11a       11b         13       14         15       16         17                  |
|--|-----------------------------------|---|--|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |                                   |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e America                         | an Association of Ortho   | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Init         A.       Kirol, Bernard, G, , MD, FAAOS         Mailing Address 338 Turnwall Ln         City         Elgin         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Midlands Orthopaedics, PA         Receipt For:         Primary       General         Other (specify) ▼ | State<br>SC<br>C<br>Occu<br>Orth  | rganization Name<br>Zip Code<br>29045-9507<br>Ipation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>225.00 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle Init<br>B. Veitch, Andrew, John, , MD,FAAOS<br>Mailing Address 13416 Desert Zinnia Ct NE  |                                   | ganization Name   | Date of Receipt  |
| City<br>Albuquerque<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Self Employed<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Orth                              | Zip Code<br>87111<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>252.00                          | Transaction ID : 10551831         Amount of Each Receipt this Period         84.00         Memo Item                 |
| Full Name of Individual (Last, First, Middle Init         C. Styron, Joseph, F, , MD, PhD         Mailing Address 14244 Calderdale Ln         City         Strongsville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Cleveland Clinic Foundation         Receipt For:         Primary       General         Other (specify)      | State<br>OH<br>C<br>Occu<br>Ortho | rganization Name<br>Zip Code<br>44136<br>upation (for Individual)<br>opaedic Surgeon<br>Year-to-Date ▼<br>250.00      | Date of Receipt<br>03 22 2020 Transaction ID : 10551833<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
| SUBTOTAL of Receipts This Page (optional)  |                                   |   | 409.00   |

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PAGE 234 OF

| IT | EMIZED RECEIPTS   |               | f     | Jse separate schedule(s)<br>or each category of the | 1 `_ | neck on         | ly oi | ^́ ۲      |                       |            | 12       |            |
|----|---|---------------|-------|---|------|-----------------|-------|-----------|-----------------------|------------|----------|------------|
|    |   |               |       | Detailed Summary Page                               |      | 11a             |       | 11b<br>14 | 11c                   |            | 12<br>16 | 17         |
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |       |   |      |                 |       |           | f solicitir           |            |          |            |
|    | NAME OF COMMITTEE (In Full)   |               |       |   |      |                 | _     |           |                       | _          |          |            |
|    | Political Action Committee of the   |               |       |   | pa   | edic S          | Sur   | geon      | ISPA                  | C of       | AA       | OS         |
| Α. | Full Name of Individual (Last, First, Middle Initi<br>More, Robert, Cameron, , MD, FAAOS        | al) or Full O | Organ | ization Name  |      | Date o          | of Re | eceipt    |                       |            |          |            |
|    | Mailing Address 8100 Wescott Drive Suite 101  |               |       |   |      | 03              | /     | 23        | D /                   | Y Y<br>202 | 20       |            |
|    | City<br>Flemington  | State<br>NJ   |       | Zip Code<br>08822                                   |      |                 |       |           | : 105518<br>Receipt   |            | eriod    |            |
|    | FEC ID number of contributing federal political committee.                                      | С             |       |   |      | <u> </u>        |       | -         |                       |            | 84.00    | )          |
|    | Name of Employer (for Individual)<br>Hunterdon Orthopaedic Institute                            |               | •     | ion (for Individual)<br>edic Surgeon                |      | N               | lemo  | tem       |                       |            |          |            |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | r-to-Date ▼<br>252.00                               |      |                 |       |           |                       |            |          |            |
| в. | Full Name of Individual (Last, First, Middle Initi<br>Moon, Daniel, K, , MD, MBA, F             | al) or Full O | Orgar | ization Name  |      | Date o          | of Re | eceipt    |                       |            |          |            |
|    | Mailing Address 5997 Beeler St  |               |       |   |      | 03              | /     | D<br>23   |                       | y y<br>202 | 20       |            |
|    | City<br>Denver  | State<br>CO   |       | Zip Code<br>80238                                   |      |                 |       |           | 105518                |            | uia el   |            |
|    | FEC ID number of contributing federal political committee.                                      | C             |       |   |      | Amour           | nt of |           | Receipt               |            | 250.00   | )          |
|    | Name of Employer (for Individual)<br>Washington University                                      |               | •     | ion (for Individual)<br>edic Surgeon                |      | N               | lemo  | tem       |                       |            |          |            |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | r-to-Date ▼<br>250.00                               |      |                 |       |           |                       |            |          |            |
| с. | Full Name of Individual (Last, First, Middle Initi<br>Bergmann, Karl, Andrew, , MD, FA          |               | Orgar | ization Name  |      | Date c          | of Re | eceipt    |                       |            |          |            |
|    | Mailing Address CHI Health CUMC Bergan Mer<br>7710 Mercy Road, Suite 2000                       |               |       |   |      | <sup>M</sup> 03 |       | D 23      | 3                     | Y Y<br>202 |          |            |
|    | City<br>Omaha   | State<br>NE   |       | Zip Code<br>68124                                   |      |                 |       | -         | : 105518<br>Receipt 1 |            | eriod    |            |
|    | FEC ID number of contributing federal political committee.                                      | С             |       |   |      | <u> </u>        |       | ,         | . ,                   | :          | 250.00   | )          |
|    | Name of Employer (for Individual)<br>Alegent Creighton Clinics Creighton Un<br>Receipt For:     | Orth          | nopa  | ion (for Individual)<br>edic Surgeon                |      | N               | /lemo | o Item    |                       |            |          |            |
|    | Primary General<br>Other (specify)  | Aggregate     | Yea   | r-to-Date ▼<br>250.00                               |      |                 |       |           |                       |            |          |            |
| ⊢  | UBTOTAL of Receipts This Page (optional)  |               |       | •   |      | Ľ.              | -     | ,         | · · ·                 | Ę          | 584.00   | )          |
| 11 | OTAL This Period (last page this line number o  | ·····y)       | ••••• | ••••••  |      | land.           |       | -         |                       | -          |          | - 1. All 1 |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS |   |              | Use separate schedule(s)<br>for each category of the | FOR LINE NUMBER: PAGE 235 OF 300<br>(check only one)  |
|---|---|--------------|--|---|
|   |   |              | Detailed Summary Page                                | X         11a         11b         11c         12           13         14         15         16         17 |
|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |              |  | erson for the purpose of soliciting contributions   |
| $\left\langle \right\rangle$                  | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                  | America      | an Association of Ortho                              | paedic SurgeonsPAC of AAOS  |
| A.  | Full Name of Individual (Last, First, Middle Initia<br>Brady, Drew, A, , MD, FAAOS                | l) or Full O | rganization Name                                     | Date of Receipt   |
|   | Mailing Address 6 North Buckridge Drive   |              |  | 03 23 2020  |
|   | City  | State<br>DE  | Zip Code   | Transaction ID : 10551848   |
|   | Greenville  |              | 19807  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.  | С            |  | 1000.00   |
|   | Name of Employer (for Individual)   |              | upation (for Individual)                             | Memo Item   |
|   | First State Orthopaedics Receipt For:   |              | nopaedic Surgeon                                     | _   |
|   | Primary General   | Aggregate    | Year-to-Date ▼                                       |   |
|   | Other (specify) ▼   |              | 1000.00  |   |
| в.  | Full Name of Individual (Last, First, Middle Initia<br>McCulloch, Patrick, T, , MD, FAAOS         | l) or Full O | rganization Name                                     | Date of Receipt   |
|   | Mailing Address 307 Buckingham Drive  |              |  | 03 25 2020  |
|   | City  | State        | Zip Code   | Transaction ID : 10555389   |
|   | Venetia   | PA           | 15367-2383   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.  | С            |  | 84.00   |
|   | Name of Employer (for Individual)<br>Advanced Ortho & Rehab                                       |              | upation (for Individual)<br>nopaedic Surgeon         | Memo Item   |
|   | Receipt For:  | Aggregate    | Year-to-Date ▼                                       |   |
|   | Other (specify) ▼   |              | 252.00   |   |
|   | Full Name of Individual (Last, First, Middle Initia<br>Swenning, Todd, Allen, , MD, FAAC          |              | rganization Name                                     | Date of Receipt   |
|   | Mailing Address 41970 Rancho Manana Lane  |              |  | 03 25 2020  |
|   | City<br>Develop Mireau  | State        | Zip Code   | Transaction ID : 10555390   |
|   | Rancho Mirage   | CA           | 92270  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.  | С            |  | 83.33   |
|   | Name of Employer (for Individual)<br>Institute of Clinical Orthopedics & Ne                       |              | upation (for Individual)<br>opaedic Surgeon          | Memo Item   |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Year-to-Date ▼<br>249.99                             |   |
| s   | UBTOTAL of Receipts This Page (optional)  |              | •  | 1167.33   |

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

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

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

Use separate schedule(s) for each category of the

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(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bruneau, Pierre, Andre, , MD, FAAOS Date of Receipt Α. Mailing Address 4 Tanglewood Rd 1 2020 03 25 City Zip Code State Transaction ID : 10555391 NY Pleasantville 10570-2527 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Abrutyn, David, A, , MD, FAAOS Date of Receipt Mailing Address 20 Pitney Court 03 2020 25 City State Zip Code Transaction ID : 10555392 NJ **Basking Ridge** 07920-2150 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** LaPorte, Jeffrey, M, MD, FAAOS Date of Receipt Mailing Address 5202 Laree Ct М M 03 25 2020 City Zip Code State Transaction ID : 10557196 MT Missoula 59803 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Missoula Bone and Joint Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 236 OF

## Use separate schedule(s)

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| ITEMIZED RECEIPTS |   |                           | Use separate schedule(s) for each category of the                | (check only one)   |  |  |  |  |  |
|-------------------|---|---------------------------|--|--|--|--|--|--|--|
|                   |   |                           | Detailed Summary Page  | Image: 110         Image: 110         Image: 110         Image: 112           13         14         15         16         17 |  |  |  |  |  |
| Ar<br>or          | y information copied from such Reports and St for commercial purposes, other than using the | atements ma<br>name and a | y not be sold or used by any poddress of any political committee | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                           |  |  |  |  |  |
| $\square$         | NAME OF COMMITTEE (In Full)   |                           |  |  |  |  |  |  |  |
| /                 | Political Action Committee of the   | e America                 | an Association of Ortho  | ppaedic SurgeonsPAC of AAOS  |  |  |  |  |  |
| <u>к</u>          | Full Name of Individual (Last, First, Middle Initi<br>Beltran, Michael, John, , MD, FAAOS   | al) or Full O             | rganization Name   | Date of Receipt  |  |  |  |  |  |
|                   | Mailing Address UC Dept of Orthopaedic Surge  | ry                        |  | M = M / D = D / Y = Y = Y  |  |  |  |  |  |
|                   | 231 Albert Sabin Way Room 55<br>City  | 553<br>State              | Zip Code   | 03 26 2020   |  |  |  |  |  |
|                   | Cincinnati  | OH                        | 45267-0212   | Transaction ID : 10557197 Amount of Each Receipt this Period   |  |  |  |  |  |
|                   | FEC ID number of contributing   |                           |  |  |  |  |  |  |  |
|                   | federal political committee.  | С                         |  | 84.00  |  |  |  |  |  |
|                   | Name of Employer (for Individual)   | Осси                      | pation (for Individual)  | Memo Item  |  |  |  |  |  |
|                   | Department of Orthopaedics and Rehabil  | Orth                      | opaedic Surgeon  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General   | Aggregate                 | Year-to-Date 🔻   | _  |  |  |  |  |  |
|                   | Other (specify) V   |                           | 252.00   |  |  |  |  |  |  |
|                   |   |                           |  |  |  |  |  |  |  |
| -                 | Full Name of Individual (Last, First, Middle Initi  | al) or Full O             | rganization Name   |  |  |  |  |  |  |
| в.                | Angel, Jeffery, D, , MD, FAAOS<br>Mailing Address 180 Westwood Drive                        |                           |  | Date of Receipt  |  |  |  |  |  |
|                   | Maining Address 180 Westwood Drive  |                           |  | 03 27 2020   |  |  |  |  |  |
|                   | City  | State                     | Zip Code   | Transaction ID : 10557344  |  |  |  |  |  |
|                   | Batesville  | AR                        | 72501-9276   | Amount of Each Receipt this Period   |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |  | 84.00  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>White River Health System                              |                           | upation (for Individual)<br>Iopaedic Surgeon                     | Memo Item  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate                 | Year-to-Date 🔻   |  |  |  |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |                           | 252.00   |  |  |  |  |  |  |
|                   |   |                           |  |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initi<br>Kavookjian, Haik, G, , MD, FAAOS      |                           | rganization Name   | Date of Receipt  |  |  |  |  |  |
|                   | Mailing Address 555 Newfield Ave  |                           |  | M M / D D / Y Y Y Y<br>03 24 2020  |  |  |  |  |  |
|                   | City  | State                     | Zip Code   | Transaction ID : 10557597  |  |  |  |  |  |
|                   | Stamford  | СТ                        | 06905  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |  | 250.00   |  |  |  |  |  |
|                   | Name of Employer (for Individual)   | Осси                      | pation (for Individual)  | Memo Item  |  |  |  |  |  |
|                   | Orgin Health Care Solutions   | Orth                      | opaedic Surgeon  |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate                 | Year-to-Date ▼   |  |  |  |  |  |  |
|                   | Other (specify)   |                           | 250.00   |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                           | •  | 418.00   |  |  |  |  |  |
| Т                 | OTAL This Period (last page this line number of   | only)                     |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X) |   |               | Use separate schedule(s)                     | FOR LINE NUMBER:             | PAGE 238 OF 300    |
|--------------------------|---|---------------|--|------------------------------|--------------------|
| IT                       | EMIZED RECEIPTS   |               | for each category of the                     | (check only one)             | 110 10             |
|                          |   |               | Detailed Summary Page                        |                              | 11c 12<br>15 16 17 |
| Ar                       | y information copied from such Reports and Sta                    | itements ma   | ay not be sold or used by any r              |                              |                    |
|                          | for commercial purposes, other than using the r                   |               |  |                              |                    |
| $\backslash$             | NAME OF COMMITTEE (In Full)                                       |               |  |                              |                    |
| $ \rangle$               | Political Action Committee of the                                 | America       | an Association of Orth                       | ppaedic Surgeons             | PAC of AAOS        |
| <u> </u>                 | Full Name of Individual (Last, First, Middle Initia               | al) or Full O | rganization Name                             |                              |                    |
| Α.                       | Looby, Peter, A, , MD,FAAOS                                       |               | Iganzalon Name                               | Date of Receipt              |                    |
|                          | Mailing Address 5021 S Old Yankton Pl                             |               |  | <br>                         | / Y = Y = Y = Y    |
|                          |   |               |  | 03 24                        | 2020               |
|                          | City<br>Sioux Falls   | State<br>SD   | Zip Code<br>57108                            | Transaction ID : 10          |                    |
|                          | Sioux Falls   |               | 0/100  | Amount of Each Rece          | eipt this Period   |
|                          | FEC ID number of contributing federal political committee.        | С             |  |                              | 5000.00            |
|                          | Name of Employer (for Individual)                                 |               | upation (for Individual)                     | Memo Item                    |                    |
|                          | Sioux Falls Specialty Hospital                                    |               | opaedic Surgeon                              |                              |                    |
|                          | Receipt For:  |               | Year-to-Date ▼                               |                              |                    |
|                          | Primary General   | , iggi cgaie  |  | 1                            |                    |
|                          | Other (specify) <b>v</b>  | L             | 5000.00                                      |                              |                    |
|                          | Full Name of Individual (Last, First, Middle Initia               | al) or Eull O | rganization Namo                             |                              |                    |
| В.                       | Hagan, Hugh, J, , III, MD, F                                      |               | Iganization Name                             | Date of Receipt              |                    |
| -                        | Mailing Address 7215 Hollyberry Rd                                |               |  | M M / D D                    | / Y Y Y Y Y        |
|                          |   | 03 27         | 2020   |                              |                    |
|                          | City<br>Roanoke   | State<br>VA   | Zip Code<br>24018-5525                       | Transaction ID : 105         |                    |
|                          |   |               | 24010-0020                                   | Amount of Each Rece          | eipt this Perioa   |
|                          | FEC ID number of contributing federal political committee.        | С             |  |                              | 250.00             |
|                          | New of Freedom (fee bellvider)                                    |               | un ations (fam. ha dissidure I)              | Memo Item                    |                    |
|                          | Name of Employer (for Individual)<br>Carilion Clinic Orthopaedics |               | upation (for Individual)<br>nopaedic Surgeon |                              |                    |
|                          | Receipt For:  |               | Year-to-Date ▼                               | —                            |                    |
|                          | Primary General   | , iggi oguto  |  | 1                            |                    |
|                          | Other (specify)   | <u> </u>      | 250.00                                       |                              |                    |
| _                        | Full Name of Individual (Last, First, Middle Initia               | al) or Full O | rganization Name                             |                              |                    |
| C.                       | Gary, Joshua, Layne, , MD, FAAOS                                  |               |  | Date of Receipt              |                    |
|                          | Mailing Address 3726 Tangley Rd                                   |               |  |                              |                    |
|                          | City  | State         | Zip Code                                     | 03 28<br>Transaction ID : 10 | 2020               |
|                          | Houston   | TX            | 77005-2032                                   | Amount of Each Rece          |                    |
|                          | FEC ID number of contributing                                     |               |  |                              |                    |
|                          | federal political committee.                                      | С             |  |                              | 84.00              |
|                          | Name of Employer (for Individual)                                 | Occi          | upation (for Individual)                     | Memo Item                    |                    |
|                          | Self Employed   |               | opaedic Surgeon                              |                              |                    |
|                          | Receipt For:  | Aggregate     | Year-to-Date ▼                               |                              |                    |
|                          | Primary General   |               | 252.00                                       | 1                            |                    |
|                          | Other (specify)   |               | 232.00                                       | 1                            |                    |
|                          |   |               |  |                              |                    |
| s                        | UBTOTAL of Receipts This Page (optional)                          |               |  |                              | 5334.00            |
| $\vdash$                 | ,   |               |  | -                            |                    |

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Use separate schedule(s)

FOR LINE NUMBER:

PAGE 239 OF

300

| ITEMIZED RECEIPTS |   |               | Use separate schedule(s)                          | (0   | (check only one) |          |       |                               |          |       |    |  |
|-------------------|---|---------------|---|------|------------------|----------|-------|-------------------------------|----------|-------|----|--|
| 11                |   |               | for each category of the<br>Detailed Summary Page |      | <b>X</b> 11a     |          | lb    | 11c                           | 12       | Г     | 47 |  |
|                   | ny information copied from such Reports and St<br>for commercial purposes, other than using the                           |               |   |      |                  |          | se of |                               |          | butic |    |  |
|                   |   | name and a    | address of any political committee                | e lo | Solicit CO       | minouti  | ons   | ITOTTI SUC                    | n comn   | intee |    |  |
|                   | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the  | e America     | an Association of Orth                            | iopa | aedic S          | Surge    | eon   | sPA                           | C of /   | ٩A    | SC |  |
| Α.                | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Carolan, Gregory, Francis, , MD, FAAOS |               |   |      |                  |          | ipt   |                               |          |       |    |  |
|                   | Mailing Address 1806 Meadow Ridge Ct  |               | M 03  | /    | 28               |          | 2020  |                               | ]        |       |    |  |
|                   | City<br>Bethlehem   | State<br>PA   | Zip Code<br>18015-5003                            |      |                  |          |       | <b>105582</b> 1<br>Receipt th |          | bd    |    |  |
|                   | FEC ID number of contributing federal political committee.  | С             |   |      |                  |          |       |                               | 8        | 4.00  |    |  |
|                   | Name of Employer (for Individual)<br>St Luke's Ortho Surg Group   |               | cupation (for Individual)<br>hopaedic Surgeon     |      | N                | lemo It  | em    |                               |          |       |    |  |
|                   | Receipt For:  |               | Year-to-Date ▼                                    |      |                  |          |       |                               |          |       |    |  |
|                   | Other (specify) ▼   |               | 252.00  | ]    |                  |          |       |                               |          |       |    |  |
| В.                | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>a.</b> Torres, Daniel, , , MD       |               |   |      |                  |          | ipt   |                               |          |       |    |  |
|                   | Mailing Address 1488 Shelburne Ct   |               |   |      |                  |          | 28    |                               | 2020     | Y     |    |  |
|                   | City  | State<br>PA   | Zip Code  | -    |                  |          |       | 1055821                       |          |       |    |  |
|                   | Allentown   |               | 18104-1949  |      | Amour            | nt of Ea | ich F | Receipt th                    | nis Peri | bd    | _  |  |
|                   | FEC ID number of contributing federal political committee.  | С             |   |      | Ľ.               |          | _     |                               | 8        | 5.00  |    |  |
|                   | Name of Employer (for Individual)<br>University of Texas Med Branch   |               | cupation (for Individual)<br>thopaedic Surgeon    |      | N                | lemo It  | em    |                               |          |       |    |  |
|                   | Receipt For:  | Aggregate     | e Year-to-Date ▼                                  |      |                  |          |       |                               |          |       |    |  |
|                   | Primary     General       Other (specify) ▼   |               | 255.00  | ]    |                  |          |       |                               |          |       |    |  |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Initi<br>Razi, Afshin, , , MD,FAAOS  | al) or Full O | Drganization Name                                 |      | Date c           | of Rece  | ipt   |                               |          |       |    |  |
|                   | Mailing Address 2 Dogwood Rd  |               |   |      | 03               | /        | 28    |                               | 2020     |       | 1  |  |
|                   | City<br>Great Neck  | State<br>NY   | Zip Code<br>11024-2006                            |      |                  |          |       | 1 <b>05582</b><br>Receipt th  |          | bc    |    |  |
|                   | FEC ID number of contributing federal political committee.  | С             |   |      | <u> </u>         | . y      |       | . ,                           | 25       | 0.00  |    |  |
|                   | Name of Employer (for Individual)<br>Self Employed  |               | cupation (for Individual)<br>hopaedic Surgeon     |      | N                | 1emo It  | em    |                               |          |       |    |  |
|                   | Receipt For:  | Aggregate     | e Year-to-Date ▼                                  |      |                  |          |       |                               |          |       |    |  |
|                   | Other (specify)   |               | 250.00  | ]    |                  |          |       |                               |          |       |    |  |
| 5                 | UBTOTAL of Receipts This Page (optional)  |               |   | •    | Γ.               | . ,      |       | . ,                           | 41       | 9.00  |    |  |

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

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

| SC | CHEDULE A (FEC Form 3X)   |                | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 240 OF 300   |
|----|---|----------------|---|--|
|    | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|    | y information copied from such Reports and SI for commercial purposes, other than using the |                |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                                 |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                            | e America      | an Association of Orthe                           | opaedic SurgeonsPAC of AAOS  |
| Α. | Full Name of Individual (Last, First, Middle Init<br>Chandler, David, R, , MD,FAAOS         | ial) or Full C | organization Name                                 | Date of Receipt  |
|    | Mailing Address 165 Middle Plantation Ln  |                |   | 03 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|    | City<br>Gulf Breeze   | State<br>FL    | Zip Code<br>32561-4899                            | Transaction ID : 10558217<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                  | С              |   | 84.00  |
|    | Name of Employer (for Individual)   |                | upation (for Individual)                          | Memo Item  |
|    | Self Employed         Receipt For:         Primary       General         Other (specify) ▼  |                | Year-to-Date ▼<br>252.00                          | ]  |
|    | Full Name of Individual (Last, First, Middle Init<br>Allard, Mark, Michael, , MD, FAAOS     | ial) or Full C | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 3010 Cortney Circle   |                |   | 03 28 2020   |
|    | City  | State          | Zip Code  | Transaction ID : 10558218  |
|    | Siloam Springs  | AR             | 72761-4736  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.                                  | С              |   | 84.00  |
|    | Name of Employer (for Individual)<br>Self Employed  |                | upation (for Individual)<br>hopaedic Surgeon      | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>252.00                          | ]  |
|    | Full Name of Individual (Last, First, Middle Init<br>Porter, Scott, Edward, , MD,MBA,I      |                | organization Name                                 | Date of Receipt  |
|    | Mailing Address 1420 Jonesville Road  | 01-1-          | 7. 0.4  | 03 / D D / Y Y Y Y<br>28 / 2020  |
|    | City<br>Simpsonville  | State<br>SC    | Zip Code<br>29681-4411                            | Transaction ID : 10558219 Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.                                  | С              |   | 84.00  |
|    | Name of Employer (for Individual)<br>Self Employed  |                | upation (for Individual)<br>Iopaedic Surgeon      | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>252.00                          | ]  |
| s  | UBTOTAL of Receipts This Page (optional)  |                |   | 252.00   |

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one) **X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orfaly, Robert, M, , MD, FAAOS Date of Receipt Α. Mailing Address 13593 Streamside Dr 1 2020 03 29 City Zip Code State Transaction ID : 10558225 OR Lake Oswego 97035-1386 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Surgeon **Oregon Health & Science University** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Furey, Christopher, George, MD, FAAOS Date of Receipt Mailing Address 18900 South Woodland Road 03 2020 31 City State Zip Code Transaction ID : 10560112 OH Shaker Heights 44122 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. O'Donovan, Terrence, M, MD, FAAOS Date of Receipt Mailing Address 615 Maid Marion Hill М 03 31 2020 City State Zip Code Transaction ID : 10561221 MD Sherwood Forest 21405 Amount of Each Receipt this Period FEC ID number of contributing С 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chesapeake Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page                                   | (cneck only one)       X     11a       11b     11c       12       13     14       15     16       17 |  |  |  |  |
|---|---|--|--|--|--|--|
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the name  | nents may not be sold or used by any pe<br>e and address of any political committee | erson for the purpose of soliciting contributions  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A  | merican Association of Ortho  | ppaedic SurgeonsPAC of AAOS  |  |  |  |  |
| -   | State Zip Code<br>MS 38655-3235   | Date of Receipt  |  |  |  |  |
| Receipt For:       Ag         Primary       General         Other (specify) ▼   | gregate Year-to-Date ▼<br>252.00  |  |  |  |  |  |
|   | State Zip Code<br>AR 72223-8913   | Date of Receipt  |  |  |  |  |
| FEC ID number of contributing federal political committee.       Image: Committee for the second seco | Occupation (for Individual)<br>Surgeon<br>gregate Year-to-Date ▼<br>252.00          | Memo Item  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) of C. Culp, Brian, Matthew, , MD<br>Mailing Address 1805 Barclay Blvd   | or Full Organization Name   | Date of Receipt  |  |  |  |  |
| 5   | State Zip Code<br>NJ 08540-5891<br>Occupation (for Individual)                      | Transaction ID : 10561231       Amount of Each Receipt this Period       250.00       Memo Item      |  |  |  |  |
| Princeton Orthopaedic Associates  | Orthopaedic Surgeon<br>gregate Year-to-Date ▼<br>250.00                             |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 418.00   |  |  |  |  |

FOR LINE NUMBER:

PAGE 243 OF

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| ITEMI   | ZED RECEIPTS  |                                    | for each category of the<br>Detailed Summary Page  | (cneck only one)       X       11a       11b       11c       12       13       14       15       16       17                |
|---|---|------------------------------------|--|---|
| Any info  | rmation copied from such Reports and Si<br>ommercial purposes, other than using the   | tatements may<br>name and ad       | not be sold or used by any ped<br>dress of any political committee                             | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                          |
|   | e OF COMMITTEE (In Full)<br>itical Action Committee of the  | e America                          | n Association of Ortho   | ppaedic SurgeonsPAC of AAOS   |
| A. Yał<br>Mailii<br>City<br>Cas<br>FEC<br>feder<br>Nam<br>Sum | Name of Individual (Last, First, Middle Init<br>kel, Demian, M, , DO, FAAOS<br>ng Address 4439 E 23rd St<br>Der<br>ID number of contributing<br>al political committee.<br>e of Employer (for Individual)<br>mit Medical Center<br>ipt For:<br>Primary General<br>Other (specify) ▼ | State<br>WY<br>C<br>Occup<br>Ortho | Zip Code<br>82609<br>Dation (for Individual)<br>paedic Surgeon<br>//ear-to-Date ▼<br>1000.00   | Date of Receipt   |
| B. Ch   | Name of Individual (Last, First, Middle Init<br>Di, Daniel, , , MD<br>ng Address 1 3rd Ave<br>Apt 824   | ial) or Full Org                   | ganization Name  | Date of Receipt<br>03 19 2020   |
| feder<br>Nam<br>Long  | ID number of contributing<br>al political committee.<br>e of Employer (for Individual)<br>Island Spine Specialists, PC<br>ipt For:<br>Primary General<br>Other (specify) ▼  | Ortho                              | Zip Code<br>11501-4347<br>pation (for Individual)<br>paedic Surgeon<br>//ear-to-Date<br>250.00 | Transaction ID : 10561233         Amount of Each Receipt this Period         250.00         Memo Item                       |
| C. Sn<br>Mailii<br>City<br>Roa<br>FEC<br>feder<br>Nam<br>The  | Name of Individual (Last, First, Middle Init<br>yder, Matthew, J, , MD, FAAOS<br>ng Address 14912 Chopine Pass<br>noke<br>ID number of contributing<br>al political committee.<br>e of Employer (for Individual)<br>Orthopedic Hospital of Lutheran He<br>ipt For:                  | State<br>IN<br>C<br>Occup<br>Ortho | Zip Code<br>46783-9308   | Date of Receipt<br>03 / 23 / 2020<br>Transaction ID : 10561235<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item |
|   | Primary General<br>Other (specify)<br><b>DTAL</b> of Receipts This Page (optional)  |                                    | 250.00   | 1500.00   |

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|  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|--|--------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                    |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                                 |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of t                                 | the America        | an Association of Orth  | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, MiddleA.Jiranek, William, A, , MD, FAAOS                 | Initial) or Full O | rganization Name  | Date of Receipt  |
| Mailing Address 4066 Old River Trail   |                    |   | M M / D D / Y Y Y Y<br>03 23 2020  |
| City<br>Powhatan   | State<br>VA        | Zip Code<br>23139   | Transaction ID : 10561236<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                     | C                  |   | 84.00  |
| Name of Employer (for Individual)<br>Duke University   |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>252.00  | ]  |
| B. Mollano, Anthony, V, , MD,FAAOS<br>Mailing Address 163 Galloping Hill Rd                    |                    | rganization Name  | Date of Receipt  |
| City   | State              | Zip Code  | 03 23 2020<br>Transaction ID : 10561238  |
| Contoocook   | NH                 | 03229-3401  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 1000.00  |
| Name of Employer (for Individual)<br>Concord Orthopaedics                                      |                    | upation (for Individual)<br>nopaedic Surgeon                                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>2000.00   | ]  |
| Full Name of Individual (Last, First, Middle<br>C. Besh, Basil, R, , MD, FAAOS                 | Initial) or Full O | rganization Name  | Date of Receipt  |
| Mailing Address 6135 Clubhouse Dr  |                    |   | 03 / D D / Y Y Y Y<br>23 2020  |
| City<br>Pleasanton   | State<br>CA        | Zip Code<br>94566   | Transaction ID : 10561239 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 84.00  |
| Name of Employer (for Individual)<br>FORM Hand, Wrist & Elbow Institute                        |                    | upation (for Individual)<br>opaedic Surgeon                                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>252.00  | ]  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 1168.00  |

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

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

1.

FOR LINE NUMBER:

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300

| ITEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | $\checkmark$ 11a       11b       11c       12         13       14       15       16       17 |
|---|-------------------|---|--|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the  |                   |   |  |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of th   | e America         | an Association of Ortho                           | opaedic SurgeonsPAC of AAOS  |
| Full Name of Individual (Last, First, Middle Ini<br>A. Carreau, Joseph, , , MD<br>Mailing Address 401 Hiddenwood Hollow   | itial) or Full Oi | rganization Name                                  | Date of Receipt  |
| City  | State             | Zip Code  | 03 25 2020<br>Transaction ID : 10561240  |
| Jefferson   | SD                | 57038   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                 |   | 84.00  |
| Name of Employer (for Individual)<br>CNOS   |                   | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>252.00                          | ]  |
| <ul> <li>Full Name of Individual (Last, First, Middle Ini</li> <li>Giuseffi, Steven, A, , MD, FAAOS</li> <li>Mailing Address 4784 Enchanted Pines Dr</li> </ul> | itial) or Full Oi | rganization Name                                  | Date of Receipt  |
|   |                   |   | 03 26 2020   |
| City<br>Rapid City  | State<br>SD       | Zip Code<br>57701                                 | Transaction ID : 10561241<br>Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | С                 |   | 84.00  |
| Name of Employer (for Individual)<br>Black Hills Orthopedic and Spine Cente   |                   | upation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>252.00                          | ]  |
| Full Name of Individual (Last, First, Middle Ini<br>C. Noonan, J, Christopher, , MD,FAA   |                   | rganization Name                                  | Date of Receipt  |
| Mailing Address 342 Pace Ln   |                   |   | 03 / 27 / 2020   |
| City  | State             | Zip Code  | Transaction ID : 10561243  |
| North Salt Lake   | UT                | 84054   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                 |   | 1000.00  |
| Name of Employer (for Individual)<br>Good Samaritan Regional Medical Center   |                   | ipation (for Individual)<br>opaedic Surgeon       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>1000.00                         | ]  |
| SUBTOTAL of Receipts This Page (optional)   |                   | •   | 1168.00  |

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

1.

## SCHEDULE A (FEC Form 3X) ľ

| S                      | CHEDULE A (FEC Form 3X)                             | [                         | Use separate schedule(s) | FOR LINE NUMBER: PAGE 246 OF 30  |
|------------------------|---|---------------------------|--------------------------|--|
| IT                     | EMIZED RECEIPTS                                     |                           | for each category of the | (check only one)   |
|                        |   |                           | Detailed Summary Page    | X         11a         11b         11c         12           13         14         15         16         1 |
|                        | ny information copied from such Reports and Sta     |                           |                          | erson for the purpose of soliciting contributions  |
|                        | for commercial purposes, other than using the n     |                           |                          |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)                         | A                         |                          |  |
|                        | Political Action Committee of the                   | America                   | an Association of Orthe  | opaedic SurgeonsPAC of AAOS  |
| <u>/</u>               | Full Name of Individual (Last, First, Middle Initia | l) or Full O              | rganization Name         |  |
| Α.                     |   |                           |                          | Date of Receipt  |
|                        | Mailing Address 1600 Charles Pl                     |                           |                          | 03 27 2020   |
|                        | City  | State                     | Zip Code                 | 03 27 2020<br>Transaction ID : 10561245  |
|                        | Manhattan   | KS                        | 66502                    | Amount of Each Receipt this Period   |
|                        | FEC ID number of contributing                       |                           |                          |  |
|                        | federal political committee.                        | С                         |                          | 1000.00  |
|                        | Name of Employer (for Individual)                   | Осси                      | pation (for Individual)  | Memo Item  |
|                        | Self Employed                                       |                           | opaedic Surgeon          |  |
|                        |   | Aggregate                 | Year-to-Date ▼           |  |
|                        | Primary General                                     |                           | 1000.00                  | 1  |
|                        | Other (specify) <b>v</b>                            |                           | 1000.00                  | 1  |
|                        | Full Name of Individual (Last, First, Middle Initia | l) or Full O              | rganization Name         |  |
| В.                     | Mann, John, Walter, , III, MD, F                    | ,                         |                          | Date of Receipt  |
|                        | Mailing Address 3806 Pitzer Rd                      | M = M / D = D / Y = Y = Y |                          |  |
|                        | City  | State                     | Zip Code                 | 03 27 2020   |
|                        | Roanoke   | VA                        | 24014                    | Transaction ID : 10561246<br>Amount of Each Receipt this Period  |
|                        | FEC ID number of contributing                       |                           |                          |  |
|                        | federal political committee.                        | С                         |                          | 1000.00  |
|                        | Name of Employer (for Individual)                   | 000                       | upation (for Individual) | Memo Item  |
|                        | Carilion Clinic Orthopaedics                        |                           | lopaedic Surgeon         |  |
|                        | Receipt For:  | Aggregate                 | Year-to-Date ▼           |  |
|                        | Primary General                                     | 33 - 3                    |                          | 1  |
|                        | Other (specify)                                     |                           | , 1000.00                | 1  |
|                        | Full Name of Individual (Last, First, Middle Initia | l) or Full Q              | rganization Name         |  |
| C.                     | Cage, Dori, N, , MD,FAAOS                           | .,                        | gam_anon riamo           | Date of Receipt  |
|                        | Mailing Address 4105 Alameda Dr                     |                           |                          |  |
|                        | City  | State                     | Zip Code                 | 03 27 2020<br>Transaction ID : 10561247  |
|                        | San Diego   | CA                        | 92103                    | Amount of Each Receipt this Period   |
|                        | FEC ID number of contributing                       |                           |                          |  |
|                        | federal political committee.                        | С                         |                          | 1000.00  |
|                        | Name of Employer (for Individual)                   | Occi                      | pation (for Individual)  | Memo Item  |
|                        | Self Employed                                       |                           | opaedic Surgeon          |  |
|                        |   | Aggregate                 | Year-to-Date ▼           |  |
|                        | Primary General                                     |                           | 1000.00                  | 1  |
|                        | Other (specify)                                     |                           | 1000.00                  | 1  |
| Г                      |   |                           |                          |  |
| s                      | UBTOTAL of Receipts This Page (optional)            |                           |                          | 3000.00  |
| $\vdash$               | - · · · ·   |                           |                          | -  |

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

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  |   |
|--|--|---|
|  |  | / any person for the purpose of soliciting contributions<br>mmittee to solicit contributions from such committee.     |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | e American Association of  | Orthopaedic SurgeonsPAC of AAOS   |
| Full Name of Individual (Last, First, Middle Init         A.       Prather, John, T, , MD, FAAOS         Mailing Address       4425 Paulsen Street         City       Savannah         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼ | ial) or Full Organization Name          State       Zip Code         GA       31405         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼ | Date of Receipt<br>03<br>Transaction ID : 10561248<br>Amount of Each Receipt this Period<br>250.00<br>Memo Item<br>00 |
| Full Name of Individual (Last, First, Middle Init<br>B. Iorio, Richard, , , MD,FAAOS<br>Mailing Address 31 Prince St   | al) or Full Organization Name  | Date of Receipt   |
| City<br>Beverly<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>NYU Langone Medical Center<br>Receipt For:  | State<br>MA     Zip Code<br>01915       C     Occupation (for Individual)<br>Orthopaedic Surgeon       Aggregate Year-to-Date     ▼  | Transaction ID : 10561249         Amount of Each Receipt this Period         84.00         Memo Item                  |
| Full Name of Individual (Last, First, Middle Init<br>C. Galakatos, Gregory, R, , MD, FAA<br>Mailing Address 12008 Chaltenham Rd<br>City<br>Saint Louis<br>FEC ID number of contributing  |  | Date of Receipt<br>03<br>Transaction ID : 10561250<br>Amount of Each Receipt this Period<br>250.00                    |
| federal political committee.          Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)   | Occupation (for Individual)<br>Orthopaedic Surgeon<br>Aggregate Year-to-Date ▼<br>250.   | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)  |  |   |

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| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 248 OF 300<br>(check only one)   |  |  |
|---|--|--|--|--|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17                              |  |  |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)          | he name and address of any political committe  | operson for the purpose of soliciting contributions<br>te to solicit contributions from such committee.<br>opaedic SurgeonsPAC of AAOS |  |  |
| Full Name of Individual (Last, First, Middle I  |  |  |  |  |
| A. Waddell, Bradford, Sutton, , MD  | nitial) or Full Organization Name  | Date of Receipt  |  |  |
| Mailing Address 5575 Lake Forrest Dr<br>  | State Zip Code   | 03 / D D / Y Y Y Y Y<br>03 / 30 / 2020<br>Transaction ID : 10561251  |  |  |
| Atlanta   | GA 30342   | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                            | C  | 84.00  |  |  |
| Name of Employer (for Individual)<br>Ochsner Clinic                                   | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>252.00   | ]  |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Lopez, David, Vincent, , MD,FAAC | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Lopez, David, Vincent, , MD,FAAOS |  |  |  |
| Mailing Address 27 Courtney Ct  |  | 03 30 2020   |  |  |
| City<br>Freehold  | State Zip Code<br>NJ 07728   | Transaction ID : 10561252<br>Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.                            | C  | 84.00  |  |  |
| Name of Employer (for Individual)<br>Orthopaedic & Sports Medicine Speciali           | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>252.00   | ]  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Dulske, Michael, G, , MD, FAAO      |  | Date of Receipt  |  |  |
| Mailing Address 104 Burney Drive  |  | 03 30 Y Y Y Y Y Y  |  |  |
| City<br>Flowood   | StateZip CodeMS39232   | Transaction ID : 10561253 Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                            | C  | 100.00   |  |  |
| Name of Employer (for Individual)<br>Capital Ortho                                    | Occupation (for Individual)<br>Orthopaedic Surgeon   | Memo Item  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate Year-to-Date ▼<br>300.00   | ]  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | ,<br>  | 268.00   |  |  |
| TOTAL This Period (last page this line numbe  | er only)   |  |  |  |

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

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

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

FOR LINE NUMBER:

(check only one)

**X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lyons, Steven, Thomas, , MD, FAAOS Α. Date of Receipt Mailing Address 12927 Darby Ridge Dr 1 02 11 2020 City Zip Code State Transaction ID: 10566190 FL Tampa 33624 Amount of Each Receipt this Period FEC ID number of contributing С 0.00 federal political committee. Name of Employer (for Individual) X Memo Item Occupation (for Individual) Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Refund(s) on Schedule B Totaling \$1000.00 This 1000.00 Other (specify) changes the YTD Total to \$1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Migliori, Sidney, Premer, MD, FAAOS Date of Receipt Mailing Address 40 Chief Botelho Ct 03 2020 09 City State Zip Code Transaction ID : 10566191 RI East Greenwich 02818 Amount of Each Receipt this Period FEC ID number of contributing С 0.00 federal political committee. X Memo Item Name of Employer (for Individual) Occupation (for Individual) Ortho Rhode Island Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date V Primarv General Refund(s) on Schedule B Totaling \$168.00 This Other (specify) 168.00 changes the YTD Total to \$168.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Mailing Address M City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s)

FOR LINE NUMBER:

PAGE 250 OF

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| T                                     | EMIZED RECEIPTS  |                          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 <b>X</b> 15 16 17                               |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--------------------------|---|---|--|--|--|--|--|--|--|--|
| Ar<br>or                              | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full)<br>Political Action Committee of the | name and a               | ddress of any political committee   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |
| <u> </u>                              | Full Name of Individual (Last, First, Middle Initia<br>American Association of Orthopaedic Sur<br>Mailing Address 9400 W. Higgins                                      |                          | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
|                                       | City<br>Rosemont   | State                    | Zip Code<br>60018   | 01     31     2020       Transaction ID : 10487236       Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.   | С                        |   | 3417.22   |  |  |  |  |  |  |  |  |
|                                       | Name of Employer (for Individual)  | upation (for Individual) | Memo Item   |   |  |  |  |  |  |  |  |  |
|                                       | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>3417.22   | Refund of bank fees from affiliated organization  |  |  |  |  |  |  |  |  |
| B.                                    | Full Name of Individual (Last, First, Middle Initia<br>American Association of Orthopaedic   |                          |   | Date of Receipt   |  |  |  |  |  |  |  |  |
|                                       | Mailing Address 9400 W. Higgins  | State                    |   | 02 / 28 / Y Y Y Y<br>02 28 2020   |  |  |  |  |  |  |  |  |
| City S<br>Rosemont I                  |  |                          | Zip Code<br>60018   | Transaction ID : 10511841<br>Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.   | С                        |   | 5431.55   |  |  |  |  |  |  |  |  |
|                                       | Name of Employer (for Individual)  | Осси                     | upation (for Individual)  | Memo Item   |  |  |  |  |  |  |  |  |
|                                       | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>8848.77   | Refund of bank fees from affiliated organization  |  |  |  |  |  |  |  |  |
|                                       | Full Name of Individual (Last, First, Middle Initia  | al) or Full O            | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
| 0.                                    | Mailing Address  |                          |   |   |  |  |  |  |  |  |  |  |
|                                       | City   | State                    | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.   | С                        |   |   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual) Occ |  |                          | pation (for Individual)   | Memo Item   |  |  |  |  |  |  |  |  |
|                                       | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                | Year-to-Date 🔻  | ]   |  |  |  |  |  |  |  |  |
| s                                     | UBTOTAL of Receipts This Page (optional)   |                          |   | 8848.77   |  |  |  |  |  |  |  |  |
| т                                     | OTAL This Period (last page this line number or  | nly)                     |   | 8848.77   |  |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS  | Use sepa   |   |                                     | LINE<br>k only   |            |                      |                      |                              | PAGE 251 OF 300                          |                           |    |                      |        |  |  |  |  |
|---|--|---|-------------------------------------|--|------------|----------------------|----------------------|------------------------------|--|---------------------------|----|----------------------|--------|--|--|--|--|
|   |  | category of the<br>Summary Page   |                                     | ×  | 21b<br>28a |                      | 22<br>28b            | 23<br>28c                    |  | 26<br>29                  |    | 27<br>30b            |        |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the nar                                |  |   |                                     |  |            |                      |                      |                              |  |                           |    |                      | 3      |  |  |  |  |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A   | merican  | Association   | of (                                | Ort  | thop       | aed                  | ic S                 | urgeo                        | ons                                      | PA                        | Сo | f AAO                | s      |  |  |  |  |
| Full Name (Last, First, Middle Initial) A. Huntington National Bank   |  |   |                                     |  |            |                      |                      |                              | Date of Disbursement                     |                           |    |                      |        |  |  |  |  |
|   |  |   |                                     |  |            |                      |                      |                              |  |                           |    |                      |        |  |  |  |  |
| City Des Plaines Purpose of Disbursement  | State<br>IL  | Zip Code<br>60018   |                                     |  |            | 100                  |                      | entificati                   | on N                                     | umber                     | _  |                      |        |  |  |  |  |
| Bank fees deducted from account   |  |   | С                                   |  | nsactio    | n ID                 | . 1041               | 2040                         |  |                           |    |                      |        |  |  |  |  |
| Candidate Name  |  |   | Cate                                | ego<br>ype   |            | An                   |                      |                              |  | -                         |    | this Perio           | Period |  |  |  |  |
| Office Sought: House Disburse<br>Senate President   | ment For:<br>Primary<br>Other (spec                                |   | 136.60<br>Bank fees deducted from a |  |            |                      |                      |                              |  | n acco                    |    |                      |        |  |  |  |  |
| State: District:  | Other (spec  | siry) 🔻   |                                     |  | Mer        | no Item              | I                    |                              |  |                           |    |                      |        |  |  |  |  |
| Full Name (Last, First, Middle Initial) Huntington National Bank  |  |   |                                     |  |            |                      | Date of Disbursement |                              |  |                           |    |                      |        |  |  |  |  |
| Mailing Address 678 Lee St  | 01 03 2020   |   |                                     |  |            |                      |                      |                              |  |                           |    |                      |        |  |  |  |  |
| City<br>Des Plaines   |  |   |                                     |  |            |                      |                      |                              |  | FEC Identification Number |    |                      |        |  |  |  |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name  | Cate   | 001<br>ego  | ry/                                 | Transaction ID : 10413950<br>Amount of Each Disbursement this Period |            |                      |                      |                              |  | bd                        |    |                      |        |  |  |  |  |
| Senate  | Dffice Sought: House Disbursement For:                             |   |                                     |  |            |                      |                      |                              | Bar                                      | nk fees                   | 1  | 320.46<br>ucted from | n acco |  |  |  |  |
| State: District:  | Other (spec  | cify)   |                                     |  |            | Memo Item            |                      |                              |  |                           |    |                      |        |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Huntington National Bank   |  |   |                                     |  |            | Date of Disbursement |                      |                              |  |                           |    |                      |        |  |  |  |  |
| Mailing Address 678 Lee St  |  |   |                                     |  |            |                      |                      | 01 / V Y Y Y Y<br>01 14 2020 |  |                           |    |                      |        |  |  |  |  |
| City<br>Des Plaines   |  | FEC Identification Number   |                                     |  |            |                      |                      |                              |  |                           |    |                      |        |  |  |  |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name  | ry/  | C<br>Transaction ID : 10425976<br>Amount of Each Disbursement this Period |                                     |  |            |                      |                      |                              |  |                           |    |                      |        |  |  |  |  |
| Senate President  | Senate     Primary     General       President     Other (specify) |   |                                     |  |            |                      |                      |                              | Bank fees deducted from acc<br>Memo Item |                           |    |                      |        |  |  |  |  |
| State:       District:         SUBTOTAL of Disbursements This Page (optional)         TOTAL This Period (last page this line number only) |  |   |                                     |  |            | Γ                    |                      | -7-                          | -  | 7                         | 1  | 241.95               |        |  |  |  |  |

| S            | CHEDULE B (FEC Form 3X)  |   |                                      | F    | OR  | LINE           | NUMB                      | ER:  |  |     | PA      | GE      | 252 OF 300      |  |  |  |  |
|--------------|--|---|--------------------------------------|------|-----|----------------|---------------------------|--|--|-----|---------|---------|-----------------|--|--|--|--|
| IT           | EMIZED DISBURSEMENTS   | for each  | arate schedule(s)<br>category of the | (C   | hec | k only<br>∏21b | one)                      | 2  | 23   |     | 26      |         | 27              |  |  |  |  |
|              |  | Detailed  | Summary Page                         |      | -   | 28a            |                           | -<br>8b  | 28c  | -   | 29      |         | 30b             |  |  |  |  |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |   |                                      |      |     |                |                           |  |  |     |         |         |                 |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |   |                                      | _    | _   |                |                           | _  |  |     |         | _       |                 |  |  |  |  |
|              | Political Action Committee of the  | American  | Association                          | of ( | Or  | thop           | aedi                      | c S  | urgeo  | ns  | PA      | C (     | of AAOS         |  |  |  |  |
| Α.           | Full Name (Last, First, Middle Initial) Huntington National Bank                                     |   |                                      |      |     |                |                           |  | Date of Disbursement   |     |         |         |                 |  |  |  |  |
|              | Mailing Address 678 Lee St   |   |                                      |      |     |                |                           |  | 01 / 15 / Y Y Y Y<br>2020  |     |         |         |                 |  |  |  |  |
|              | City<br>Des Plaines  | State<br>IL   | Zip Code<br>60018                    |      |     |                | FEG                       | C Ide  | entificatio  | n N | umber   |         |                 |  |  |  |  |
|              | Purpose of Disbursement<br>Bank fees deducted from account   | 12  | 00010                                | (    | 001 |                | С                         |  |  |     |         |         |                 |  |  |  |  |
|              | Candidate Name   |   | ry/                                  | Am   |     |                |                           | : 10425977<br>sbursement this Period                                 |  |     |         |         |                 |  |  |  |  |
|              |  | ement For:  |                                      | 1    | ype | •              |                           |  |  |     | 144.69  |         |                 |  |  |  |  |
|              | Senate President   | Primary<br>Other (spe   | General<br>cify) ▼                   |      |     |                | П                         | Mei  | mo Item  | Ban | k fees  | ded     | ucted from acco |  |  |  |  |
|              | State: District:   |   |                                      |      |     |                | 1                         |  |  |     |         |         |                 |  |  |  |  |
| В.           | Full Name (Last, First, Middle Initial) Huntington National Bank                                     |   |                                      |      |     |                | Date of Disbursement      |  |  |     |         |         |                 |  |  |  |  |
|              | Mailing Address 678 Lee St   |   |                                      |      |     |                |                           |  |  |     |         |         |                 |  |  |  |  |
|              | City<br>Des Plaines  | State<br>IL   | Zip Code<br>60018                    |      |     |                | FEC Identification Number |  |  |     |         |         |                 |  |  |  |  |
|              | Purpose of Disbursement<br>Bank fees deducted from account   |   | C                                    |      |     |                |                           |  |  |     |         |         |                 |  |  |  |  |
|              | Candidate Name 001<br>Candidate Name Categor<br>Type   |   |                                      |      |     |                |                           |  | Transaction ID : 10432971<br>Amount of Each Disbursement this Period |     |         |         |                 |  |  |  |  |
|              | Office Sought: House Disburs   |   |                                      | урс  | ,   | 1188.64        |                           |  |  |     |         | 1188.64 |                 |  |  |  |  |
|              | Senate President   | Senate     Primary     Ge       President     Other (specify) |                                      |      |     |                |                           |  |  | Bar | nk fees | dec     | lucted from acc |  |  |  |  |
|              | State: District:   |   | Memo Item                            |      |     |                |                           |  |  |     |         |         |                 |  |  |  |  |
| C.           | Full Name (Last, First, Middle Initial) Huntington National Bank                                     |   |                                      |      |     |                | Date of Disbursement      |  |  |     |         |         |                 |  |  |  |  |
|              | Mailing Address 678 Lee St   |   |                                      |      |     |                |                           |  | 01 28 2020   |     |         |         |                 |  |  |  |  |
|              | City   | State   | Zip Code                             |      |     |                | FEG                       | C Ide  | entificatio  | n N | umber   |         |                 |  |  |  |  |
|              | Des Plaines         IL         60018           Purpose of Disbursement                               |   |                                      |      |     |                |                           |  |  |     |         |         |                 |  |  |  |  |
|              | Bank fees deducted from account     001       Candidate Name     Category/                           |   |                                      |      |     |                |                           | Transaction ID : 10435951<br>Amount of Each Disbursement this Period |  |     |         |         |                 |  |  |  |  |
|              | Type           Office Sought:         House           Disbursement For:         Type                 |   |                                      |      |     |                |                           |  |  |     |         |         | 841.94          |  |  |  |  |
|              | Senate   Primary   General     President   Other (specify)   V                                       |   |                                      |      |     |                |                           |  |  | Bar | nk fees | dec     | lucted from acc |  |  |  |  |
|              | State: District:   | Uther (spe  | city) 🔻                              |      |     |                | Memo Item                 |  |  |     |         |         |                 |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional)  |   |                                      |      |     | • 🕨            | Ļ                         | _  |  |     | -7-     |         | 2175.27         |  |  |  |  |
| Т            | OTAL This Period (last page this line number onl   | y)  |                                      |      |     | •              |                           |  |  | _   | ,       |         |                 |  |  |  |  |
| SCHEDULE B (FEC Fo  | -                | Use sena                       | rate schedule(s)                |      | OR LINE                 |         | R:            |         | PAG          | GE 253 OF 30                   | 00     |
|---|------------------|--------------------------------|---------------------------------|------|-------------------------|---------|---------------|---------|--------------|--------------------------------|--------|
| ITEMIZED DISBURSEM  | ENIS             | for each o                     | category of the<br>Summary Page |      | neck only<br>21b<br>28a | 22 28b  | 23<br>28c     |         | 26<br>29     | 27<br>30b                      |        |
| Any information copied from such F<br>or for commercial purposes, other t   |                  |                                |                                 |      |                         |         |               |         |              |                                |        |
| NAME OF COMMITTEE (In Full) Political Action Commi                          |                  | erican                         | Association                     | of C | Drthop                  | aedic   | Surgeo        | ons-    | -PA(         | C of AAOS                      |        |
| Full Name (Last, First, Middle Ini<br>A. Huntington National Ba             | ,                |                                |                                 |      |                         | Date    | of Disburs    | emer    | nt<br>/ Y    | YYYY                           |        |
| Mailing Address 678 Lee St  |                  |                                |                                 |      |                         | 02      | 2             | 03      |              | 2020                           |        |
| City<br>Des Plaines<br>Purpose of Disbursement                              | Sta<br>II        |                                | Zip Code<br>60018               |      |                         |         | Identificatio | on Nu   | ımber        |                                |        |
| Bank fees deducted from account   | t                |                                | 1                               | 0    | 01                      | C       | ransactio     | י חו י  | 10494        | 340                            |        |
| Candidate Name  |                  |                                |                                 |      | egory/<br>/pe           |         |               |         |              | ent this Period                |        |
| Office Sought: House<br>Senate<br>President                                 |                  | nt For:<br>imary<br>ther (spec | General<br>ify) ▼               |      |                         |         | Aomo Itom     | Banl    | k fees (     | 317.61<br>deducted from a      | accoui |
| State: District:  |                  |                                |                                 |      |                         |         | lemo Item     |         |              |                                |        |
| Full Name (Last, First, Middle Ini<br>B. Huntington National B              | ,                |                                |                                 |      |                         |         | of Disburs    |         | nt           |                                |        |
| Mailing Address 678 Lee St  |                  |                                |                                 |      |                         | 02      |               | 04      | / Y          | 2020                           |        |
| City<br>Des Plaines<br>Purpose of Disbursement                              | Sta<br>II        |                                | Zip Code<br>60018               |      |                         | _       | Identificatio | on Nu   | ımber        |                                |        |
| Bank fees deducted from accour  | t                |                                | [                               |      | 01<br>egory/            |         | ransaction    |         |              | <b>341</b><br>nent this Period |        |
| Office Sought: House<br>Senate<br>President                                 |                  | imary                          | General                         |      | vpe                     |         |               | Ban     | k fees       | 2228.50<br>deducted from a     | accou  |
| State: District:  |                  | ther (spec                     | iiy <i>)</i>                    |      |                         | N       | lemo Item     |         |              |                                |        |
| Full Name (Last, First, Middle Ini<br>C. Huntington National Ba             | ,                |                                |                                 |      |                         | Date    | of Disburs    | emer    | nt           |                                |        |
| Mailing Address 678 Lee St  |                  |                                |                                 |      |                         | M<br>02 |               | D<br>03 | / Y          | 2020                           |        |
| City<br>Des Plaines   | Sta<br>I         | ite<br>L                       | Zip Code<br>60018               |      |                         |         | Identificatio | on Nu   | ımber        |                                |        |
| Purpose of Disbursement<br>Bank fees deducted from accoun<br>Candidate Name | t                |                                | [                               | -    | 01                      |         | ransactio     |         |              | -                              |        |
|   |                  |                                |                                 |      | egory/<br>/pe           | Amou    | int of Eacr   | Dist    | oursem       | ent this Period                | 1      |
| Office Sought: House<br>Senate<br>President                                 |                  | nt For:<br>imary<br>ther (spec | General<br>ify) ▼               |      |                         |         | Asma Itam     | Ban     | k fees       | 641.40<br>deducted from a      | accou  |
| State: District:  |                  | -                              |                                 |      |                         |         | lemo Item     |         |              |                                |        |
| SUBTOTAL of Disbursements This  |                  |                                |                                 |      |                         | E       |               |         | - <b>y</b> - | 3187.51                        | ]      |
| TOTAL This Period (last page this   | ime number only) | •••••                          |                                 |      | ····· 🕨                 |         |               |         | 7            |                                |        |

| SCHEDULE B (FEC Form 3X)   |                                       | rate schedule(s)                |      | OR LINE                |          | ER:     |                     |           | PA        | GE 2    | 254 OF 30              | )0    |
|--|---------------------------------------|---------------------------------|------|------------------------|----------|---------|---------------------|-----------|-----------|---------|------------------------|-------|
| ITEMIZED DISBURSEMENTS   | for each                              | category of the<br>Summary Page | (C   | heck onl<br>21b<br>28a | 2        | 2<br>Bb | 23<br>28c           |           | 26<br>29  |         | 27<br>30b              |       |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r                                   |                                       |                                 |      | any pers               | on for   | the     | purpose             | of s      | olicitin  |         | tributions             |       |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the   | American                              | Association                     | of ( | Drthop                 | aedi     | c S     | urgeo               | ons       | PA        | Сo      | f AAOS                 |       |
| Full Name (Last, First, Middle Initial)<br>A. Huntington National Bank   |                                       |                                 |      |                        |          | e of    | Disburs             | eme       | nt        | Y       | YYY                    | _     |
| Mailing Address 678 Lee St   |                                       |                                 |      |                        |          | )2      |                     | 14        |           | _20     | 20                     |       |
| City<br>Des Plaines<br>Purpose of Disbursement   | State<br>IL                           | Zip Code<br>60018               |      |                        |          | C Id    | entificatio         | on N      | umber     | _       |                        |       |
| Bank fees deducted from account  |                                       | [                               | 0    | 01                     | С        | Tra     | nsactio             | n ID      | : 1049    | 6896    |                        |       |
| Candidate Name   |                                       |                                 |      | egory/<br>/pe          | Am       | ount    | of Each             | n Dis     | burser    |         | this Period            | 1     |
| Office Sought: House Disburs<br>Senate President   | sement For:<br>Primary<br>Other (spec | General<br>cify) ▼              |      |                        |          | Mo      | mo Item             |           | k fees    | -       | 174.99<br>Icted from a | ccou  |
| State: District:<br>Full Name (Last, First, Middle Initial)  |                                       |                                 |      |                        |          | IVIE    |                     |           |           |         |                        |       |
| B. Huntington National Bank  |                                       |                                 |      |                        |          |         | Disburs             |           | nt        |         |                        |       |
| Mailing Address 678 Lee St   |                                       |                                 |      |                        | 1        | 02      | / D                 | D<br>11   | / Y       | 20      | 20                     |       |
| City<br>Des Plaines<br>Purpose of Disbursement<br>Bank fees deducted from account  | State<br>IL                           | Zip Code<br>60018               |      |                        | FEG      | C Ide   | entificati          | on N      | umber     |         |                        |       |
| Candidate Name   |                                       | I                               | Cate | egory/<br>/pe          | Am       |         | nsaction<br>of Each |           |           |         | this Period            | _     |
| Office Sought: House Disburs<br>Senate President   | sement For:<br>Primary<br>Other (spec | General                         |      | ,he                    |          | Мо      | mo Item             |           | nk fees   |         | 884.21<br>ucted from a | iccoi |
| State:         District:           Full Name (Last, First, Middle Initial)   |                                       |                                 |      |                        |          |         |                     |           |           |         |                        | —     |
| C. Huntington National Bank  |                                       |                                 |      |                        | M        | e of    |                     | eme<br>18 | nt<br>/ Y | Y<br>20 | 20                     |       |
| City   | State                                 | Zip Code                        |      |                        |          |         |                     |           |           |         | 20                     |       |
| Des Plaines<br>Purpose of Disbursement<br>Bank fees deducted from account  | IL                                    | 60018                           |      |                        | FEC<br>C | C Ide   | entificati          | on N      | umber     |         |                        |       |
| Candidate Name   |                                       | L                               | Cate | 01<br>egory/<br>/pe    | Am       |         | nsactio<br>of Eacl  |           |           |         | this Period            |       |
| Senate<br>President  | sement For:<br>Primary<br>Other (spec | General<br>Sify) ▼              |      | ype                    |          | Me      | mo Item             |           | nk fees   |         | 615.56<br>ucted from a | accou |
| State:       District:         SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number or the state) | ,                                     |                                 |      |                        |          |         |                     | _         | 7         |         | 674.76                 | ]     |

|    | CHEDULE B (FEC Form 3X)   |                                      |  |     |             | R LINE             |       |                |                    |        | PA         | GE   | 255 OF 300                   |
|----|---|--------------------------------------|--|-----|-------------|--------------------|-------|----------------|--------------------|--------|------------|------|------------------------------|
| IT | EMIZED DISBURSEMENTS  | for each                             | arate schedule(s)<br>category of the<br>Summary Page | (c  | _           | eck onl<br>21b 28a | y one | )<br>22<br>28b | 23                 |        | 26<br>29   |      | 27<br>30b                    |
|    | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |                                      |  |     |             | ny pers            |       | r the          | purpose            | e of s | olicitin   |      | ontributions                 |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A                                    | American                             | Association  | of( | 0           | rthop              | aec   | lic S          | urge               | ons    | PA         | С    | of AAOS                      |
| Α. | Full Name (Last, First, Middle Initial)<br>Huntington National Bank                                   |                                      |  |     |             |                    | D     | M              | Disbur             | D      | ent<br>/ Y |      | YY                           |
|    | Mailing Address 678 Lee St  |                                      |  |     |             |                    |       | 02             |                    | 24     |            | 2    | 020                          |
|    | City<br>Des Plaines<br>Purpose of Disbursement  | State<br>IL                          | Zip Code<br>60018                                    |     |             |                    |       | _              | entificat          | ion N  | umber      | _    | -                            |
|    | Bank fees deducted from account   |                                      | [  | (   | 00          | 1                  |       |                | nsactio            | D ID   | • 1051     | 178  | 2                            |
|    | Candidate Name  |                                      |  |     | eç<br>yr    | gory/<br>be        | A     |                |                    |        |            |      | t this Period                |
|    | Office Sought:     House     Disburse       Senate     President     Image: Senate                    | ement For:<br>Primary<br>Other (spec | General General                                      |     |             |                    |       |                |                    |        | nk fees    | deo  | 569.28<br>Jucted from accoun |
|    | State: District:  |                                      |  |     |             |                    |       | IVIE           | mo Iten            | n      |            |      |                              |
| B. | Full Name (Last, First, Middle Initial)<br>Huntington National Bank                                   |                                      |  |     |             |                    | L _   |                | Disbur             |        | nt         |      | YY                           |
|    | Mailing Address 678 Lee St  |                                      |  |     |             |                    |       | 02             |                    | 28     | / Y        | 2    | 020                          |
|    | City<br>Des Plaines   | State<br>IL                          | Zip Code<br>60018                                    |     |             |                    |       |                | entificat          | ion N  | umber      |      | -                            |
|    | Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name                          |                                      | [  | Cat |             | jory/              | A     | Tra            | nsactic<br>of Eac  |        |            |      | <b>2</b><br>t this Period    |
|    | Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary<br>Other (spec | General  | 1   | Ţγ <b>ŗ</b> | be                 |       |                | -9-                | Bar    | nk fees    | s de | 192.99<br>ducted from accoun |
|    | State: District:  | Uther (spec                          | Siry)  |     |             |                    | ļ L   | Me             | mo Iten            | n      |            |      |                              |
| C. | Full Name (Last, First, Middle Initial)<br>Huntington National Bank                                   |                                      |  |     |             |                    | D     | ate of         | Disbur             | seme   | nt         |      |                              |
|    | Mailing Address 678 Lee St  |                                      |  |     |             |                    | [     | 03             | / D                | 03     | / Y        |      | 020                          |
|    | City<br>Des Plaines<br>Purpose of Disbursement  | State<br>IL                          | Zip Code<br>60018                                    |     |             |                    |       | -              | entificat          | ion N  | lumber     |      |                              |
|    | Candidate Name  |                                      | [  |     | 00<br>:eç   | 1<br>gory/         | A     | Tra            | nsaction<br>of Eac |        |            |      | <b>6</b><br>t this Period    |
|    | Senate  | ement For:<br>Primary                | General  | Т   | Ţ<br>Y F    | De                 |       |                | -9-                | Bai    | nk fees    | s de | 150.02<br>ducted from accour |
|    | State: District:  | Other (spec                          | ситу) 🔻  |     |             |                    |       | Me             | mo Iten            | n      |            |      |                              |
| ⊢  | UBTOTAL of Disbursements This Page (optional)   |                                      |  |     |             |                    |       |                |                    |        |            | -    | 912.29                       |

| SC           | CHEDULE B (FEC Form 3X)  |                       |                                   | F    | OF       | R LINE   | NUM | BER:    |                     |      | PA      | GE  | 256 OF 300                |
|--------------|--|-----------------------|-----------------------------------|------|----------|----------|-----|---------|---------------------|------|---------|-----|---------------------------|
| ITI          | EMIZED DISBURSEMENTS   | for each              | arate schedule(s) category of the | (C   | _        | eck only |     | )<br>22 | 23                  |      | 26      |     | 27                        |
|              |  | Detailed              | Summary Page                      |      | F        | 28a      |     | 28b     | 28c                 |      | 29      |     | 30b                       |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                       |                                   |      |          |          |     |         |                     |      |         |     |                           |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                       |                                   |      | _        |          |     |         |                     |      |         | _   |                           |
|              | Political Action Committee of the  | American              | Association                       | of ( | 0        | rthop    | aed | lic S   | urgeo               | ns∙  | PA      | Co  | of AAOS                   |
| Α.           | Full Name (Last, First, Middle Initial)<br>Huntington National Bank                                  |                       |                                   |      |          |          | Da  | ate of  | Disburs             | eme  | nt      |     |                           |
|              | Mailing Address 678 Lee St   |                       |                                   |      |          |          |     | 03      |                     | 09   | / Y     |     | 020                       |
|              | City<br>Des Plaines  | State<br>IL           | Zip Code<br>60018                 |      |          |          | FE  | EC Ide  | entificatio         | on N | umber   |     |                           |
|              | Purpose of Disbursement<br>Bank fees deducted from account   |                       |                                   | C    | 00       | 1        | C   |         |                     |      | 1055    |     |                           |
|              | Candidate Name   |                       |                                   |      | eg<br>yp | jory/    | Ar  |         | nsaction<br>of Each |      |         |     | t this Period             |
|              | Office Sought: House Disburs<br>Senate   | ement For:<br>Primary | General                           |      |          |          |     |         |                     | _    | -       | _   | 52.20                     |
|              | State: District:   | Other (spe            | cify) 🔻                           |      |          |          |     | Me      | mo Item             | Ban  | ik fees | ded | lucted from ac            |
|              | Full Name (Last, First, Middle Initial)  |                       |                                   |      |          |          |     |         |                     |      |         |     |                           |
| B.           | Huntington National Bank   |                       |                                   |      |          |          | Da  |         | Disburs             |      | nt      | V   | YYY                       |
|              | Mailing Address 678 Lee St   |                       |                                   |      |          |          |     | 03      |                     | 09   | / Y     | 2   | 020                       |
|              | City<br>Des Plaines  | State<br>IL           | Zip Code<br>60018                 |      |          |          | FE  | EC Ide  | entificatio         | on N | umber   |     |                           |
|              | Purpose of Disbursement<br>Bank fees deducted from account   |                       |                                   | (    | 00       | 1        | C   | )       |                     |      |         |     |                           |
|              | Candidate Name   |                       | I                                 | Cat  | _        | jory/    | Ar  |         | nsactior<br>of Each |      |         |     | <b>3</b><br>t this Period |
|              |  | ement For:            | I                                 |      | 76       |          |     |         | -                   |      |         |     | 111.20                    |
|              | Senate President   | Primary<br>Other (spe | General                           |      |          |          |     |         |                     | Bar  | nk fees | dec | lucted from ac            |
|              | State: District:   |                       | - ,,                              |      |          |          | L   | Mei     | mo Item             |      |         |     |                           |
| C.           | Full Name (Last, First, Middle Initial)<br>Huntington National Bank                                  |                       |                                   |      |          |          | Da  | ate of  | Disburs             | eme  | nt      |     |                           |
|              | Mailing Address 678 Lee St   |                       |                                   |      |          |          |     | 03      |                     | 16   | / Y     |     | 020                       |
|              | City   | State                 | Zip Code                          |      |          |          | FE  | EC Ide  | entificatio         | on N | umber   |     |                           |
|              | Des Plaines Purpose of Disbursement  | IL                    | 60018                             | _    |          | _        | C   | )       |                     |      |         |     |                           |
|              | Bank fees deducted from account Candidate Name   |                       |                                   | Cat  |          | jory/    |     | Tra     | nsactio<br>of Each  |      |         |     | 9<br>t this Period        |
|              | Office Sought: House Disburs   | ement For:            |                                   | 1    | Ţур      | be       |     |         |                     |      |         |     | 108.65                    |
|              | Senate   | Primary<br>Other (spe | General                           |      |          |          |     |         |                     | Bar  | nk fees | dec | ducted from ac            |
|              | State: District:   |                       | uiy) ▼                            |      |          |          |     | Me      | mo Item             |      |         |     |                           |
| ⊢            | UBTOTAL of Disbursements This Page (optional)  |                       |                                   |      |          |          |     | -       |                     |      | -       | -   | 272.05                    |

|           |  | B (FEC Form                                  |               |                                      | arate schedule(s)               |     |                     |                    | NUMB | ER:     |                            |       | PAG          | GE 2     | 57 OF               | 300     |
|-----------|--|--|---------------|--------------------------------------|---------------------------------|-----|---------------------|--------------------|------|---------|----------------------------|-------|--------------|----------|---------------------|---------|
| ITI       | emized di  | SBURSEMEN                                    | TS            | for each                             | category of the<br>Summary Page | (C  |                     | only<br>21b<br>28a | 2    | 2<br>8b | 23<br>28c                  |       | 26<br>29     |          | 27<br>30b           |         |
|           |  | ied from such Repor<br>urposes, other than u |               |                                      |                                 |     |                     |                    |      |         |                            |       |              |          |                     |         |
| $\rangle$ | NAME OF COM<br>Political Ac                          | MITTEE (In Full)<br>tion Committee           | e of the A    | American                             | Association                     | of  | Ortl                | nopa               | aedi | c S     | urgec                      | ons-  | -PA          | Сo       | f AAC               | os      |
| Α.        | Huntington   | First, Middle Initial)<br>National Bank      |               |                                      |                                 |     |                     |                    | M    | M       |                            | D     | nt<br>/ Y    |          | YY                  | 1       |
|           | Mailing Address                                      | 678 Lee St                                   |               |                                      |                                 |     |                     |                    |      | 03      |                            | 03    |              | _20      | 20                  |         |
|           | City<br>Des Plaines                                  |  |               | State<br>IL                          | Zip Code<br>60018               |     |                     |                    | FEC  | C Ide   | entificatio                | on Ni | umber        |          | _                   |         |
|           | Purpose of Disbu<br>Bank fees deduc                  | ursement<br>cted from account                | 1             |                                      |                                 | (   | 001                 |                    | С    |         |                            |       |              |          |                     |         |
|           | Candidate Name                                       | 1  |               |                                      |                                 | Cat | egory<br>ype        | //                 | Am   |         | nsaction<br>of Each        |       |              |          | this Per            | iod     |
|           | Office Sought:                                       | House<br>Senate<br>President                 | Disburse      | ement For:<br>Primary<br>Other (spe  | General                         |     | 51                  |                    |      |         | - <b>- -</b>               |       | k fees       | dedu     | 55.92<br>cted fro   | m accou |
|           | State:   | District:                                    |               |                                      | (ily) V                         |     |                     |                    |      | Mer     | no Item                    |       |              |          |                     |         |
| _         | •  | First, Middle Initial)<br>National Bank      | í             |                                      |                                 |     |                     |                    | Dat  | e of    | Disburs                    | emei  | nt           |          |                     | _       |
|           | Mailing Address                                      | 678 Lee St                                   |               |                                      |                                 |     |                     |                    |      | 03      |                            | 09    | / Y          | 20       | 20<br>20            |         |
|           | City<br>Des Plaines                                  |  |               | State<br>IL                          | Zip Code<br>60018               |     |                     |                    | FEC  | C Ide   | entificatio                | on Ni | umber        | _        | _                   |         |
|           | Purpose of Disbu<br>Bank fees dedu<br>Candidate Name | cted from account                            |               |                                      |                                 | Cat | 001<br>egory        | //                 | C    |         | n <b>sactio</b><br>of Each |       |              |          | this Per            | iod     |
|           | Office Sought:                                       | House<br>Senate                              | Disburse      | Primary                              | General                         | Т   | ype                 |                    |      |         | -9                         | Ban   | ,<br>k fees  | 1. Ale   | 427.68<br>Icted fro | m acco  |
|           | State:   | President<br>District:                       |               | Other (spec                          | city)                           |     |                     |                    |      | Mer     | no Item                    |       |              |          |                     |         |
|           |  | First, Middle Initial)<br>National Bank      |               |                                      |                                 |     |                     |                    | Dat  | e of    | Disburs                    | emei  | nt           |          |                     |         |
|           | Mailing Address                                      | 678 Lee St                                   |               |                                      |                                 |     |                     |                    |      | 03      |                            | 16    | / Y          | Y<br>202 | Y Y<br>20           |         |
|           | City<br>Des Plaines<br>Purpose of Disbu              | ursement                                     |               | State<br>IL                          | Zip Code<br>60018               |     |                     | _                  | FEC  | C Ide   | entificatio                | on Ni | umber        |          | _                   |         |
|           | Bank fees deduc                                      | cted from account                            |               |                                      |                                 | Cat | 001<br>egory<br>ype | //                 |      |         | <b>nsactio</b><br>of Each  |       |              |          | this Per            | iod     |
|           | Office Sought:                                       | House<br>Senate<br>President                 | Disburse      | ement For:<br>Primary<br>Other (spec | General<br>cify) ▼              | 1   | уре                 |                    |      | Mer     | no Item                    | Bar   | ,<br>Ik fees | -        | 140.96<br>Icted fro | m acco  |
| s         | State:   | District:<br>bursements This Pag             | e (optional). |                                      |                                 |     |                     |                    |      |         |                            |       | 7            |          | 624.56              |         |
| Т         | OTAL This Period                                     | d (last page this line                       | number only   | /)                                   |                                 |     |                     |                    |      |         | ,                          |       | 9            |          |                     | ļ       |

I

| SCHEDULE B (FEC Form 3X)   | Use sep                              | arate schedule(s)               |      | DR LIN<br>heck o |      | IMBER:    |                     |             | PAG          | E 258 OF 300                 |
|--|--------------------------------------|---------------------------------|------|------------------|------|-----------|---------------------|-------------|--------------|------------------------------|
| ITEMIZED DISBURSEMENTS   | for each                             | category of the<br>Summary Page |      | <b>X</b> 21      | b    | 22<br>28b | 23<br>28c           |             | 26<br>29     | 27<br>30b                    |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r |                                      |                                 |      | any pe           | rson | for the   | purpose             | of soli     | citing       | contributions                |
| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the                                       | Americar                             | Association                     | of ( | Ortho            | pae  | edic S    | Surgeo              | onsl        | PAC          | C of AAOS                    |
| Full Name (Last, First, Middle Initial) A. Huntington National Bank Mailing Address 678 Lee St         |                                      |                                 |      |                  |      | Date of   |                     | ement<br>23 | Y            | Y Y Y<br>2020                |
| City<br>Des Plaines  | State                                | Zip Code<br>60018               |      |                  |      | FEC Ide   | entificatio         | on Num      | nber         |                              |
| Purpose of Disbursement<br>Bank fees deducted from account   |                                      |                                 | 0    | 01               |      | C         | nsactior            | a ID • 1    | 0557         | 343                          |
| Candidate Name   |                                      |                                 |      | egory/<br>/pe    |      |           |                     |             |              | ent this Period              |
| Office Sought: House Disburg<br>Senate President   | sement For:<br>Primary<br>Other (spe | General                         |      |                  |      | Me        | mo Item             | Bank f      | ,<br>iees c  | 316.34<br>deducted from acco |
| State: District:<br>Full Name (Last, First, Middle Initial)<br>B. Huntington National Bank             |                                      |                                 |      |                  |      |           | Disburs             | ement       |              |                              |
| Mailing Address 678 Lee St   |                                      |                                 |      |                  | _    | 03        |                     | D /<br>31   | Y            | Y Y Y<br>2020                |
| City<br>Des Plaines  | State<br>IL                          | Zip Code<br>60018               |      |                  |      | _         | entificatio         | on Nurr     | ıber         |                              |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name                           |                                      | [                               | Cate | 001<br>egory/    |      |           | nsaction<br>of Each |             |              | 117<br>ent this Period       |
| Office Sought: House Disburg<br>Senate President   | sement For:<br>Primary<br>Other (spe | General                         |      | /pe              |      | Mo        | mo Item             | Bank        | fees         | 327.71<br>deducted from acco |
| State: District:<br>Full Name (Last, First, Middle Initial)  |                                      |                                 |      |                  |      | INIC      |                     |             |              |                              |
| с.   |                                      |                                 |      |                  |      | Date of   | Disburs             | ement       | Y            | YYYY                         |
| Mailing Address  |                                      |                                 |      |                  |      |           |                     |             |              |                              |
| City Purpose of Disbursement   | State                                | Zip Code                        | _    |                  | _    | FEC Ide   | entificatio         | on Num      | nber         |                              |
| Candidate Name   |                                      |                                 |      | egory/           |      |           | of Each             | n Disbu     | rsem         | ent this Period              |
| Office Sought: House Disburs<br>Senate President State: District:                                      | sement For:<br>Primary<br>Other (spe | General<br>cify) ▼              |      | ype              |      | Ме        | mo Item             |             | ,            |                              |
| SUBTOTAL of Disbursements This Page (optiona   | )                                    |                                 |      |                  |      |           |                     |             | -<br>-<br>T- | 644.05                       |
| TOTAL This Period (last page this line number or   | nly)                                 |                                 |      |                  |      |           |                     |             |              | 10732.44                     |

| S  | CHEDULE B (FEC Form 3X)  |                                     |  | F      | OR I  |                    | NUMBER: PAGE 259 OF 300   |
|----|--|-------------------------------------|--|--------|---|--------------------|---|
| IT | EMIZED DISBURSEMENTS   | for each                            | arate schedule(s)<br>category of the<br>Summary Page |        |   | only<br>21b<br>28a |   |
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na   |                                     |  |        |   |                    |   |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A   | Americar                            | Associatior  | n of ( | Ortl  | hopa               | aedic SurgeonsPAC of AAOS   |
| Α. | Full Name (Last, First, Middle Initial)<br>Bill Flores For Congress<br>Mailing Address PO Box 6207   |                                     |  |        |   |                    | Date of Disbursement  |
|    | City<br>Bryan  | State<br>TX                         | Zip Code<br>77805                                    |        |   |                    | FEC Identification Number   |
|    | Purpose of Disbursement<br>Void - Bill Flores For Congress<br>Candidate Name<br>Flores, Bill, , ,  |                                     |  | Cate   | )11<br>egor<br>ype                            | y/                 | C C00472241<br>Transaction ID : 10425978<br>Amount of Each Disbursement this Period                     |
|    | Office Sought:     Image: Weight and the second secon | ement For:<br>Primary<br>Other (spe | General  |        |   |                    | - 2500.00<br>Void - Bill Flores For Congres<br>Memo Item  |
| в. | Full Name (Last, First, Middle Initial) Scanlon For Congress Mailing Address PO Box 263  |                                     |  |        |   |                    | Date of Disbursement  |
|    | City<br>Swarthmore<br>Purpose of Disbursement<br>Void - Scanlon For Congress<br>Candidate Name<br>Scanlon, Mary, Gay, Rep.,  | State<br>PA                         | Zip Code<br>19081                                    | Cate   | )11<br>egor                                   | y/                 | FEC Identification Number C C00669358 Transaction ID : 10425979 Amount of Each Disbursement this Period |
|    | Office Sought: X House Disburse  | ement For:<br>Primary<br>Other (spe | 2020<br>General<br>cify)                             |        | <u>, , , , , , , , , , , , , , , , , , , </u> |                    | - 2000.00<br>Void - Scanlon For Congress<br>Memo Item   |
| C. | Full Name (Last, First, Middle Initial)<br>Chris Pappas For Congress   |                                     |  |        |   |                    | Date of Disbursement  |
|    | Mailing Address PO Box 313 City Manchester   | State<br>NH                         | Zip Code<br>03105                                    |        |   |                    | 01   30   2020     FEC Identification Number  |
|    | Candidate Name<br>Pappas, Chris, , Rep.,   |                                     |  | Cate   | )11<br>egor                                   | y/                 | C C00660464<br>Transaction ID : 10486375<br>Amount of Each Disbursement this Period                     |
|    |  | ement For:<br>Primary<br>Other (spe | General  |        | ype   |                    | 1500.00<br>Memo Item  |
| s  | UBTOTAL of Disbursements This Page (optional).   |                                     |  |        |   | •                  | - 3000.00   |
| Т  | OTAL This Period (last page this line number only  | /)                                  |  |        |   |                    |   |

| S            | CHEDULE B (FEC Form 3X)  |                        |                                   | F    | OR L         | INE N       | IUMBER:                                 | PAGE 260 OF 300                   |
|--------------|--|------------------------|-----------------------------------|------|--------------|-------------|---|-----------------------------------|
| IT           | EMIZED DISBURSEMENTS   | for each               | arate schedule(s) category of the | (C   |              | only<br>21b | one)<br>22 🗶 23 🔽                       | 26 27                             |
|              |  |                        | Summary Page                      |      |              | 210<br>28a  | 22 <b>x</b> 23<br>28b 28c               | 20 27<br>29 30b                   |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                        |                                   |      |              |             |   |                                   |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                        |                                   |      |              |             |   |                                   |
|              | Political Action Committee of the A  | American               | Association                       | of ( | Orth         | nopa        | aedic Surgeons-                         | -PAC of AAOS                      |
| Α.           | Full Name (Last, First, Middle Initial)<br>National Republican Senatorial Co                         | ommittee               |                                   |      |              |             | Date of Disbursemer                     | nt                                |
|              | Mailing Address 425 Second Street NE   |                        |                                   |      |              |             | 01 30                                   | 2020                              |
|              | City   | State<br>DC            | Zip Code                          |      |              |             | FEC Identification Nu                   | umber                             |
|              | Washington Purpose of Disbursement   | 00                     | 20002                             | _    | _            |             | C C00027466                             |                                   |
|              | 2020 Membership Dues   |                        |                                   | 0    | )11          |             | Transaction ID :                        | 10486377                          |
|              | Candidate Name   |                        |                                   |      | egory<br>ype | //          | Amount of Each Disl                     | oursement this Period             |
|              | Office Sought: House Disburse  | ment For:              | General                           |      |              |             |   | 15000.00                          |
|              | President  | Primary<br>Other (spec | General<br>cify) ▼                |      |              |             | 2020<br>Memo Item                       | 0 Membership Dues                 |
|              | State: District:   |                        |                                   |      |              |             |   |                                   |
| B.           | Full Name (Last, First, Middle Initial)<br>Kansans For Marshall                                      |                        |                                   |      |              |             | Date of Disbursemer                     | nt                                |
|              | Mailing Address PO Box 1588  |                        |                                   |      |              |             | 01 / D D 30                             | 2020                              |
|              | City<br>Great Bend   | State<br>KS            | Zip Code<br>67530                 |      |              |             | FEC Identification Nu                   | umber                             |
|              | Purpose of Disbursement  |                        | 07000                             | C    | )11          |             | C C00576173                             |                                   |
|              | Candidate Name   |                        |                                   |      | egory        | /           | Transaction ID :<br>Amount of Each Disl | 10486379<br>bursement this Period |
|              | Marshall, Roger, , ,   |                        |                                   |      | ype          |             |   |                                   |
|              | Office Sought: X House Disburse Senate X   | ment For: 2<br>Primary | 2020<br>General                   |      |              |             |   | 1801.20                           |
|              | State: KS District: 02   | Other (spec            |                                   |      |              |             | Memo Item                               |                                   |
| <u>с.</u>    | Full Name (Last, First, Middle Initial)  |                        |                                   |      |              |             | Date of Disbursemer                     | nt                                |
|              | Mailing Address PO Box 65322   |                        |                                   |      |              |             | 01 / D D 01                             | / Y Y Y Y Y<br>2020               |
|              | City   | State                  | Zip Code                          |      |              |             | FEC Identification Nu                   | imbor                             |
|              | Washington   | DC                     | 20035                             |      |              |             |   |                                   |
|              | Purpose of Disbursement  |                        |                                   | 0    | )11          |             | C C00498568                             | 10496290                          |
|              | Candidate Name<br>Bustos, Cheri, , Rep.,   |                        |                                   |      | egory        | //          |   | oursement this Period             |
|              |  | ment For: 2            | 2020                              | 13   | уре          |             |   | 2500.00                           |
|              | Senate<br>President  | Primary<br>Other (spec | General (Cify) ▼                  |      |              |             | Memo Item                               | ,                                 |
|              | State: IL District: 17   |                        |                                   |      |              |             | Memo item                               |                                   |
| s            | UBTOTAL of Disbursements This Page (optional).   |                        |                                   |      |              |             |   | 19301.20                          |
| т            | OTAL This Period (last page this line number only  | ·)                     |                                   |      |              |             | ,                                       | ,                                 |

| SCHEDU             | ILE B (FEC Form 3X)                                   |                       |                                   | FC   | )B I |            | NUMBER:     |                 | PA                                      | AGE 26  | 1 OF 300  |
|--------------------|---|-----------------------|-----------------------------------|------|------|------------|-------------|-----------------|---|---------|-----------|
|                    | D DISBURSEMENTS                                       |                       | arate schedule(s) category of the |      | heck | only       | one)        |                 | _                                       |         |           |
|                    |   |                       | Summary Page                      |      |      | 21b<br>28a | 22<br>28b   | <b>X</b> 23 28c | 26                                      | 27      | 7<br>0b   |
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|                    | ercial purposes, other than using the na              |                       |                                   |      |      |            |             |                 |   |         |           |
|                    | F COMMITTEE (In Full)                                 |                       |                                   |      |      |            |             |                 |   |         |           |
| /                  | al Action Committee of the                            | American              | Association                       | of C | Drth | nopa       | aedic S     | urgeo           | nsP/                                    | AC of   | AAOS      |
|                    | e (Last, First, Middle Initial)<br>Eshoo For Congress |                       |                                   |      |      |            | Date of     | Disburse        | ement                                   |         |           |
| Anna i             | Eshod For Congress                                    |                       |                                   |      |      |            | M M         | / D             |   | YY      | YY        |
| Mailing A          | ddress 555 Capitol Mall, Suite 400                    |                       |                                   |      |      |            | 01          | 3               | 80                                      | 2020    | )         |
| City               |   | State                 | Zip Code                          |      |      |            | FEC Ide     | ntificatio      | n Numbe                                 | r       |           |
| Sacramer           | nto<br>of Disbursement                                | CA                    | 95814                             |      |      |            |             |                 |   |         | -         |
| i uipose (         | Dissuisement  |                       |                                   | 0    | 11   | 11         | U           | 2002584         | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |         |           |
| Candidate          | e Name  |                       |                                   | Cate | aon  |            |             |                 | Disburse                                |         | is Period |
| Eshoo              | , Anna, , ,   |                       |                                   |      | /pe  | <i>'</i>   | 7 tino dint |                 | Disbuise                                |         |           |
| Office So          |   | ement For:            |                                   |      |      |            |             |                 |   | 100     | 00.00     |
|                    | Senate X  | Primary<br>Other (spe | General                           |      |      |            | -           |                 |   |         |           |
| State:             | CA District: 14                                       | Other (spe            | City) 🔻                           |      |      |            | Mer         | no Item         |   |         |           |
| Full Name          | e (Last, First, Middle Initial)                       |                       |                                   |      |      |            |             |                 |   |         |           |
| B. Pete S          | Sessions For Congress                                 |                       |                                   |      |      |            | Date of     | Disburse        | ement                                   |         |           |
|                    |   |                       |                                   |      |      | _          | MM          | / D             |   | Y Y Y   |           |
| Mailing A          | ddress PO Box 8587                                    |                       |                                   |      |      |            | 01          |                 | 30                                      | 2020    | )         |
| City               |   | State<br>TX           | Zip Code                          |      |      |            | FEC Ide     | ntificatio      | n Numbe                                 | r       |           |
| Waco<br>Purpose o  | of Disbursement                                       |                       | 76714                             |      |      | _          | С           | 003033          | 05                                      |         | 1         |
|                    |   |                       |                                   | 0    | 11   |            |             |                 | ID : 104                                | 6202    |           |
| Candidate          |   |                       |                                   | Cate | gory | /          |             |                 |   |         | is Period |
|                    | ons, Pete, , Rep.,                                    |                       |                                   | Ту   | /pe  |            | _           |                 |   | 400     | 0.00      |
| Office So          |   | ement For:<br>Primary | 2020<br>General                   |      |      |            |             | -               | -                                       | 400     | 00.00     |
|                    | President   | Other (spe            |                                   |      |      |            |             |                 |   |         |           |
| State:             | TX District: 32                                       |                       |                                   |      |      |            | Ivier       | no Item         |   |         |           |
|                    | e (Last, First, Middle Initial)                       |                       |                                   |      |      |            |             | <b>.</b>        |   |         |           |
| C. Above           | the Best PAC  |                       |                                   |      |      |            |             | Disburse        |   |         |           |
| Mailing A          | ddress 12138 Central Aveue<br>Box 671                 |                       |                                   |      |      |            | 01          | / D             | 80                                      | 2020    |           |
| City               |   | State                 | Zip Code                          |      |      |            | FEC Ide     | ntificatio      | n Numbe                                 | r       |           |
| Bowie<br>Purpose ( | of Disbursement                                       | MD                    | 20721                             |      |      |            |             | 2006000         | 24                                      |         | 1         |
|                    | Brown LPAC  |                       |                                   | 0    | 11   | 11         | •           | 2006890         | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |         |           |
| Candidate          | e Name  |                       |                                   | Cate | aorv | /          |             |                 | <b>ID : 104</b><br>Disburse             |         | is Period |
| <u></u>            |   |                       |                                   |      | /pe  |            |             |                 |   | 050     |           |
| Office So          | ught: House Disburs                                   | ement For:<br>Primary | General                           |      |      |            |             | -               |   | - 1     | 00.00     |
|                    | President   | Other (spe            |                                   |      |      |            |             |                 | Anthony                                 | Brown L | PAC       |
| State:             | District:   |                       | <i>,</i> , ,                      |      |      |            | Mer         | no Item         |   |         |           |
|                    |   |                       |                                   |      |      |            |             |                 |   |         |           |
| SUBTOTAL           | of Disbursements This Page (optional)                 |                       |                                   |      |      |            |             | -               |   | 75      | 00.00     |
| TOTAL This         | s Period (last page this line number onl              | y)                    |                                   |      |      |            |             |                 |   |         |           |
|                    |   |                       |                                   |      |      | -          |             | 7               | 7                                       |         |           |

| SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS   | for each                              | arate schedule(s)<br>category of the<br>Summary Page |                   | R LINE<br>eck only<br>21b | NUMBER:     PAGE 262 OF 300       y one)     22       22     23       26     27               |
|--|---------------------------------------|--|-------------------|---------------------------|---|
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the |                                       |  |                   |                           |   |
| Full Name (Last, First, Middle Initial) A. John Rose For Tennessee Mailing Address PO Box 2404                 |                                       |  |                   |                           | Date of Disbursement  |
| City<br>Cookeville   | State<br>TN                           | Zip Code<br>38502                                    |                   |                           | FEC Identification Number   |
| Purpose of Disbursement  |                                       | [  | 01                |                           | C C00652743<br>Transaction ID : 10486384<br>Amount of Each Disbursement this Period           |
| Rose, John, W., Rep.,<br>Office Sought: <b>x</b> House Disbut<br>Senate<br>President                           | rsement For:<br>Primary<br>Other (spe | General  | Cate<br>Ty        |                           | 2500.00   |
| State: TN District: 06<br>Full Name (Last, First, Middle Initial)<br>B. Scalise Leadership Fund                |                                       | (any)  |                   |                           | Date of Disbursement  |
| Mailing Address 317 15th Street, NE  |                                       |  |                   |                           | 01 / D D / Y Y Y Y<br>01 31 2020  |
| City<br>Washington<br>Purpose of Disbursement<br>JFC (5K to Scalise/15K credited to NRCC)<br>Candidate Name    | State<br>DC                           | Zip Code<br>20002                                    | 01<br>Categ<br>Ty | gory/                     | FEC Identification Number C Transaction ID : 10487253 Amount of Each Disbursement this Period |
| Office Sought: House Disbur<br>Senate President State: District:   | rsement For:<br>Primary<br>Other (spe | General Gerify)                                      |                   |                           | 20000.00<br>JFC (5K to Scalise/15K credite<br>NRCC)   |
| Full Name (Last, First, Middle Initial)<br>C. Russ Fulcher For Idaho<br>Mailing Address PO Box 1375            |                                       |  |                   |                           | Date of Disbursement  |
| City<br>Meridian   | State<br>ID                           | Zip Code<br>83680                                    |                   |                           | FEC Identification Number   |
| Purpose of Disbursement<br>Candidate Name<br>Fulcher, Russ, M., Rep.,  |                                       | [  | 01<br>Categ<br>Ty | gory/                     | C C00648295<br>Transaction ID : 10494251<br>Amount of Each Disbursement this Period           |
|  | rsement For:<br>Primary<br>Other (spe | General  | - 71              | -                         | 1500.00   |
| SUBTOTAL of Disbursements This Page (optional  | al)                                   |  |                   | ▶                         | 24000.00  |
| TOTAL This Period (last page this line number o  | only)                                 |  |                   | ►                         | , ,   |

|    | CHEDULE B (FEC Form 3X)   |                                     | roto ochodula(a)                                     |      |  |                      | IUMBER:           |         |           |        | PAGE                     | E 263 O                   | F 300    |
|----|---|-------------------------------------|--|------|--|----------------------|-------------------|---------|-----------|--------|--------------------------|---------------------------|----------|
| IT | EMIZED DISBURSEMENTS  | for each                            | arate schedule(s)<br>category of the<br>Summary Page | (cl  |  | only (<br>21b<br>28a | one)<br>22<br>28b |         | 23<br>28c |        | 26<br>29                 | 27<br>30b                 |          |
|    | ny information copied from such Reports and State<br>for commercial purposes, other than using the name |                                     |  |      |  |                      |                   |         |           |        |                          |                           |          |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A                                      | merican                             | Association  | of C | Drth   | nopa                 | edic S            | Surg    | jeor      | าร     | PAC                      | of AA                     | OS       |
| Α. | Full Name (Last, First, Middle Initial)<br>Bill Cassidy For US Senate<br>Mailing Address PO Box 80505   |                                     |  |      |  |                      | Date of           | Dist    | ourse     | D      |                          | y y<br>2020               | Ý        |
|    | City<br>Baton Rouge   | State<br>LA                         | Zip Code<br>70898                                    |      |  |                      | FEC Ide           | entific | catior    | n Nur  | nber                     |                           |          |
|    | Purpose of Disbursement   |                                     |  |      | 11   | ]                    | Tra               | nsac    |           | ID : 1 | 104942                   |                           | - vi - d |
|    | Cassidy, William, , ,   | ment For: 2<br>Primary              | 2020   |      | egory<br>/pe                                 | /                    | Amount            | of E    | ach       | DISDI  | urseme                   | nt this P                 |          |
|    | State: LA District:   | Other (spec                         |  |      |  |                      | Me                | mo It   | tem       |        |                          |                           |          |
| в. | Full Name (Last, First, Middle Initial) Tuesday Group PAC Mailing Address PO Box 11586                  |                                     |  |      |  |                      | Date of           | Dist    | ourse     | D      |                          | y y<br>2020               | Y        |
|    | City<br>Washington<br>Purpose of Disbursement   | State<br>DC                         | Zip Code<br>20008                                    |      |  |                      | FEC Ide           | -       |           |        | nber                     |                           | _        |
|    | Annual Contribution Candidate Name  |                                     |  | Cate | )11<br>egory                                 | 1                    | Tra               | nsac    |           | ID : 1 | 1 <b>04942</b><br>urseme | 69<br>ent this P          | eriod    |
|    | Office Sought: House Disburse<br>Senate President State: District:                                      | ment For:<br>Primary<br>Other (spec | General<br>cify)                                     |      | <u>,                                    </u> |                      | Mer               | mo It   |           | Annu   | al Cont                  | 5000.00                   | )        |
| с. | Full Name (Last, First, Middle Initial)<br>Across the Aisle PAC   |                                     |  |      |  |                      | Date of           | Dist    |           |        |                          |                           |          |
|    | Mailing Address 910 17th St NW<br>Ste 925   |                                     |  |      |  |                      | 02                | /       | 0         |        |                          | 2020                      | Ŷ        |
|    | City<br>Washington<br>Purpose of Disbursement<br>Annual Contribution                                    | State<br>DC                         | Zip Code<br>20006                                    | 0    | 11   | 7                    | U U               | C006    | 69659     | 91     |                          |                           |          |
|    | Candidate Name  |                                     |  | Cate | egory<br>/pe                                 | /                    |                   |         |           |        | 104942<br>urseme         | e <b>70</b><br>Int this P | eriod    |
|    | Office Sought: House Disburse<br>Senate President State: District:                                      | ment For:<br>Primary<br>Other (spec | General<br>cify) ▼                                   |      |  |                      | Mer               | mo It   |           | Annu   | al Con                   | 5000.00                   | )        |
| s  | UBTOTAL of Disbursements This Page (optional).  |                                     |  |      |  | ►                    |                   |         |           |        |                          | 11000.0                   | 0        |
| Т  | OTAL This Period (last page this line number only   | ')                                  |  |      |  | •                    |                   | ,       |           |        | ,                        |                           |          |

| S  | CHEDULE B (FEC Form 3X)  |                                       |  | FO   | R I II            | NE NUMBER: PAGE 264 OF 300  |
|----|--|---------------------------------------|--|------|-------------------|---|
| IT | EMIZED DISBURSEMENTS   | for each                              | arate schedule(s)<br>category of the<br>Summary Page |      | neck o            | 22     X     23     26     27       28a     28b     28c     29     30b                                  |
|    | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar |                                       |  |      |                   |   |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A                                     | merican                               | Association  | of C | Orth              | opaedic SurgeonsPAC of AAOS   |
| Α. | Full Name (Last, First, Middle Initial)<br>Westerman For Congress<br>Mailing Address PO Box 21097      |                                       |  |      |                   | Date of Disbursement  |
|    | 5  | State<br>AR                           | Zip Code<br>71903                                    |      |                   | FEC Identification Number   |
|    | Hot Springs<br>Purpose of Disbursement   |                                       | / 1903   | 01   | 11                | C C00548180<br>Transaction ID : 10494271  |
|    | Candidate Name Westerman, Bruce, , Rep., Office Sought: Senate President State: AR District: 04        | ment For: 2<br>Primary<br>Other (spec | <b>x</b> General                                     |      | gory/<br>pe       |   |
| в. | Full Name (Last, First, Middle Initial)<br>Gallego For Arizona<br>Mailing Address PO Box 1710          |                                       |  |      |                   | Date of Disbursement  |
|    | City<br>Phoenix<br>Purpose of Disbursement<br>Candidate Name<br>Gallego, Ruben, , Rep.,                | State<br>AZ                           | Zip Code<br>85001                                    | Cate | 11<br>gory/<br>pe | FEC Identification Number C C00558627 Transaction ID : 10494272 Amount of Each Disbursement this Period |
|    |  | ment For: 2<br>Primary<br>Other (spec | x General  |      |                   | 1000.00<br>Memo Item  |
| C. | Full Name (Last, First, Middle Initial)<br>Building and Restoring the America                          | an Drear                              | m PAC  |      |                   | Date of Disbursement  |
|    | Mailing Address PO Box 30844   |                                       |  |      |                   | 02 07 2020  |
|    | Bethesda<br>Purpose of Disbursement<br>Brad Wenstrup LPAC  | State<br>MD                           | Zip Code<br>20824                                    | 01   | 11                | FEC Identification Number<br>C C00590356<br>Transaction ID : 10494284                                   |
|    | Candidate Name Office Sought:  House Disburser Senate President State: District:                       | ment For:<br>Primary<br>Other (spec   | General<br>cify) ▼                                   |      | gory/<br>pe       | Amount of Each Disbursement this Period<br>2500.00<br>Brad Wenstrup LPAC<br>Memo Item                   |
| ⊢  | UBTOTAL of Disbursements This Page (optional)<br>OTAL This Period (last page this line number only)    |                                       |  |      | -                 | 6000.00   |

| S       | CHEDULE B (FEC Form 3X)   |   |                   | FC     | )R I I  |            | IUMBER:                                 |         |           |         | PAGE     | 265 0       | F 300 |
|---------|---|---|-------------------|--------|---------|------------|---|---------|-----------|---------|----------|-------------|-------|
| IT      | EMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the |                   |        | neck    | only       | one)                                    |         |           |         |          |             | -     |
|         |   |   | Summary Page      |        |         | 21b<br>28a | 22<br>28b                               |         | 23<br>28c |         | 26<br>29 | 27<br>30b   |       |
|         | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |   |                   |        | any p   | oersor     | n for the                               | purpo   | ose o     | of soli | citing o | contributio |       |
| $\land$ | NAME OF COMMITTEE (In Full)   |   |                   |        | _       |            | _                                       |         |           |         | _        |             |       |
|         | Political Action Committee of the A   | American  | Association       | n of C | Drth    | iopa       | iedic S                                 | urg     | eor       | າຣ      | PAC      | of AA       | OS    |
| Α.      | Full Name (Last, First, Middle Initial)<br>Mark Green For Congress                                    |   |                   |        |         |            | Date of                                 | Disb    | oursei    | ment    |          |             |       |
|         |   |   |                   |        |         |            | M M                                     | /       | D         | D /     | Y        | YYY         | Y     |
|         | Mailing Address PO Box 2706   |   |                   |        |         |            | 02                                      |         | 07        | 7       |          | 2020        |       |
|         | City<br>Brentwood   | State<br>TN                                       | Zip Code<br>37024 |        |         |            | FEC Ide                                 | entific | ation     | Nur     | nber     |             |       |
|         | Purpose of Disbursement   |   | 37024             | _      | _       |            | С                                       | C006    | 5838      | 5       |          |             |       |
|         |   |   |                   | 0      | 11      | 11         |   |         | -         | 1.0     | 04942    | 85          |       |
|         | Candidate Name  |   |                   |        | gory    | /          |   |         |           |         |          | nt this Pe  | eriod |
|         | Green, Mark, , ,<br>Office Sought: x House Disburse   | Dursement For: 2020                               |                   |        |         |            |   |         |           |         |          | 2000.00     | ,     |
|         | Office Sought: X House Disburse<br>Senate X   | Primary   | General           |        |         |            |   | - 9     |           | -       | -        | 1.40        |       |
|         | President   | Other (spec                                       | cify) 🔻           |        |         |            | Mer                                     | mo It   | em        |         |          |             |       |
|         | State: TN District: 07<br>Full Name (Last, First, Middle Initial)                                     |   |                   |        |         |            |   |         |           |         |          |             |       |
| В.      |   |   |                   |        |         |            | Date of                                 | Disb    | ursei     | ment    |          |             |       |
|         |   |   |                   |        |         |            | M M                                     | /       | D         |         |          | YYYY        | Y     |
|         | Mailing Address 5915 Eastman Avenue<br>Suite 100  |   | 1                 |        |         |            | 02 07 2020                              |         |           |         |          |             |       |
|         | City<br>Midland   | State<br>MI                                       | Zip Code<br>48640 |        |         |            | FEC Ide                                 | entific | ation     | Nur     | nber     |             |       |
|         | Purpose of Disbursement   |   |                   | _      | -       |            | С                                       | C005    | 6153      | 0       |          |             |       |
|         |   | 011   |                   |        |         |            | Transaction ID : 10494286               |         |           |         |          |             |       |
|         | Candidate Name<br>Moolenaar, John, , ,  | Category/<br>Type                                 |                   |        |         | /          | Amount of Each Disbursement this Period |         |           |         |          |             |       |
|         |   | ment For: 2                                       | 2020              | Ty     | he      | _          |   |         |           |         |          | 1000.00     | )     |
|         | ••  | Primary   | General           |        |         |            |   | -9      |           |         | -        | 1 40        |       |
|         | State: MI District: 04  | Other (spec                                       | cify)             |        |         |            | Mer                                     | mo It   | em        |         |          |             |       |
| _       | Full Name (Last, First, Middle Initial)   |   |                   |        |         |            |   |         |           |         |          |             |       |
| C.      | Thom Tillis Committee   |   |                   |        |         |            | Date of                                 | Disb    | ursei     | ment    |          |             |       |
|         | Mailing Address, DO Day 07206   |   |                   |        |         |            | м м<br>02                               | /       | D<br>07   |         |          | 2020        | Y     |
|         | Mailing Address PO Box 97396  |   |                   |        |         |            | 02                                      |         | 01        |         |          | 2020        |       |
|         | City  | State<br>NC                                       | Zip Code<br>27624 |        |         |            | FEC Ide                                 | entific | ation     | Nur     | nber     |             |       |
|         | Raleigh<br>Purpose of Disbursement  |   | 21024             | _      | _       |            | С                                       | C005    | 4577      | 2       |          |             |       |
|         |   |   |                   | 0      | 11      |            |   |         |           | -       | 04942    | 87          |       |
|         | Candidate Name  |   |                   | Cate   | gory    | /          | Amount                                  | of E    | ach       | Disbu   | irseme   | nt this Pe  | eriod |
|         | Tillis, Thom, , ,       Office Sought:     House       Disburse                                       | 2020  | Ty                | vpe    |         |            |   |         |           |         | 3500.00  | )           |       |
|         | × Senate  | Primary   | <b>x</b> General  |        |         |            |   | - 9     |           |         | -        | 1 40        |       |
|         | State: NC District:   | Other (spec                                       | cify) 🔻           |        |         |            | Memo Item                               |         |           |         |          |             |       |
|         | State: NC District:   |   |                   |        |         |            |   | _       | _         | _       | _        | _           | _     |
| s       | <b>SUBTOTAL</b> of Disbursements This Page (optional).  |   |                   |        | ····· ] |            |   |         |           |         | -        | 6500.00     | 0     |
|         |   | 、<br>、  |                   |        |         |            |   |         |           |         |          |             |       |
| I I     | <b>OTAL</b> This Period (last page this line number only  | /)  |                   |        | ····· ] |            |   |         |           |         | ,        |             | _     |

| S                      | CHEDULE B (FEC Form 3X)   |  |                    |                   | ייו פר        |                           | UMBER:                                   |                      |           |      | PAGF                  | 266 (                  | )F 300 |
|------------------------|---|--|--------------------|-------------------|---------------|---------------------------|--|----------------------|-----------|------|-----------------------|------------------------|--------|
|                        | EMIZED DISBURSEMENTS  | Use sepa<br>for each                               |                    | heck              | only          | one)                      |  |                      | L<br>     |      | _                     |                        |        |
|                        |   |  | Summary Page       |                   |               | 1b<br>8a                  | 22<br>28b                                | · ·                  | 23<br>28c |      | 6<br>9                | 27<br>30b              |        |
|                        | y information copied from such Reports and State<br>for commercial purposes, other than using the nat |  |                    |                   |               |                           |  |                      |           |      |                       |                        |        |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   |  | A                  |                   | ∼⊷            |                           |  | · · · · -            |           |      | <u>م ۸ م</u>          | of ^ /                 |        |
|                        | Political Action Committee of the A   | American   | Association        |                   | Jrth          | opa                       | ieuic S                                  | burg                 | eor       | ısl  | AC                    | Of AA                  | 105    |
| Α.                     | Full Name (Last, First, Middle Initial)<br>Together Holding our Majority                              |  |                    |                   |               |                           |  | Date of Disbursement |           |      |                       |                        | Y      |
|                        | Mailing Address PO Box 97275  |  |                    |                   |               |                           | FEC Identification Number                |                      |           |      |                       |                        |        |
|                        | City<br>Raleigh   | State<br>NC  | Zip Code<br>27624  |                   |               | T                         |  |                      |           |      |                       |                        |        |
|                        | Purpose of Disbursement<br>Tillis LPAC  |  | 2/024              | 0                 | 11            |                           | C C00571323                              |                      |           |      |                       |                        |        |
|                        | Candidate Name  | Name Category/<br>Type                             |                    |                   |               |                           |  |                      |           |      |                       | <b>38</b><br>nt this I | Period |
|                        | Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary General<br>Other (specify) ▼ |                    |                   |               |                           | 1500.00<br>Tillis LPAC                   |                      |           |      |                       |                        |        |
|                        | State: District:  |  |                    |                   |               |                           | Me                                       | mo Ite               | em        |      |                       |                        |        |
| в.                     | Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc                                 |  |                    |                   |               |                           | Date of                                  | f Disb               |           | D /  |                       | y y<br>2020            | Ŷ      |
|                        | Mailing Address PO Box 2530<br>City   | Zip Code   |                    |                   |               | FEC Identification Number |  |                      |           |      |                       |                        |        |
|                        | Tifton  | State<br>GA  | 31793              |                   |               |                           | FEC Ide                                  | entific              | ation     | Num  | ber                   | _                      |        |
|                        | Purpose of Disbursement   | ose of Disbursement                                |                    |                   |               | ]                         | C C00482737<br>Transaction ID : 10494289 |                      |           |      |                       |                        |        |
|                        | Scott, James, , ,   |  |                    | Category/<br>Type |               |                           | Amount of Each Disbursement this Period  |                      |           |      |                       |                        |        |
|                        | č A   | ment For: 2<br>Primary                             | 2020<br>General    |                   |               |                           |  |                      |           |      | ,                     | 1000.0                 | 0      |
|                        | State: GA District: 08  | Other (spec  |                    |                   |               |                           | Me                                       | mo Ite               | em        |      |                       |                        |        |
| с.                     | Full Name (Last, First, Middle Initial)   |  |                    |                   |               |                           | Date of                                  | f Disb               | ursei     | ment |                       |                        |        |
|                        | Mailing Address PO Box 3743   |  |                    |                   |               | _                         | <sup>M</sup> M<br>02                     | 1                    | D<br>07   |      |                       | y y<br>2020            | Y      |
|                        | City<br>Carmel  | State<br>IN  | Zip Code<br>46082  |                   |               |                           | FEC Ide                                  | entific              | ation     | Num  | ber                   |                        |        |
|                        | Purpose of Disbursement<br>Todd Young LPAC  |  | -                  | 0                 | 11            | 1                         |  | C005                 |           |      | 04042                 | 20                     |        |
|                        | Candidate Name  |  |                    |                   | egory/<br>/pe |                           | Amount                                   |                      |           |      | <b>04942</b><br>rseme |                        | Period |
|                        |   | ment For:  |                    |                   |               |                           |  |                      |           |      | ,                     | 2000.0                 | 0      |
|                        | State: District:  | Primary<br>Other (spec                             | General<br>cify) ▼ |                   |               |                           | Todd Young LPAC                          |                      |           |      |                       |                        |        |
| Г                      |   |  |                    |                   |               |                           | _  |                      | _         | _    |                       | _                      | _      |
| s                      | UBTOTAL of Disbursements This Page (optional).  |  |                    |                   | )             | <b>•</b>                  | <u>_</u>                                 | - 7                  |           | -    | ,                     | 4500.0                 | 00     |
| т                      | OTAL This Period (last page this line number only   | r)   |                    |                   | )             |                           |  | . ,                  | _         |      | ,                     |                        |        |

| S            | CHEDULE B (FEC Form 3X)   |                        |                                   | FC     | OR L         | INE N       | NUMBER:                                      | PAGE 267 OF 300  |
|--------------|---|------------------------|-----------------------------------|--------|--------------|-------------|--|--|
| IT           | EMIZED DISBURSEMENTS  |                        | arate schedule(s) category of the |        | heck         | only<br>21b |  | 26 27  |
|              |   | Detailed               | Summary Page                      |        |              | 210<br>28a  | 28b 28c                                      | 29 30b   |
|              | ny information copied from such Reports and State for commercial purposes, other than using the nat |                        |                                   |        |              |             |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                        |                                   |        | • •          |             |  |  |
|              | Political Action Committee of the A   | American               | Association                       | n of ( | Ortr         | nopa        | aedic Surgeo                                 | onsPAC of AAOS   |
| Α.           | Full Name (Last, First, Middle Initial)<br>Andy Harris For Congress                                 |                        |                                   |        |              |             | Date of Disburs                              |  |
|              | Mailing Address PO Box 426  |                        |                                   |        |              |             |  | 07 2020  |
|              | City  | State                  | Zip Code                          |        |              |             | FEC Identification                           | on Number  |
|              | Stevensville Purpose of Disbursement  | MD                     | 21666                             |        |              |             | <b>C</b> C004359                             | 74   |
|              |   |                        |                                   | 0      | 011          |             |  | and the second |
|              | Candidate Name  |                        |                                   | Cate   | egory        | /           |  | n ID : 10494291<br>Disbursement this Period  |
|              | Harris, Andrew, , ,   |                        |                                   |        | ype          |             |  |  |
|              | Office Sought: X House Disburse Senate  | ment For: 2<br>Primary | 2020<br>X General                 |        |              |             |  | 1000.00  |
|              | President   | Other (spe             |                                   |        |              |             | Memo Item                                    |  |
|              | State: MD District: 01  |                        |                                   |        |              |             |  |  |
| В.           | Full Name (Last, First, Middle Initial)<br>Devin Nunes Campaign Committe                            | e                      |                                   |        |              |             | Date of Disburs                              | ement  |
|              | Mailing Address PO Box 6545   |                        |                                   |        |              |             |  | 07 / Y Y Y Y<br>2020   |
|              | City<br>Visalia   | State<br>CA            | Zip Code<br>93290                 |        |              |             | FEC Identification                           | on Number  |
|              | Purpose of Disbursement   | 0/1                    | 93290                             | -      | -            |             | C C003700                                    | 056  |
|              |   |                        |                                   | C      | )11          |             |  | 1D : 10494292  |
|              | Candidate Name  |                        |                                   |        | egory        | //          |  | Disbursement this Period   |
|              | Nunes, Devin, , ,   |                        |                                   | Ty     | ype          |             |  | 1000.00  |
|              | Office Sought: K House Disburse   | ment For: ;<br>Primary | 2020<br>X General                 |        |              |             |  | 1000.00  |
|              | President   | Other (spe             |                                   |        |              |             | <b>—</b> ——————————————————————————————————— |  |
|              | State: CA District: 21  |                        |                                   |        |              |             | Memo Item                                    |  |
| ~            | Full Name (Last, First, Middle Initial)   |                        |                                   |        |              |             | Date of Disburs                              | oment  |
| С.           | Friends Of Mark Warner  |                        |                                   |        |              |             |  |  |
|              | Mailing Address 1751 Potomac Greens Drive   |                        |                                   |        |              |             |  | 07 / Y Y Y Y<br>2020   |
|              | City  | State                  | Zip Code                          |        |              |             | FEC Identification                           | on Number  |
|              | Alexandria  | VA                     | 22314                             |        |              |             |  |  |
|              | Purpose of Disbursement   |                        |                                   | 0      | )11          |             | C C004387                                    |  |
|              | Candidate Name  |                        |                                   |        |              |             |  | n ID : 10494293  |
|              | Warner, Mark, , ,   |                        |                                   | Cate   | egory<br>ype | ″           | Amount of Laci                               |  |
|              |   | ment For: 2            | 2022                              |        |              |             |  | 500.00   |
|              | × Senate ×  | Primary                | General                           |        |              |             |  | ,  |
|              | State: VA District:   | Other (spe             | cify) 🔻                           |        |              |             | Memo Item                                    |  |
| Г            |   |                        |                                   |        |              |             |  | 2700.00  |
| s            | SUBTOTAL of Disbursements This Page (optional).   |                        |                                   |        |              |             |  | 2500.00  |
| т            | OTAL This Period (last page this line number only   | r)                     |                                   |        |              |             |  |  |

| SC           | HEDULE B (FEC Form 3X)   |                        |                                   | FOR LINE I               | NUMBER: PAGE 268 OF 300  |
|--------------|--|------------------------|-----------------------------------|--------------------------|--|
| ITE          | EMIZED DISBURSEMENTS   |                        | arate schedule(s) category of the | (check only              | -  |
|              |  |                        | Summary Page                      | 210<br>28a               | 22 <b>X</b> 23 26 27<br>28b 28c 29 30b                               |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                        |                                   |                          |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                        |                                   |                          |  |
|              | Political Action Committee of the A  | American               | Association                       | of Orthopa               | aedic SurgeonsPAC of AAOS  |
|              | Full Name (Last, First, Middle Initial)<br>Forward Together PAC                                      |                        |                                   |                          | Date of Disbursement   |
|              | Mailing Address 201 North Union Street   |                        |                                   |                          | 02 / D D / Y Y Y Y<br>02 07 2020                                     |
|              | City<br>Alexandria   | State<br>VA            | Zip Code<br>22314                 |                          | FEC Identification Number  |
|              | Purpose of Disbursement<br>Mark Warner's LPAC  |                        | 22314                             | 011                      | C C00412791  |
|              | Candidate Name   |                        |                                   | Category/                | Transaction ID : 10494294<br>Amount of Each Disbursement this Period |
|              |  | ment For:              |                                   | Туре                     | 2000.00  |
|              | Senate       President   | Primary<br>Other (spec | General<br>cify) ▼                |                          | Mark Warner's LPAC<br>Memo Item                                      |
|              | State: District: Full Name (Last, First, Middle Initial)   |                        |                                   |                          |  |
| _            | Brian Fitzpatrick For Congress   |                        |                                   |                          | Date of Disbursement   |
|              | Mailing Address PO Box 939   |                        |                                   |                          | 02 / D D / Y Y Y Y Y<br>02 07 2020                                   |
|              | City<br>Langhorne  | State<br>PA            | Zip Code<br>19047                 |                          | FEC Identification Number  |
|              | Purpose of Disbursement  |                        |                                   | 011                      | C C00607416  |
|              | Candidate Name   |                        |                                   | Category/                | Transaction ID : 10494295<br>Amount of Each Disbursement this Period |
|              | Fitzpatrick, Brian, , ,<br>Office Sought:  | ment For:              |                                   | Туре                     | 2500.00  |
|              | Office Sought: K House Disburse Senate   | Primary                | 2020<br>X General                 |                          | 2300.00  |
|              | State: PA District: 08   | Other (spec            |                                   |                          | Memo Item  |
|              | Full Name (Last, First, Middle Initial)  |                        |                                   |                          | Date of Disbursement   |
| 0.           | Victory in November Election PAC   | (VINE F                | AC)                               |                          |  |
|              | Mailing Address 607 14th Street NW<br>Suite 800  |                        |                                   |                          | 02 07 2020   |
|              | City<br>Washington   | State<br>DC            | Zip Code<br>20005                 |                          | FEC Identification Number  |
|              | Purpose of Disbursement<br>Mike Thompson LPAC  |                        |                                   | 014                      | C C00378695  |
|              | Candidate Name   |                        |                                   | 011<br>Category/<br>Type | Transaction ID : 10494296<br>Amount of Each Disbursement this Period |
|              | Office Sought: House Disburse  | ment For:              |                                   | . , Po                   | 1000.00  |
|              | Senate   | Primary                | General                           |                          | Mike Thompson LPAC   |
|              | State: District:   | Other (spec            |                                   |                          | Memo Item  |
| s            | JBTOTAL of Disbursements This Page (optional).   |                        |                                   |                          | 5500.00  |
| ⊢            | OTAL This Period (last page this line number only  |                        |                                   |                          |  |

| SCHEDULE B (FEC Form 3X)  |                       |                                   | FOR LINE          | NUMBER: PAGE 269 OF 300  |  |  |  |  |  |
|---|-----------------------|-----------------------------------|-------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the | (check only       | / one)   |  |  |  |  |  |
|   |                       | Summary Page                      | 21b<br>28a        | 22         ¥         23         26         27           28b         28c         29         30b |  |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na |                       |                                   |                   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                       |                                   |                   |  |  |  |  |  |  |
| Political Action Committee of the   | Americar              | Association                       | of Orthop         | aedic SurgeonsPAC of AAOS  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. STEVE PAC   |                       |                                   |                   | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 228 S Washington St<br>Suite 115  |                       |                                   |                   | 02 07 2020   |  |  |  |  |  |
| City<br>Alexandria  | State<br>VA           | Zip Code<br>22314                 |                   | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement<br>Stiver's LPAC  |                       |                                   | 011               | C C00501478  |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category/<br>Type | Transaction ID : 10494297<br>Amount of Each Disbursement this Period                           |  |  |  |  |  |
| Office Sought: House Disburs  | ement For:<br>Primary | General                           | Турс              | 5000.00  |  |  |  |  |  |
| State: District:  | Other (spe            |                                   |                   | Stiver's LPAC  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                       |                                   |                   |  |  |  |  |  |  |
| B. Committee To Re-Elect Steve Wa   | atkins                |                                   |                   | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 1430 SW Woodhull Street<br>PO Box 4262  |                       |                                   |                   | 02 07 2020   |  |  |  |  |  |
| City<br>Topeka  | State<br>KS           | Zip Code<br>66604                 |                   | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement   | 1                     |                                   | 011               | C C00660050<br>Transaction ID : 10494313   |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category/         | Amount of Each Disbursement this Period  |  |  |  |  |  |
| Watkins, Steven, C., Rep.,<br>Office Sought: x House Disburs  | ement For:            | 2020                              | Туре              | 1000.00  |  |  |  |  |  |
| Senate  | 7                     | General                           |                   |  |  |  |  |  |  |
| State: KS District: 02  | Other (spe            | cify)                             |                   | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. PAC Unitatis  |                       |                                   |                   | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 824 S Milledge Avenue   |                       |                                   |                   | 02 07 2020   |  |  |  |  |  |
| Suite 101   | State                 | Zip Code                          |                   |  |  |  |  |  |  |
| Athens  | GA                    | 30605                             |                   | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement<br>Annual Contribution  |                       |                                   | 011               | C C00693127<br>Transaction ID : 10494314   |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category/<br>Type | Amount of Each Disbursement this Period  |  |  |  |  |  |
|   | ement For:            |                                   |                   | 5000.00  |  |  |  |  |  |
| State: District:  | Primary<br>Other (spe | cify) ▼                           |                   | Annual Contribution  |  |  |  |  |  |
|   |                       |                                   |                   |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |                       |                                   | •••••             | 11000.00   |  |  |  |  |  |
| TOTAL This Period (last page this line number onl   | y)                    |                                   | ••••••            |  |  |  |  |  |  |

| S        | CHEDULE B (FEC Form 3X)  |                       |                                   | F            | ו פר         |               | IUMBER:  |  | PAGE     | 270 OF 300 |  |  |  |
|----------|--|-----------------------|-----------------------------------|--------------|--------------|---------------|--|--|----------|------------|--|--|--|
|          | EMIZED DISBURSEMENTS   |                       | arate schedule(s) category of the |              | heck         | only          | one)   |  |          |            |  |  |  |
|          |  |                       | Summary Page                      |              |              | 21b<br>28a    | 22 <b>X</b> 23                                     |  | 26<br>29 | 27<br>30b  |  |  |  |
| Δ,       | ny information copied from such Reports and State                          | ments may r           | not he sold or use                | ed by        |              |               |  |  |          |            |  |  |  |
|          | for commercial purposes, other than using the nati                         |                       |                                   |              |              |               |  |  |          |            |  |  |  |
|          | NAME OF COMMITTEE (In Full)  |                       |                                   |              |              |               |  |  |          |            |  |  |  |
|          | Political Action Committee of the A  | Merican               | Association                       | n of C       | Drth         | nopa          | edic Surge   | eons-                                    | -PAC     | of AAOS    |  |  |  |
| Α.       | Full Name (Last, First, Middle Initial)<br>Cathy McMorris Rodgers For Cong | araee                 |                                   |              |              |               | Date of Disbu                                      | rsemen                                   | ıt       |            |  |  |  |
|          |  | 91000                 |                                   |              |              |               |  |  |          | YYYY       |  |  |  |
|          | Mailing Address Box 137  |                       |                                   |              |              |               | 02     12     2020       FEC Identification Number |  |          |            |  |  |  |
|          | City   | State                 | Zip Code                          |              |              |               |  |  |          |            |  |  |  |
|          | Spokane Purpose of Disbursement  | WA                    | 99210                             |              |              |               | 0  | 0.470                                    |          | -          |  |  |  |
|          |  |                       |                                   | 0            | 11           |               | C C00390476  |  |          |            |  |  |  |
|          | Candidate Name   |                       |                                   | Cate         | egory        |               | Transacti<br>Amount of Ea                          |  |          |            |  |  |  |
|          | Rodgers Cathy, McMorris, , ,   |                       |                                   |              | ype          |               |  |  |          |            |  |  |  |
|          | Office Sought: X House Disburse  | ment For: 2           |                                   |              |              |               |  |  | -        | 500.00     |  |  |  |
|          | Senate<br>President  | Primary<br>Other (and | General                           |              |              |               |  |  |          |            |  |  |  |
|          | State: WA District: 05   | Other (spec           | ury) ▼                            |              |              |               | Memo Ite   | m  |          |            |  |  |  |
|          | Full Name (Last, First, Middle Initial)                                    |                       |                                   |              |              |               |  |  |          |            |  |  |  |
| В.       | Cathy McMorris Rodgers For Con   |                       |                                   |              |              | Date of Disbu | rsemen   | ıt                                       |          |            |  |  |  |
|          |  | -                     |                                   |              |              |               |  |  | / Y      | Y Y Y      |  |  |  |
|          | Mailing Address Box 137  |                       |                                   |              |              | 02 12 2020    |  |  |          |            |  |  |  |
|          | 5  | State<br>WA           | Zip Code<br>99210                 |              |              |               | FEC Identifica                                     | tion Nu                                  | Imber    |            |  |  |  |
|          | Spokane Purpose of Disbursement  | 99210                 |                                   |              |              |               | <b>C</b> C0039                                     | 0476                                     |          | -          |  |  |  |
|          |  |                       | 011                               |              |              |               |  | C C00390476<br>Transaction ID : 10496778 |          |            |  |  |  |
|          | Candidate Name   |                       |                                   |              | egory<br>ype | /             | Amount of Each Disbursement this Period            |  |          |            |  |  |  |
|          | Rodgers Cathy, McMorris, , ,   |                       |                                   |              | 500.00       |               |  |  |          |            |  |  |  |
|          | Office Sought:     X     House     Disburse       Senate     X             |                       | 2020<br>General                   |              |              |               |  |  | -9       | 500.00     |  |  |  |
|          | President  | Other (spec           |                                   |              |              |               |  |  |          |            |  |  |  |
| _        | State: WA District: 05   |                       |                                   |              |              |               | Memo Ite   | II)                                      |          |            |  |  |  |
| ~        | Full Name (Last, First, Middle Initial)                                    |                       |                                   |              |              |               |  |  |          |            |  |  |  |
| Ú.       | Kurt Schrader For Congress   |                       |                                   |              |              |               | Date of Disbu                                      |  |          |            |  |  |  |
|          | Mailing Address PO Box 3314  |                       |                                   |              |              |               | M M / 02   | 12                                       | / Y      | 2020       |  |  |  |
|          | City   | State                 | Zip Code                          |              |              | +             | FEC Identifica                                     | tion Nu                                  | Imbor    |            |  |  |  |
|          | Oregon City  | OR                    | 97045                             |              |              |               |  |  |          |            |  |  |  |
|          | Purpose of Disbursement  |                       |                                   | 0            | 11           |               | <b>C</b> C0044                                     | 6906                                     |          |            |  |  |  |
|          | Candidate Name   |                       |                                   | <b></b>      | -            |               | Transact<br>Amount of Ea                           |  |          |            |  |  |  |
|          | Schrader, Kurt, , ,  |                       |                                   | egory<br>ype | "            | Amount of Ea  |  | Juiseille                                |          |            |  |  |  |
|          |  | ment For: 2           | 2020                              |              | -            |               |  |  | -        | 500.00     |  |  |  |
|          | Senate <b>x</b>  | Primary               | General                           |              |              |               | ,  |  |          |            |  |  |  |
|          | State: OR District: 05   | Other (spec           | ситу) 🔻                           |              |              |               | Memo Ite   | m  |          |            |  |  |  |
|          | orato. On District. US   |                       |                                   |              |              |               |  |  |          |            |  |  |  |
| s        | <b>UBTOTAL</b> of Disbursements This Page (optional).                      |                       |                                   |              |              |               |  |  | - 1      | 1500.00    |  |  |  |
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| 11       | <b>OTAL</b> This Period (last page this line number only                   | )                     |                                   |              |              |               |  |  | 7        |            |  |  |  |

| S                     | CHEDULE B (FEC Form 3X)   |             |                                 |      | יו אר         |           | NUMBER: PAGE 271 OF 300  |  |  |  |  |
|-----------------------|---|-------------|---------------------------------|------|---------------|-----------|--|--|--|--|--|
|                       | EMIZED DISBURSEMENTS  |             | arate schedule(s)               |      | heck          |           |  |  |  |  |  |
| ••                    |   |             | category of the<br>Summary Page |      |               | 21b       | 22 🗶 23 26 27  |  |  |  |  |
| _                     |   |             | ,                               |      | 2             | 28a       | 28b 28c 29 30b   |  |  |  |  |
|                       | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |             |                                 |      |               |           |  |  |  |  |  |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)   |             |                                 |      |               |           |  |  |  |  |  |
|                       | Political Action Committee of the A   | American    | Association                     | of C | Drth          | opa       | aedic SurgeonsPAC of AAOS  |  |  |  |  |
| •                     | Full Name (Last, First, Middle Initial)   |             |                                 |      |               |           | Date of Disbursement   |  |  |  |  |
| А.                    | Kurt Schrader For Congress  |             |                                 |      |               |           |  |  |  |  |  |
|                       | Mailing Address PO Box 3314   |             |                                 |      |               |           | 02 12 Y Y Y Y<br>2020  |  |  |  |  |
|                       | City  | State       | Zip Code                        |      |               |           | EEC Identification Number  |  |  |  |  |
|                       | Oregon City   | OR          | 97045                           |      |               |           | FEC Identification Number  |  |  |  |  |
|                       | Purpose of Disbursement   |             |                                 |      | 11            |           | C C00446906  |  |  |  |  |
|                       | Condidate Name  |             |                                 |      |               |           | Transaction ID : 10496780  |  |  |  |  |
|                       | Candidate Name  |             |                                 |      | gory          | /         | Amount of Each Disbursement this Period                              |  |  |  |  |
|                       | Schrader, Kurt, , ,<br>Office Sought: x House Disburse  | ment For: 2 | 2020                            | Ty   | /pe           |           | 500.00   |  |  |  |  |
|                       | Office Sought: X House Disburse   | Primary     | General                         |      |               |           |  |  |  |  |  |
|                       | President   | Other (spec | ••                              |      |               |           |  |  |  |  |  |
|                       | State: OR District: 05  |             |                                 |      |               |           | Memo Item  |  |  |  |  |
|                       | Full Name (Last, First, Middle Initial)   |             |                                 |      |               |           |  |  |  |  |  |
| Β.                    | Mike Kelly For Congress   |             |                                 |      |               |           | Date of Disbursement   |  |  |  |  |
|                       |   |             |                                 |      |               |           | M M / D D / Y Y Y Y  |  |  |  |  |
|                       | Mailing Address PO Box 476  |             |                                 |      |               |           | 02 12 2020   |  |  |  |  |
|                       | City  | State<br>PA | Zip Code                        |      |               |           | FEC Identification Number  |  |  |  |  |
|                       | Lyndora<br>Purpose of Disbursement  | гн          | 16045                           |      |               |           | C C00474480  |  |  |  |  |
|                       |   |             |                                 | 0    | 11            |           | C C00474189  |  |  |  |  |
|                       | Candidate Name  |             |                                 | Cate | gory          | ,         | Transaction ID : 10496782<br>Amount of Each Disbursement this Period |  |  |  |  |
|                       | Kelly, George, , , Jr   |             |                                 |      | /pe           |           |  |  |  |  |  |
|                       |   | ment For:   |                                 |      |               |           | 1000.00  |  |  |  |  |
|                       | Senate  | Primary     | <b>x</b> General                |      |               |           | . ,  |  |  |  |  |
|                       | President   | Other (spec | сіту)                           |      |               |           | Memo Item  |  |  |  |  |
|                       | State: PA District: 03  |             |                                 |      |               |           |  |  |  |  |  |
| С                     | Full Name (Last, First, Middle Initial)   |             |                                 |      |               |           | Date of Disbursement   |  |  |  |  |
| 0.                    | Blue Dog PAC  |             |                                 |      |               |           |  |  |  |  |  |
|                       | Mailing Address 209 Pennslyvania Ave SE   |             |                                 |      |               | $\neg$    | 02 12 2020   |  |  |  |  |
|                       |   |             |                                 |      |               |           |  |  |  |  |  |
|                       | City  | State       | Zip Code                        |      |               |           | FEC Identification Number  |  |  |  |  |
|                       | Washington Purpose of Disbursement  | DC          | 20003                           |      |               |           | C 000205248  |  |  |  |  |
|                       | 2020 Annual Dues  |             |                                 | 0    | 11            |           | C C00305318  |  |  |  |  |
|                       | Candidate Name  |             |                                 | _    | -             |           | Transaction ID : 10496783<br>Amount of Each Disbursement this Period |  |  |  |  |
|                       |   |             |                                 |      | egory.<br>/pe |           |  |  |  |  |  |
|                       | Office Sought: House Disburse   | ment For:   |                                 |      |               |           | 5000.00  |  |  |  |  |
|                       | Senate  | Primary     | General                         |      |               |           | 2020 Annual Dues   |  |  |  |  |
|                       | President   | Other (spec | cify) 🔻                         |      |               | Memo Item |  |  |  |  |  |
| _                     | State: District:  |             |                                 |      |               |           |  |  |  |  |  |
| _                     |   |             |                                 |      |               |           | 6500.00  |  |  |  |  |
| L                     | <b>UBTOTAL</b> of Disbursements This Page (optional).   |             |                                 |      | )             |           | 0000.00  |  |  |  |  |
| -                     | OTAL This Period (last page this line number only   | ()          |                                 |      |               |           |  |  |  |  |  |
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| S             | CHEDULE B (FEC Form 3X)   |                         |                                   | F      | OR I  |            | NUMBER:  |           | F                      | PAGE       | 272 OF 300     |  |  |  |
|---------------|---|-------------------------|-----------------------------------|--------|-------|------------|--|-----------|------------------------|------------|----------------|--|--|--|
| IT            | EMIZED DISBURSEMENTS  |                         | arate schedule(s) category of the |        |       | c only     | one)   | 7.65      |                        |            |                |  |  |  |
|               |   |                         | Summary Page                      |        | Щ     | 21b<br>28a | 22 <b>X</b><br>28b   | 23<br>28c | 26                     |            | 27<br>30b      |  |  |  |
| Δ.            | av information conied from such Deports and State   |                         | not be cold or up                 |        |       |            |  |           |                        |            |                |  |  |  |
|               | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |                         |                                   |        |       |            |  |           |                        |            |                |  |  |  |
| $  \setminus$ | NAME OF COMMITTEE (In Full)   | \                       |                                   |        | س     | h e := -   |  |           | ~ ~                    | <u>ه</u> م |                |  |  |  |
|               | Political Action Committee of the A   | American                | Association                       | 1 Of ( |       | nopa       | aeaic Sui  | geoi      | IISP                   |            | UT AAUS        |  |  |  |
| Α.            | Full Name (Last, First, Middle Initial)<br>Joe Wilson For Congress                                    |                         |                                   |        |       |            | Date of Di   | sburse    | ment                   |            |                |  |  |  |
|               |   |                         |                                   |        |       |            | M M /  | D         |                        |            | Y Y Y          |  |  |  |
|               | Mailing Address PO Box 2145   |                         | 1                                 |        |       |            | 02   | 1         | 2                      |            | 2020           |  |  |  |
|               | City<br>West Columbia   | State<br>SC             | Zip Code<br>29171                 |        |       |            | FEC Identi   | ficatio   | n Numb                 | er         |                |  |  |  |
|               | Purpose of Disbursement   |                         |                                   | _      | _     |            | C CO   | 036852    | 22                     |            |                |  |  |  |
|               |   |                         |                                   | C      | 011   |            |  | 1 - C     | <br>ID : 104           | 1967       | 85             |  |  |  |
|               | Candidate Name  |                         |                                   | Cate   | egory | y/         |  |           |                        |            | nt this Period |  |  |  |
|               | Wilson, Joe, , ,  |                         |                                   | T      | ype   |            |  |           |                        |            | 1000.00        |  |  |  |
|               | Office Sought: X House Disburse<br>Senate X   | ement For: 2<br>Primary | 2020<br>General                   |        |       |            |  | 7         |                        |            | 1000.00        |  |  |  |
|               | President   | Other (spe              |                                   |        |       |            | Memo   | Item      |                        |            |                |  |  |  |
|               | State: SC District: 00  |                         |                                   |        |       |            |  |           |                        |            |                |  |  |  |
| В.            | Full Name (Last, First, Middle Initial)<br>Robin Kelly For Congress                                   |                         |                                   |        |       |            | Date of Di   | sburse    | ment                   |            |                |  |  |  |
|               |   |                         |                                   |        |       |            | M M /  |           | D /                    | Y          | Y Y Y          |  |  |  |
|               | Mailing Address PO Box 3411   |                         |                                   |        |       |            | 02   |           | 2                      |            | 2020           |  |  |  |
|               | City  | State                   | Zip Code                          |        |       |            | FEC Identi   | fication  | n Numb                 | er         |                |  |  |  |
|               | Chicago Purpose of Disbursement   | IL                      | 60654                             |        |       |            |  | 052000    | 26                     |            | -              |  |  |  |
|               |   | 011                     |                                   |        |       |            | •  | 053986    | - 1                    | 1007       |                |  |  |  |
|               | Candidate Name  |                         |                                   | Cate   | egory | v/         | Transaction ID : 10496786<br>Amount of Each Disbursement this Period |           |                        |            |                |  |  |  |
|               | Kelly, Robin, , Rep.,   |                         |                                   |        | ype   |            |  |           |                        |            |                |  |  |  |
|               | ° <b>"</b>  | -                       | 2020                              |        |       |            |  |           |                        |            | 1000.00        |  |  |  |
|               | Senate<br>President   | Primary<br>Other (spec  | General                           |        |       |            |  |           |                        |            |                |  |  |  |
| _             | State: IL District: 02  |                         |                                   |        |       |            | Memo   | Item      |                        |            |                |  |  |  |
| _             | Full Name (Last, First, Middle Initial)   |                         |                                   |        |       |            | Data ( D   | a h       |                        |            |                |  |  |  |
| U.            | Patriots For Perry  |                         |                                   |        |       |            | Date of Di   |           |                        | V -        | V              |  |  |  |
|               | Mailing Address PO Box 633  |                         |                                   |        |       |            | 02 /   | D<br>1    |                        |            | 2020           |  |  |  |
|               | City  | State                   | Zip Code                          |        |       |            | FEC Identi   | ficatio   | n Numb                 | er         |                |  |  |  |
|               | New Cumberland Purpose of Disbursement  | PA                      | 17070                             |        |       |            |  | 05101     | 84                     |            | _              |  |  |  |
|               |   |                         |                                   | C      | 011   |            | 0  |           | <sup>04</sup><br>ID:10 | 1067       | 07             |  |  |  |
|               | Candidate Name  |                         |                                   | Cate   | egory | v/         |  |           | -                      |            | nt this Period |  |  |  |
|               | Perry, Scott, , Rep.,   |                         |                                   | Т      | ype   | -          |  |           |                        | -          | 4500.00        |  |  |  |
|               | Conoto  | ement For: 2            |                                   |        |       |            |  | -9-       | -                      |            | 1500.00        |  |  |  |
|               | Senate x  | Primary<br>Other (spe   | General<br>cifv) ▼                |        |       |            | <b>—</b>   |           |                        |            |                |  |  |  |
|               | State: PA District: 10  |                         | (ilig)                            |        |       |            | Memo   | Item      |                        |            |                |  |  |  |
| Γ             |   |                         |                                   |        |       | (          |  |           |                        | -          |                |  |  |  |
| 5             | <b>SUBTOTAL</b> of Disbursements This Page (optional).  |                         |                                   |        |       |            |  | -9        |                        |            | 3500.00        |  |  |  |
| 1             | OTAL This Period (last page this line number only   | /)                      |                                   |        |       |            |  |           |                        |            |                |  |  |  |
| 1'            |   | ,,                      |                                   |        |       |            |  | 7         | ,                      |            |                |  |  |  |

| S            | CHEDULE B (FEC Form 3X)   |                       |                                   | FOR            |             | NUMBER:                              | PAGE 273 OF 300                      |  |  |  |  |  |  |
|--------------|---|-----------------------|-----------------------------------|----------------|-------------|--------------------------------------|--------------------------------------|--|--|--|--|--|--|
| IT           | EMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the |                | ck only     | one)                                 |                                      |  |  |  |  |  |  |
|              |   |                       | Summary Page                      |                | 21b         | 22 X 23                              | 26 27                                |  |  |  |  |  |  |
| _            |   |                       |                                   |                | 28a         | 28b 28c                              | 29 30b                               |  |  |  |  |  |  |
|              | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
| $\mathbb{N}$ | NAME OF COMMITTEE (In Full)   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
|              | Political Action Committee of the A   | American              | Association                       | of Or          | thopa       | aedic Surgeons                       | PAC of AAOS                          |  |  |  |  |  |  |
| ^            | Full Name (Last, First, Middle Initial)   |                       |                                   |                |             | Date of Disburseme                   | ant                                  |  |  |  |  |  |  |
| А.           | Wenstrup For Congress   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
|              | Mailing Address PO Box 9551   |                       |                                   |                |             | 02 12                                | 2020                                 |  |  |  |  |  |  |
|              | City  | State                 | Zip Code                          |                |             | FEC Identification N                 | lumber                               |  |  |  |  |  |  |
|              | Cincinnati  | ОН                    | 45209                             |                |             |                                      |                                      |  |  |  |  |  |  |
|              | Purpose of Disbursement   |                       |                                   | 011            |             | C C00497818                          |                                      |  |  |  |  |  |  |
|              | Candidate Name  |                       |                                   |                |             | Transaction ID                       |                                      |  |  |  |  |  |  |
|              | Wenstrup, Brad, , Rep.,   |                       |                                   | Catego<br>Type |             | Amount of Each Dis                   | sbursement this Period               |  |  |  |  |  |  |
|              |   | ment For:             | 2020                              | .,,,,,,        |             |                                      | 2500.00                              |  |  |  |  |  |  |
|              | Senate  | Primary               | X General                         |                |             |                                      |                                      |  |  |  |  |  |  |
|              | State: OH District: 02  | Other (spe            | cify) 🔻                           |                |             | Memo Item                            |                                      |  |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
| Β.           | House Conservatives Fund  |                       |                                   |                |             | Date of Disburseme                   | ent                                  |  |  |  |  |  |  |
|              | Mailing Address 228 S. Washington St.   |                       |                                   |                |             | 02 / D D                             | / Y Y Y Y<br>2020                    |  |  |  |  |  |  |
|              | Suite 115   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
|              | City  | State                 | Zip Code                          |                |             | FEC Identification N                 | lumber                               |  |  |  |  |  |  |
|              | Alexandria<br>Purpose of Disbursement   | VA                    | 22314                             |                |             |                                      |                                      |  |  |  |  |  |  |
|              | 2020 Annual Membership  |                       |                                   |                |             | C C00326439                          |                                      |  |  |  |  |  |  |
|              | Candidate Name  |                       |                                   | Catego         | rv/         | Transaction ID<br>Amount of Each Dis | : 10496789<br>sbursement this Period |  |  |  |  |  |  |
|              |   |                       |                                   | Туре           |             |                                      |                                      |  |  |  |  |  |  |
|              |   | ement For:            |                                   |                |             |                                      | 5000.00                              |  |  |  |  |  |  |
|              | Senate President  | Primary<br>Other (spe | General                           |                |             | 202                                  | 20 Annual Membership                 |  |  |  |  |  |  |
|              | State: District:  |                       | city)                             |                |             | Memo Item                            |                                      |  |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
| C.           | Dr John Joyce For Congress  |                       |                                   |                |             | Date of Disburseme                   | ent                                  |  |  |  |  |  |  |
|              | Mailing Address 1002 Logan Blvd   |                       |                                   |                |             | 02 / D D                             | / Y Y Y Y<br>2020                    |  |  |  |  |  |  |
|              | Ste 114   |                       |                                   |                |             |                                      | 2020                                 |  |  |  |  |  |  |
|              | City  | State                 | Zip Code                          |                |             | FEC Identification N                 | lumber                               |  |  |  |  |  |  |
|              | Altoona<br>Purpose of Disbursement  | PA                    | 16602                             |                |             |                                      |                                      |  |  |  |  |  |  |
|              |   |                       | 011                               |                | C C00674259 | - 40400700                           |                                      |  |  |  |  |  |  |
|              | Candidate Name  |                       |                                   | Catego         | orv/        | Transaction ID<br>Amount of Each Dis | sbursement this Period               |  |  |  |  |  |  |
|              | Joyce, John, , ,  |                       |                                   | Туре           |             |                                      |                                      |  |  |  |  |  |  |
|              |   | ment For: 2           |                                   |                |             |                                      | 1000.00                              |  |  |  |  |  |  |
|              | Senate x  | Primary<br>Other (spe | General                           |                |             | -                                    |                                      |  |  |  |  |  |  |
|              | State: PA District: 13  |                       | Guy) ▼                            |                |             | Memo Item                            |                                      |  |  |  |  |  |  |
|              |   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional).  |                       |                                   |                |             |                                      | 8500.00                              |  |  |  |  |  |  |
| $\vdash$     |   |                       |                                   |                |             |                                      |                                      |  |  |  |  |  |  |
| T            | <b>OTAL</b> This Period (last page this line number only  | /)                    |                                   |                |             |                                      |                                      |  |  |  |  |  |  |

| S            | CHEDULE B (FEC Form 3X)  |                        |                                   | FO           | RLIN  | IE N   | UMBER:       |          |       |                           | PAGE     | 274 (                     | DF 300 |
|--------------|--|------------------------|-----------------------------------|--------------|-------|--------|--------------|----------|-------|---------------------------|----------|---------------------------|--------|
| IT           | EMIZED DISBURSEMENTS   |                        | arate schedule(s) category of the |              | eck o | nly o  | one)         |          |       |                           | _        |                           |        |
| -            |  |                        | Summary Page                      |              | 21    | L      | 22           |          | 23    | 2                         | L        | 27                        |        |
| _            |  |                        |                                   |              | 28    | a      | 28b          | 2        | 28c   | 29                        | 9        | 30b                       |        |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                        |                                   |              |       |        |              |          |       |                           |          |                           |        |
| $\mathbb{N}$ | NAME OF COMMITTEE (In Full)  |                        |                                   |              |       |        |              |          |       |                           |          |                           |        |
|              | Political Action Committee of the A  | American               | Association                       | of O         | Prtho | pa     | edic S       | urg      | eon   | isF                       | PAC      | of AA                     | AOS    |
| Α.           | Full Name (Last, First, Middle Initial)<br>Andy Kim For Congress                                     |                        |                                   |              |       |        | Date of      | Disb     | urser | nent                      |          |                           |        |
|              |  |                        |                                   |              |       |        | M M          | /        | D     | D /                       | Y        | YY                        | Y      |
|              | Mailing Address PO Box 211   |                        |                                   |              |       |        | 02           |          | 12    |                           | <u> </u> | 2020                      |        |
|              | City   | State                  | Zip Code                          |              |       |        | FEC Ide      | entifica | ation | Num                       | ber      |                           |        |
|              | Marlton Purpose of Disbursement  | NJ                     | 08053                             |              |       | _      |              |          |       |                           | -        |                           |        |
|              |  |                        |                                   | 01           | 1     |        | U            | C0064    |       | 1.00                      | _        |                           |        |
|              | Candidate Name   |                        |                                   | _            |       |        |              |          |       | D:10                      |          | ' <b>91</b><br>ent this F | Poriod |
|              | Kim, Andrew, , Rep.,   |                        |                                   | Cateo<br>Typ |       |        | Amount       |          |       | Jisbul                    | Seine    | an uns 1                  | GHOU   |
|              |  | ement For: 2           | 2020                              | . 1          |       | $\neg$ |              |          | _     |                           |          | 1000.0                    | 0      |
|              | Senate x   | Primary                | General                           |              |       |        |              | 7        |       |                           |          |                           |        |
|              | State: NJ District: 03   | Other (spec            | cify) 🔻                           |              |       |        | Me           | mo Ite   | em    |                           |          |                           |        |
|              | Full Name (Last, First, Middle Initial)  |                        |                                   |              |       |        |              |          |       |                           |          |                           |        |
| В.           | Friends Of Rosa Delauro  |                        |                                   |              |       |        | Date of      | Disb     | urser | nent                      |          |                           |        |
|              | Mailing Address 129 Church St, Ste 818   |                        |                                   |              |       |        | м м<br>02    | 1        | D 12  |                           | Y        | ү ү<br>2020               | Y      |
|              |  |                        | 1                                 |              |       |        |              |          |       |                           | _        |                           |        |
|              | City<br>New Haven  | State<br>CT            | Zip Code<br>06510                 |              |       |        | FEC Ide      | entifica | ation | Num                       | ber      |                           |        |
|              | Purpose of Disbursement  | 01                     | 00510                             |              |       | _      | С            | C0023    | 2006  | 5                         |          | _                         |        |
|              |  |                        |                                   | 01           | 11    |        |              |          |       | _                         | 4007     |                           |        |
|              | Candidate Name   |                        |                                   | Categ        | aorv/ |        |              |          |       | D:10<br>Disbur            |          | 92<br>ent this f          | Period |
|              | Delauro, Rosa, , ,   |                        |                                   | Тур          |       |        |              |          | -     |                           | -        |                           |        |
|              |  | ment For:              |                                   |              |       |        |              |          | _     |                           | <u> </u> | 1000.0                    | 0      |
|              | Senate<br>President  | Primary<br>Other (spec | General                           |              |       |        | _            |          |       |                           |          |                           |        |
|              | State: CT District: 03   | Other (spec            | Convention202                     | 20           |       |        | Me           | mo Ite   | em    |                           |          |                           |        |
| -            | Full Name (Last, First, Middle Initial)  |                        |                                   |              |       | T      |              |          |       |                           |          |                           |        |
| C.           | Bucshon For Congress   |                        |                                   |              |       |        | Date of      | Disb     | urser | nent                      |          |                           |        |
|              | Mailing Address PO Box 250   |                        |                                   |              |       | _      | M M<br>02    | 1        | D 12  |                           | Y        | y y y<br>2020             | Y      |
|              |  |                        |                                   |              |       |        | 02           |          | 12    |                           | <u> </u> | 2020                      |        |
|              | City   | State                  | Zip Code                          |              |       |        | FEC Ide      | entific  | ation | Num                       | ber      |                           |        |
|              | Newburgh<br>Purpose of Disbursement  | IN                     | 47629                             |              |       |        | $\mathbf{C}$ | C00 4    | 6005  | e                         | -        |                           |        |
|              |  |                        |                                   | 01           | 1     |        | 0            | C004     |       | -                         |          |                           |        |
|              | Candidate Name   |                        |                                   | Categ        |       |        |              |          |       | 1 <b>D : 1(</b><br>Disbur |          | ' <b>93</b><br>ent this I | Period |
|              | Bucshon, Larry, , ,  |                        |                                   | Тур          |       |        | , ano ano    | 01 20    |       | Siebui                    |          |                           | onou   |
|              |  | ment For: 2            | 2020                              |              |       |        |              |          | _     |                           |          | 1500.0                    | 0      |
|              | Senate   | Primary                | <b>★</b> General                  |              |       |        |              |          |       |                           |          |                           |        |
|              | State: IN District: on   | Other (spec            | cify) 🔻                           |              |       |        | Me           | mo Ite   | em    |                           |          |                           |        |
|              | State: IN District: 08   |                        |                                   |              |       |        |              | _        | _     | _                         | _        |                           |        |
| 5            | UBTOTAL of Disbursements This Page (optional).   |                        |                                   |              | ⊾     |        |              |          |       |                           | _        | 3500.0                    | 00     |
| Ĕ            |  |                        |                                   |              |       | -      |              | 1        |       |                           | 7        |                           |        |
| т            | OTAL This Period (last page this line number only  | /)                     |                                   |              | ►     |        |              |          |       |                           | ,        |                           |        |

| SCHEDULE B (FEC Form 3X)  |  |  | FOR LINE                 | NUMBER: PAGE 275 OF 300  |
|---|--|--|--------------------------|--|
| TEMIZED DISBURSEMENTS   | for each   | arate schedule(s)<br>category of the<br>Summary Page | (check on<br>21b<br>28a  | ly one)<br>22 <b>X</b> 23 26 27  |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the A   | merican  | Association  | of Orthop                | paedic SurgeonsPAC of AAOS   |
| Full Name (Last, First, Middle Initial)<br>A. Jason Smith For Congress<br>Mailing Address PO Box 1324     |  |  |                          | Date of Disbursement   |
| City<br>Cape Girardeau  | State<br>MO  | Zip Code<br>63702                                    |                          | FEC Identification Number  |
| Purpose of Disbursement<br>Candidate Name<br>Smith, Jason, , ,  |  |  | 011<br>Category/<br>Type | C C00541862<br>Transaction ID : 10496794<br>Amount of Each Disbursement this Period  |
| Office Sought:<br>House Disburse<br>Senate President<br>State: MO District: 08                            | ment For: 2<br>Primary<br>Other (spe                 | General  |                          | 1500.00<br>Memo Item   |
| Full Name (Last, First, Middle Initial) B. David Rouzer For Congress Mailing Address PO Box 3142          |  |  |                          | Date of Disbursement   |
| •-  | State<br>NC<br>ment For: ;<br>Primary<br>Other (spec | General  | 011<br>Category/<br>Type | FEC Identification Number<br>C C00501643<br>Transaction ID : 10496796<br>Amount of Each Disbursement this Period<br>1000.00<br>Memo Item |
| Full Name (Last, First, Middle Initial) C. Rodney For Congress Mailing Address PO Box 344                 |  |  |                          | Date of Disbursement   |
| City<br>Taylorville<br>Purpose of Disbursement<br>Candidate Name<br>Davis, Rodney, L., Rep.,              | State<br>IL  | Zip Code<br>62568                                    | 011<br>Category/<br>Type | FEC Identification Number C C00521948 Transaction ID : 10496798 Amount of Each Disbursement this Period                                  |
| Office Sought:  House Disburse Senate President State: IL District: 13                                    | ment For: 2<br>Primary<br>Other (spe                 | <b>x</b> General                                     |                          | 1500.00  |
| SUBTOTAL of Disbursements This Page (optional).   |  |  | F                        | 4000.00  |

| S         | CHEDULE B (FEC Form 3X)  |                       |                                      | F      | OR I II       | NE NUMBER: PAGE 276 OF  | 300    |  |  |  |  |  |
|-----------|--|-----------------------|--------------------------------------|--------|---------------|---|--------|--|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS   |                       | arate schedule(s)<br>category of the |        | heck o        | only one)   |        |  |  |  |  |  |
|           |  |                       | Summary Page                         |        |               | 1b     22 <b>X</b> 23     26     27       3a     28b     28c     29     30b |        |  |  |  |  |  |
| Ar        | ny information copied from such Reports and State                | ments mav             | not be sold or us                    | ed by  |               |   | ns     |  |  |  |  |  |
|           | for commercial purposes, other than using the na                 |                       |                                      |        |               |   |        |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)                                      |                       |                                      |        | <b>.</b>      |   |        |  |  |  |  |  |
| /         | Political Action Committee of the A                              | American              | Association                          | n of ( | Ortho         | opaedic SurgeonsPAC of AAC  | DS     |  |  |  |  |  |
| <u> </u>  | Full Name (Last, First, Middle Initial)                          |                       |                                      |        |               |   |        |  |  |  |  |  |
| Α.        | VIEW PAC   |                       |                                      |        |               | Date of Disbursement  |        |  |  |  |  |  |
|           | Mailing Address 3106 Russell Road                                |                       |                                      |        |               | 02 12 2020  | 1      |  |  |  |  |  |
|           | Maining Audress 3100 Russen Road                                 |                       |                                      |        |               |   |        |  |  |  |  |  |
|           | City   | State                 | Zip Code                             |        |               | FEC Identification Number   |        |  |  |  |  |  |
|           | Alexandria<br>Purpose of Disbursement                            | VA                    | 22305                                |        |               | C 000227490   |        |  |  |  |  |  |
|           | Annual Contribution  |                       |                                      | 0      | )11           | C C00327189<br>Transaction ID : 10496799                                    |        |  |  |  |  |  |
|           | Candidate Name   |                       |                                      | Cate   | egory/        | Amount of Each Disbursement this Per  | iod    |  |  |  |  |  |
|           | Office Sought: House Disburse                                    | ement For:            |                                      |        | ype           | 5000.00   |        |  |  |  |  |  |
|           | Senate   | Primary               | General                              |        |               |   |        |  |  |  |  |  |
|           | President  | Other (spe            | cify) 🔻                              |        |               | Annual Contribution   |        |  |  |  |  |  |
|           | State: District:   | _                     |                                      |        |               |   |        |  |  |  |  |  |
| B         | Full Name (Last, First, Middle Initial)<br>Thom Tillis Committee |                       |                                      |        |               | Date of Disbursement  |        |  |  |  |  |  |
| υ.        | Thom this Committee  |                       |                                      |        |               |   |        |  |  |  |  |  |
|           | Mailing Address PO Box 97396                                     |                       |                                      |        |               | 02 19 2020  |        |  |  |  |  |  |
|           | City   | State                 | Zip Code                             |        |               |   |        |  |  |  |  |  |
|           | Raleigh  | NC                    | 27624                                |        |               | FEC Identification Number   |        |  |  |  |  |  |
|           | Purpose of Disbursement<br>Void - Thom Tillis Committee          |                       |                                      |        | )11           | C C00545772   |        |  |  |  |  |  |
|           | Candidate Name   |                       |                                      |        |               | Transaction ID : 10503135<br>Amount of Each Disbursement this Per           | iod    |  |  |  |  |  |
|           | Tillis, Thom, , ,  | Catego<br>Type        |                                      |        |               |   | iou    |  |  |  |  |  |
|           |  | -                     | 2020                                 |        |               | - 3500.00   |        |  |  |  |  |  |
|           | x Senate<br>President  | Primary<br>Other (spe | General                              |        |               | Void - Thom Tillis Com  | mittee |  |  |  |  |  |
|           | State: NC District:  |                       |                                      |        |               | Memo Item   |        |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)                          |                       |                                      |        |               |   |        |  |  |  |  |  |
| C.        | Knute For Congress   |                       |                                      |        |               | Date of Disbursement  | _      |  |  |  |  |  |
|           | Mailing Address PO Box 190                                       |                       |                                      |        |               | 02 19 2020  |        |  |  |  |  |  |
|           |  | 1                     |                                      |        |               |   |        |  |  |  |  |  |
|           | City<br>Redmond  | State<br>OR           | Zip Code<br>97756                    |        |               | FEC Identification Number   |        |  |  |  |  |  |
|           | Purpose of Disbursement  | ÖN                    | 51150                                | _      | _             | C C00730507   |        |  |  |  |  |  |
|           |  |                       |                                      | 0      | )11           | Transaction ID : 10503305   |        |  |  |  |  |  |
|           | Candidate Name<br>Buehler, Knute, , ,                            |                       |                                      |        | egory/<br>ype | Amount of Each Disbursement this Per  | iod    |  |  |  |  |  |
|           |  | ement For:            | 2020                                 | 1      | ype           | 5000.00   |        |  |  |  |  |  |
|           | Senate 🗶   | Primary               | General                              |        |               |   |        |  |  |  |  |  |
|           | State: OR District: 02   | Other (spe            | cify) 🔻                              |        |               | Memo Item   |        |  |  |  |  |  |
|           | State: OR District: 02   |                       |                                      |        |               |   | _      |  |  |  |  |  |
| s         | <b>SUBTOTAL</b> of Disbursements This Page (optional)            |                       |                                      |        | 🕨             | . 6500.00   |        |  |  |  |  |  |
|           |  | <u> </u>              |                                      |        |               |   |        |  |  |  |  |  |
| I I       | <b>OTAL</b> This Period (last page this line number only         | /)                    |                                      |        | ····· Þ       |   |        |  |  |  |  |  |

| S  | CHEDULE B (FEC Form 3X)   |                                       |   | FOR LIN                                 | E NUMBER: PAGE 277 OF 300   |  |  |  |  |  |
|----|---|---------------------------------------|---|---|---|--|--|--|--|--|
| IT | EMIZED DISBURSEMENTS  | for each o                            | rate schedule(s)<br>category of the<br>Summary Page | (check or<br>21b<br>28a                 | nly one)<br>22 <b>X</b> 23 26 27  |  |  |  |  |  |
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|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A  | merican                               | Association   | of Ortho                                | paedic SurgeonsPAC of AAOS  |  |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Citizens For Boyle<br>Mailing Address PO Box 14310                                     |                                       |   |   | Date of Disbursement  |  |  |  |  |  |
|    |   | State                                 | Zip Code  |   | FEC Identification Number   |  |  |  |  |  |
|    | Philadelphia<br>Purpose of Disbursement   | PA                                    | 19115   | 011                                     | C C00543363   |  |  |  |  |  |
|    | Candidate Name<br>Boyle, Brendan, F., Rep.,   |                                       |   | Category/<br>Type                       | Transaction ID : 10503309<br>Amount of Each Disbursement this Period                |  |  |  |  |  |
|    | Senate X<br>President   | ment For: 2<br>Primary<br>Other (spec | General   |   | Memo Item   |  |  |  |  |  |
| в. | State:       PA       District:       02         Full Name (Last, First, Middle Initial)         Republican Attorneys General Ass | sociation                             |   |   | Date of Disbursement  |  |  |  |  |  |
|    | Mailing Address 1747 Penn Avenue NW<br>Suite 800  |                                       | 1   |   | 02 27 2020  |  |  |  |  |  |
|    | Washington<br>Purpose of Disbursement<br>2020 RAGA Membership   | State<br>DC                           | Zip Code<br>20006                                   | 011                                     | FEC Identification Number<br>C C00560904<br>Transaction ID : 10511732               |  |  |  |  |  |
|    | Candidate Name  |                                       |   | Category/<br>Type                       | Amount of Each Disbursement this Period   |  |  |  |  |  |
|    | Office Sought: House Disbursed<br>Senate President District:  | ment For:<br>Primary<br>Other (spec   | General<br>cify)                                    |   | 2020 RAGA Membership<br>Memo Item   |  |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>Democratic Attorneys General Ass   | ociation                              |   |   | Date of Disbursement  |  |  |  |  |  |
|    | Mailing Address 1350 I Street NW<br>Suite 300   |                                       |   |   | 02 27 2020  |  |  |  |  |  |
|    | City<br>Washington<br>Purpose of Disbursement   | State<br>DC                           | Zip Code<br>20005                                   |   | FEC Identification Number   |  |  |  |  |  |
|    | 2020 Membership Fee<br>Candidate Name   |                                       |   | 011<br>Category/<br>Type                | C C00638320<br>Transaction ID : 10511733<br>Amount of Each Disbursement this Period |  |  |  |  |  |
|    | Office Sought: House Disburser<br>Senate President District:  | ment For:<br>Primary<br>Other (spec   | General<br>cify) ▼                                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2020 Membership Fee<br>Memo Item  |  |  |  |  |  |
| s  | UBTOTAL of Disbursements This Page (optional)   |                                       |   | •••••                                   | 31000.00  |  |  |  |  |  |
| т  | OTAL This Period (last page this line number only   | )                                     |   | ····· ►                                 |   |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |                        |                                   | FC      | DR L         | R LINE NUMBER: PAGE 278 C |  |        |           |      |        | 278 OF 3      | 300 |  |  |
|---|------------------------|-----------------------------------|---------|--------------|---------------------------|--|--------|-----------|------|--------|---------------|-----|--|--|
| ITEMIZED DISBURSEMENTS  |                        | arate schedule(s) category of the |         | heck         | only                      | / one)                                   |        |           |      |        |               |     |  |  |
|   |                        | Summary Page                      |         |              | 21b<br>28a                | 22<br>28b                                |        | 23<br>28c | 2    | Ľ      | 27<br>30b     |     |  |  |
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| or for commercial purposes, other than using the na                 | me and addr            | ress of any politica              | al com  | nmitte       | e to                      | solicit co                               | ntribu | itions    | from | such o | committee.    |     |  |  |
|   |                        | A                                 |         | <b>.</b>     |                           |  |        |           | -    |        |               |     |  |  |
| Political Action Committee of the A                                 | American               | Association                       |         | Jrtr         | iopa                      |  | surg   | jeor      | 1Sŀ  | AC     |               | >   |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Judy Chu For Congress |                        |                                   |         |              |                           | Date of                                  | f Disł | burse     | ment |        |               |     |  |  |
|   |                        |                                   |         |              |                           | M M                                      | /      | D         |      | Y      | Y Y Y         |     |  |  |
| Mailing Address 16633 Ventura Blvd # 1008                           |                        |                                   |         |              |                           | 03 02                                    |        |           |      |        | 2020          |     |  |  |
| City<br>Encino  | State<br>CA            | Zip Code<br>91436                 |         |              |                           | FEC Id                                   | entifi | catior    | Num  | ber    |               |     |  |  |
| Purpose of Disbursement   | 07                     | 51430                             | _       |              |                           | С  | C004   | 45812     | 25   |        |               |     |  |  |
|   |                        |                                   | 0       | 11           |                           |  |        |           |      | )51832 | 23            |     |  |  |
| Candidate Name  |                        |                                   | Cate    | gory         | /                         |  |        |           |      |        | nt this Perio | b   |  |  |
| Chu, Judy, , Rep.,  | mont Free 1            |                                   |         | /pe          |                           |  |        | -         |      |        | 1500.00       | ٦.  |  |  |
|   | ment For: 2<br>Primary | 2020<br>General                   |         |              |                           |  |        |           |      |        | 1300.00       |     |  |  |
| President   | Other (spec            |                                   |         |              |                           |  |        |           |      |        |               |     |  |  |
| State: CA District: 27  | · · ·                  | -                                 |         |              |                           | Memo Item                                |        |           |      |        |               |     |  |  |
| Full Name (Last, First, Middle Initial)                             |                        |                                   |         |              |                           | _  |        |           |      |        |               |     |  |  |
| B. Lance Gooden For Congress Con                                    | nmittee                |                                   |         |              |                           | Date of                                  | t Dist |           | _    |        |               |     |  |  |
| Mailing Address PO Box 2125   |                        |                                   |         |              |                           | M M<br>03                                | 1      | 0         |      |        | y y y<br>2020 |     |  |  |
|   |                        |                                   |         |              |                           |  |        |           |      |        |               |     |  |  |
| City  | State                  | Zip Code                          |         |              |                           | FEC Id                                   | entifi | catior    | Num  | ber    |               |     |  |  |
| Terrell Purpose of Disbursement                                     | ТХ                     | 75160                             |         |              |                           | С  | COOP   | 56260     | 1    |        | -             |     |  |  |
|   |                        |                                   | 0       | 11           |                           | C C00662601<br>Transaction ID : 10518326 |        |           |      |        |               |     |  |  |
| Candidate Name  |                        |                                   | Cate    | gory         | /                         | Amount of Each Disbursement this Period  |        |           |      |        |               | b   |  |  |
| Gooden, Lance, , ,  | mont Free              |                                   |         | /pe          |                           |  |        |           |      |        |               | ٦.  |  |  |
| Office Sought: K House Disburse                                     | ment For: 2<br>Primary | 2020<br>General                   |         |              |                           |  |        |           | _    | -      | 1000.00       |     |  |  |
| President   | Other (spec            |                                   |         |              |                           | Π.,                                      |        |           |      |        |               |     |  |  |
| State: TX District: 05  |                        | - *                               |         |              |                           | L Me                                     | mo l   | tem       |      |        |               |     |  |  |
| Full Name (Last, First, Middle Initial)                             |                        |                                   |         |              |                           | Dat                                      |        |           |      |        |               |     |  |  |
| C. LANK PAC   |                        |                                   |         |              |                           | Date of                                  | r Dist |           |      |        |               |     |  |  |
| Mailing Address PO Box 1639   |                        |                                   |         |              |                           | M M                                      | /      | 02        |      |        | 2020          |     |  |  |
| City  | State                  | Zip Code                          |         |              |                           |  |        |           |      |        |               |     |  |  |
| Bethany   | OK                     | 73008                             |         |              |                           | FEC Id                                   | entifi | catior    | Num  | ber    |               |     |  |  |
| Purpose of Disbursement<br>Lankford's LPAC                          |                        |                                   |         | -            |                           | С  | C004   | 49205     | 58   |        |               |     |  |  |
| Candidate Name  |                        |                                   | 0       | 11           | 41                        | Transaction ID : 10518329                |        |           |      |        |               |     |  |  |
| Candidate Marite  |                        |                                   |         | egory<br>/pe | /                         | Amount of Each Disbursement this Period  |        |           |      |        |               | b   |  |  |
| Office Sought: House Disburse                                       | ment For:              |                                   | . ,     |              |                           |  |        |           |      |        | 2500.00       |     |  |  |
| Senate  | Primary                | General                           |         |              | Lankford                  |  |        | ord's Ll  | PAC  |        |               |     |  |  |
| State: District:  | Other (spec            | cify) 🔻                           |         | Memo Item    |                           |  |        |           |      |        |               |     |  |  |
| State: District:  |                        |                                   |         |              |                           |  | _      | _         |      | _      |               | _   |  |  |
| SUBTOTAL of Disbursements This Page (optional).                     |                        |                                   |         |              |                           |  |        |           |      |        | 5000.00       |     |  |  |
|   |                        |                                   |         |              | _                         |  |        | ,         |      |        |               |     |  |  |
| TOTAL This Period (last page this line number only                  | /)                     |                                   |         |              |                           |  |        | ,         |      | ,      |               |     |  |  |

| SCHEDULE B (FEC Form 3X)   |                                       |  | FOR                   | LINE I                | NUMBER: PAGE 279 OF 300   |  |  |  |  |  |
|--|---------------------------------------|--|-----------------------|-----------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each                              | arate schedule(s)<br>category of the<br>Summary Page | (chec                 | ck only<br>21b<br>28a | one)<br>22 X 23 26 27<br>28b 28c 29 30b   |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the A  | merican                               | Association  | of Or                 | thopa                 | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |                                       |  |                       |                       | Date of Disbursement  |  |  |  |  |  |
| A. Matsui For Congress<br>Mailing Address PO Box 1738  |                                       |  |                       |                       | 03 02 2020  |  |  |  |  |  |
| ,  | State<br>CA                           | Zip Code   |                       |                       | FEC Identification Number   |  |  |  |  |  |
| Sacramento<br>Purpose of Disbursement  |                                       | 95812  | 011                   | 7                     | C C00409219   |  |  |  |  |  |
| Candidate Name<br>Matsui, Doris, , ,   |                                       |  | Catego<br>Type        |                       | Transaction ID : 10518332<br>Amount of Each Disbursement this Period            |  |  |  |  |  |
| Office Sought: X House Disburse<br>Senate X<br>President   | ment For: 2<br>Primary<br>Other (spec | General  |                       |                       | 1000.00   |  |  |  |  |  |
| State: CA District: 05<br>Full Name (Last, First, Middle Initial)  |                                       | Sily) V  |                       |                       | Memo Item   |  |  |  |  |  |
| B. Brady For Congress Mailing Address PO Box 8277  |                                       |  |                       |                       | Date of Disbursement  |  |  |  |  |  |
|  | State                                 | Zip Code   |                       |                       |   |  |  |  |  |  |
| The Woodlands<br>Purpose of Disbursement   | ТХ                                    | 77387  | 011                   | 7                     | FEC Identification Number   |  |  |  |  |  |
| Candidate Name Brady, Kevin, , , Office Sought:  | ment For:                             | 2000   | Catego<br>Type        |                       | Transaction ID : 10518335<br>Amount of Each Disbursement this Period<br>2500.00 |  |  |  |  |  |
|  | Primary<br>Other (spec                | 2020<br>General<br>cify)                             |                       |                       | Memo Item   |  |  |  |  |  |
| State: TX District: 08<br>Full Name (Last, First, Middle Initial)  |                                       |  |                       |                       |   |  |  |  |  |  |
| C. Julia Brownley For Congress   |                                       |  |                       |                       | Date of Disbursement  |  |  |  |  |  |
| Mailing Address PO Box 2018  | State                                 | Zip Code   |                       |                       |   |  |  |  |  |  |
| Thousand Oaks<br>Purpose of Disbursement   | CA                                    | 91358  |                       | _                     | FEC Identification Number   |  |  |  |  |  |
| Candidate Name<br>Brownley, Julia, , Rep.,   |                                       |  | 011<br>Catego<br>Type | ory/                  | Transaction ID : 10518363<br>Amount of Each Disbursement this Period            |  |  |  |  |  |
| Office Sought:<br>Senate<br>President  | ment For: 2<br>Primary<br>Other (spec | General  |                       |                       | 2000.00   |  |  |  |  |  |
| State: CA District: 26   |                                       | <i>j)</i> ¥  |                       |                       | Memo Item   |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |                                       |  |                       |                       | 5500.00   |  |  |  |  |  |
| TOTAL This Period (last page this line number only   | )                                     |  |                       |                       | · · · · · · · · · · · · ·   |  |  |  |  |  |

| S            | CHEDULE B (FEC Form 3X)   |                                       |  | FC              | OR LINE                                 | NUMBER: PAGE 280 OF 300   |  |  |  |  |  |
|--------------|---|---------------------------------------|--|-----------------|---|---|--|--|--|--|--|
| IT           | EMIZED DISBURSEMENTS  |                                       | arate schedule(s) category of the          |                 | heck only                               | / one)  |  |  |  |  |  |
|              |   |                                       | Summary Page                               |                 | 21D<br>28a                              | 22         X         23         26         27           28b         28c         29         30b  |  |  |  |  |  |
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| $\backslash$ | NAME OF COMMITTEE (In Full)   |                                       | A 1.1                                      |                 | <b>-</b>                                |   |  |  |  |  |  |
| Ľ            | Political Action Committee of the A   | merican                               | Association                                | of (            | Jrthop                                  | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |
| Α.           | Full Name (Last, First, Middle Initial)<br>Collins For Texas  |                                       |  |                 |   | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address 6119a Greenville Ave<br>Ste 423   |                                       |  |                 |   | M         M         /         D         D         /         Y |  |  |  |  |  |
|              | City  | State                                 | Zip Code                                   |                 |   | FEC Identification Number   |  |  |  |  |  |
|              | Dallas Purpose of Disbursement  | ТХ                                    | 75206                                      |                 |   |   |  |  |  |  |  |
|              | Fulpose of Disbursement   |                                       |  | 0               | 11                                      | C C00715235   |  |  |  |  |  |
|              | Candidate Name  |                                       |  | Cate            | egory/                                  | Transaction ID : 10518366<br>Amount of Each Disbursement this Period  |  |  |  |  |  |
|              | Collins, Genevieve, , ,   |                                       |  |                 | /pe                                     |   |  |  |  |  |  |
|              | Office Sought:  | ment For: 2<br>Primary<br>Other (spec | General                                    |                 |   | 2500.00   |  |  |  |  |  |
|              | State: TX District: 32  | ouler (sper                           | uiy) <b>∀</b>                              |                 |   | Memo Item   |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)   |                                       |  |                 |   |   |  |  |  |  |  |
| В.           | Texans For Senator John Cornyn  | Inc.                                  |  |                 |   | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address PO Box 13026  |                                       |  |                 |   | 03 02 2020  |  |  |  |  |  |
|              | City<br>Austin  | State<br>TX                           | Zip Code                                   |                 |   | FEC Identification Number   |  |  |  |  |  |
|              | Purpose of Disbursement   |                                       | 78711                                      | -               | _                                       | С соозберозз  |  |  |  |  |  |
|              | Candidate Name  |                                       |  | 0               | 11                                      | Transaction ID : 10518367   |  |  |  |  |  |
|              | Cornyn, John, , Sen.,   |                                       |  |                 | egory/<br>/pe                           | Amount of Each Disbursement this Period   |  |  |  |  |  |
|              |   | ment For:                             | 2020                                       |                 | /pc                                     | 2000.00   |  |  |  |  |  |
|              | × Senate  | Primary                               | <b>x</b> General                           |                 |   |   |  |  |  |  |  |
|              | State: TX District:   | Other (spec                           | cify)                                      |                 |   | Memo Item   |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)   |                                       |  |                 |   | Data of Diaburgament  |  |  |  |  |  |
| С.           | Alamo PAC   |                                       |  |                 |   | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address 816 Congress Ave, Suite 960<br>Frost Bank Plaza                                       |                                       |  |                 |   | 03 02 2020  |  |  |  |  |  |
|              | City<br>Austin  | State<br>TX                           | Zip Code<br>78701                          |                 |   | FEC Identification Number   |  |  |  |  |  |
|              | Purpose of Disbursement<br>Cornyn's LPAC  |                                       |  | 0               | 11                                      | C C00387464   |  |  |  |  |  |
|              | Candidate Name  |                                       |  | Cate            | egory/<br>/pe                           | Transaction ID : 10518368<br>Amount of Each Disbursement this Period  |  |  |  |  |  |
|              | Office Sought: House Disburse   | ment For:                             |  | ,               | , | 1000.00   |  |  |  |  |  |
|              | Senate  | Primary                               | General                                    |                 |   | Cornyn's LPAC   |  |  |  |  |  |
|              | State: District:  | Other (spec                           | cify) 🔻                                    |                 |   | Memo Item   |  |  |  |  |  |
|              | State. District.  |                                       |  |                 |   |   |  |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional).  |                                       |  |                 | ····· <b>&gt;</b>                       | 5500.00   |  |  |  |  |  |
| т            | OTAL This Period (last page this line number only   | )                                     |  |                 | ····· ►                                 |   |  |  |  |  |  |

| S            | CHEDULE B (FEC Form 3X)   |                            |  | FOR                   | LINE 1              | NUMBER: PAGE 281 OF 300   |  |  |  |  |  |
|--------------|---|----------------------------|--|-----------------------|---------------------|---|--|--|--|--|--|
| IT           | EMIZED DISBURSEMENTS  | for each                   | arate schedule(s)<br>category of the<br>Summary Page | (chec                 | ck only             | 22 🗶 23 🗌 26 🗌 27   |  |  |  |  |  |
|              |   |                            | , ,  |                       | 28a                 | 28b 28c 29 30b  |  |  |  |  |  |
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| $\backslash$ | NAME OF COMMITTEE (In Full)   |                            |  |                       |                     |   |  |  |  |  |  |
|              | Political Action Committee of the A   | merican                    | Association  | of Or                 | thopa               | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |
| Α.           | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campa                             | ign Com                    | imitee   |                       |                     | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address 430 S Capitol St SE<br>2nd Floor  |                            |  |                       |                     | 03 / D D / Y Y Y Y<br>02 2020   |  |  |  |  |  |
|              | City Washington   | State<br>DC                | Zip Code<br>20003                                    |                       |                     | FEC Identification Number   |  |  |  |  |  |
|              | Purpose of Disbursement<br>2020 Membership Fee  |                            |  | 011                   |                     | C C00347864   |  |  |  |  |  |
|              | Candidate Name  |                            |  | Catego<br>Type        |                     | Transaction ID : 10518370<br>Amount of Each Disbursement this Period                      |  |  |  |  |  |
|              | Office Sought: House Disburse Senate  | ment For:<br>Primary       | General  | <u> </u>              |                     | 15000.00  |  |  |  |  |  |
|              | State: District:  | Other (spec                | cify) ▼  |                       |                     | 2020 Membership Fee<br>Memo Item  |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)   |                            |  |                       |                     |   |  |  |  |  |  |
| В.           | Democratic National Committee   |                            |  |                       |                     | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address 430 S Capitol Street SE<br>2nd Floor  |                            |  |                       |                     | 03 02 7 Y Y Y Y Y<br>2020   |  |  |  |  |  |
|              | City<br>Washington  | State<br>DC                | Zip Code<br>20003                                    |                       |                     | FEC Identification Number   |  |  |  |  |  |
|              | Purpose of Disbursement<br>2020 Dues  |                            |  | 011                   |                     | C C00010603   |  |  |  |  |  |
|              | Candidate Name  |                            |  | Catego<br>Type        | ory/                | Transaction ID : 10518372<br>Amount of Each Disbursement this Period                      |  |  |  |  |  |
|              | Office Sought: House Disburse   | ment For:                  |  | Type                  | ,<br>               | 15000.00  |  |  |  |  |  |
|              | Senate President  | Primary<br>Other (spec     | General  |                       |                     | 2020 Dues   |  |  |  |  |  |
|              | State: District:  | Other (spec                | Siry)  |                       |                     | Memo Item   |  |  |  |  |  |
| с.           | Full Name (Last, First, Middle Initial)<br>Democratic Senatorial Campaign (                           | Committe                   | 96   |                       |                     | Date of Disbursement  |  |  |  |  |  |
|              | Mailing Address 120 Maryland Avenue, NE   |                            |  |                       |                     | M M / D D / Y Y Y Y<br>03 02 2020   |  |  |  |  |  |
|              | City  | State                      | Zip Code   |                       |                     | FEC Identification Number   |  |  |  |  |  |
|              | Washington Purpose of Disbursement  | DC                         | 20002  |                       | _                   | C C00042366   |  |  |  |  |  |
|              | 2020 Dues Candidate Name  |                            |  | 011<br>Catego<br>Type |                     | Transaction ID : 10518373<br>Amount of Each Disbursement this Period                      |  |  |  |  |  |
|              |   | ment For:                  |  |                       |                     | 15000.00  |  |  |  |  |  |
|              | State:  | Primary<br>Other (spec     | General<br>cify) ▼                                   |                       |                     | 2020 Dues Memo Item   |  |  |  |  |  |
|              | State: District:  |                            |  |                       |                     |   |  |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional).  |                            |  |                       | • •                 | 45000.00  |  |  |  |  |  |
| т            | OTAL This Period (last page this line number only   | )                          |  |                       | • •                 | , ,   |  |  |  |  |  |

| S  | CHEDULE B (FEC Form 3X)   |                                      |  | F                    | DR L         | INE N  | UMBER:  |         |                               |                              | PAGE          | 282 C                         | F 300 |  |
|----|---|--------------------------------------|--|----------------------|--------------|--|---|---------|-------------------------------|------------------------------|---------------|-------------------------------|-------|--|
| IT | EMIZED DISBURSEMENTS  | for each                             | arate schedule(s)<br>category of the<br>Summary Page |                      | heck         | only o<br>21b<br>28a   | y one)<br>22 <b>X</b> 23<br>28b 28c   |         |                               |                              | 26            | 27<br>30b                     |       |  |
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |                                      |  |                      |              |  |   |         |                               |                              |               |                               |       |  |
|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A  | American                             | Association  | of C                 | Drth         | nopa   | edic S  | Surg    | jeor                          | าร                           | PAC           | of AA                         | OS    |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Morgan Griffith For Congress<br>Mailing Address PO Box 361   |                                      |  | Date of Disbursement |              |  |   |         |                               | Y                            |               |                               |       |  |
|    | City  | State                                | Zip Code   |                      |              |  | FEC Id  | entific | catior                        | n Nur                        | nber          |                               |       |  |
|    | Christiansburg<br>Purpose of Disbursement   | VA                                   | 24068  | 0                    | 11           | 1  | U   | C004    |                               |                              | 05492         | 74                            |       |  |
|    | Candidate Name<br>Griffith, H Morgan, , ,<br>Office Sought:<br>Senate<br>President  | ment For: 2<br>Primary<br>Other (spe | General  |                      | egory<br>ype | /  | Transaction ID : 10518374         Amount of Each Disbursement         1         Memo Item |         |                               |                              |               |                               |       |  |
| B. | State:       VA       District:       09         Full Name (Last, First, Middle Initial)         Kansas Leadership PAC         Mailing Address       PO Box 26141   | eadership PAC                        |  |                      |              |  |   |         | Date of Disbursement          |                              |               |                               |       |  |
|    | City<br>Alexandria<br>Purpose of Disbursement<br>Marshall LPAC<br>Candidate Name  | State<br>VA                          | Zip Code<br>22313                                    | Cate                 | )11<br>egory | y/ FEC Identification Number<br>C C00632323<br>Transaction ID : 105<br>Amount of Each Disburse |   |         |                               | 05183                        | -             | eriod                         |       |  |
|    | Office Sought: House Disburse<br>Senate President State: District:  | ment For:<br>Primary<br>Other (spec  | General Cify)  |                      | /1           |  | Marshall LPAC   |         |                               |                              | 3000.00<br>AC |                               |       |  |
| C. | Full Name (Last, First, Middle Initial)<br>Republican National Committee  |                                      |  |                      |              |  | Date of   | f Dist  | ourse                         | _                            | Ŷ             | YY                            | Y     |  |
|    | Mailing Address 310 First Street SE   |                                      |  |                      |              |  | 03  |         | 02                            | 2                            | L             | 2020                          |       |  |
|    | City     State     Zip Code       Washington     DC     20003       Purpose of Disbursement     2020 Dues       Candidate Name     011       Candidate Name     011       Office Sought:     House       Disbursement For:     Senate       Primary     General       President     Other (specify) |                                      |  |                      |              |  |   |         | 00341<br><b>ction</b><br>Each | 18<br><b>ID</b> : 1<br>Disbu | 05183         | 777<br>Int this F<br>15000.00 |       |  |
| _  | State: District:  | Other (spec                          | city) V  |                      |              |  | Me  | mo It   | tem                           |                              |               |                               |       |  |
| s  | UBTOTAL of Disbursements This Page (optional).  |                                      |  |                      |              | •  |   |         | _                             | -                            | -             | 19500.0                       | 0     |  |
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| S                      | CHEDULE B (FEC Form 3X)   |                        |                                   | F    | OR I     | INE N      | NUMBER:  |  | PA                                      | AGE        | 283 OF 300 |  |  |
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| IT                     | EMIZED DISBURSEMENTS  |                        | arate schedule(s) category of the |      | heck     | only       | one)   |  |   |            | 1.0-       |  |  |
|                        |   |                        | Summary Page                      |      |          | 21b<br>28a |  | <b>X</b> 23                            | 26                                      |            | 27<br>30b  |  |  |
|                        |   |                        |                                   |      |          | 28a        | 28b  | 28c                                    | 29                                      |            | 30b        |  |  |
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| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   |                        | <b>A</b>                          |      | <b>.</b> |            |  |  |   |            | ( ) ) 00   |  |  |
|                        | Political Action Committee of the A   |                        | Association                       |      | Jrtr     |            |  | irgeo                                  | nsPA                                    |            | of AAOS    |  |  |
| Α.                     | Full Name (Last, First, Middle Initial)<br>Beth Van Duyne For Congress                                |                        |                                   |      |          |            | Date of  | Disburse                               | ement                                   |            |            |  |  |
|                        |   |                        |                                   |      |          |            | MM   | / D                                    | D /                                     | Y Y        | YY         |  |  |
|                        | Mailing Address PO Box 630167   |                        |                                   |      |          |            | 03   | 0                                      | 2                                       | _20        | 020        |  |  |
|                        | City  | State                  | Zip Code                          |      |          |            | FEC Ide  | ntificatio                             | n Numbe                                 | r          |            |  |  |
|                        | Irving Purpose of Disbursement  | ТХ                     | 75063                             |      |          |            |  |  |   |            | _          |  |  |
|                        |   |                        |                                   | 0    | )11      | 11         | U  | 007148                                 |   |            |            |  |  |
|                        | Candidate Name  |                        |                                   | Cat  | egory    |            |  | saction                                |   | his Period |            |  |  |
|                        | Van Duyne, Elizabeth, , ,   |                        |                                   |      | ype      | ″          | Amount   |  | Disbuist                                | , morn     |            |  |  |
|                        | Office Sought: 🗶 House Disburse   | ment For: 2            | 2020                              |      |          |            |  | -                                      |   | 2          | 2500.00    |  |  |
|                        | Senate 🗶  | Primary                | General                           |      |          |            |  | ,                                      | ,                                       |            |            |  |  |
|                        | State: TX District: 24  | Other (spec            | city) 🔻                           |      |          |            | Merr   | o Item                                 |   |            |            |  |  |
| _                      | Full Name (Last, First, Middle Initial)   |                        |                                   |      |          |            |  |  |   |            |            |  |  |
| Β.                     | Van Taylor Campaign   |                        |                                   |      |          |            | Date of  | Disburse                               | ement                                   |            |            |  |  |
|                        |   |                        |                                   |      |          |            | M M  | / D                                    |   |            | Y Y        |  |  |
|                        | Mailing Address 1900 Preston Road #267 - Pmb 2  |                        |                                   |      |          |            | 03   |  | )2                                      | 20         | 020        |  |  |
|                        | City<br>Plano   | State<br>TX            | Zip Code<br>75093                 |      |          |            | FEC Ide  | ntificatio                             | n Numbe                                 | r          |            |  |  |
|                        | Purpose of Disbursement   |                        | 75095                             | _    | _        | _          | C C00653634  |  |   |            |            |  |  |
|                        |   |                        |                                   | C    | )11      |            | Transaction ID : 10518381  |  |   |            |            |  |  |
|                        | Candidate Name  |                        |                                   | Cate | egory    | //         |  | nount of Each Disbursement this Period |   |            |            |  |  |
|                        | Taylor, Van, , Rep.,  | _                      |                                   |      | ype      |            |  |  |   |            |            |  |  |
|                        |   | ment For: 2            |                                   |      |          |            |  |  |   | Ż          | 2500.00    |  |  |
|                        | Senate x  | Primary<br>Other (spec | General                           |      |          |            |  |  |   |            |            |  |  |
|                        | State: TX District: 03  |                        | 511 <b>9</b> )                    |      |          |            | Merr   | o Item                                 |   |            |            |  |  |
|                        | Full Name (Last, First, Middle Initial)   |                        |                                   |      |          |            |  |  |   |            |            |  |  |
| C.                     | Engel For Congress  |                        |                                   |      |          |            | Date of  | Disburse                               | ement                                   |            |            |  |  |
|                        | Mailing Address 462 California Road   |                        |                                   |      |          |            | м м<br>03  |  | D /<br>2                                |            | )20        |  |  |
|                        | Maning Address 462 California Road  |                        |                                   |      |          |            | 03   |  | 2                                       | 20         | )20        |  |  |
|                        | City  | State                  | Zip Code                          |      |          |            | FEC Ide  | ntificatio                             | n Numbe                                 | r          |            |  |  |
|                        | Bronxville Purpose of Disbursement  | NY                     | 10708                             |      |          |            |  | 000005                                 | 40                                      |            | -          |  |  |
|                        |   |                        |                                   | 0    | )11      | 11         | U  | 002365                                 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |            |            |  |  |
|                        | Candidate Name  |                        |                                   | Cate | egory    | //         | Transaction ID : 10540113<br>Amount of Each Disbursement this Period |  |   |            |            |  |  |
|                        | Engel, Eliot, , ,   |                        |                                   |      | ype      | "          |  |  |   |            |            |  |  |
|                        |   | ment For: 2            |                                   |      |          |            | 1000.00  |  |   |            |            |  |  |
|                        | Senate x  | Primary<br>Other (and  | General                           |      |          |            |  |  |   |            |            |  |  |
|                        | State: NY District: 17  | Other (spec            | uny) ▼                            |      |          |            | Merr   | o Item                                 |   |            |            |  |  |
|                        |   |                        |                                   |      |          |            |  | _                                      | _                                       | _          |            |  |  |
| s                      | <b>UBTOTAL</b> of Disbursements This Page (optional).   |                        |                                   |      |          |            |  |  |   |            | 6000.00    |  |  |
| $\vdash$               | · · · · · · · · · · · · · · · · · · ·   |                        |                                   |      |          |            | _  |  |   |            |            |  |  |
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| S       | CHEDULE B (FEC Form 3X)   |                       |                                   | FC     | DR I         | INE N                   | UMBER:   |         |           |        | PAG    | E 284 (    | DF 300 |
|---------|---|-----------------------|-----------------------------------|--------|--------------|-------------------------|--|---------|-----------|--------|--------|------------|--------|
| IT      | EMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the |        | heck         | only<br>21b             |  |         | 27        |        |        |            |        |
|         |   | Detailed              | Summary Page                      |        |              | 28a                     | 28b  | -       | 23<br>28c | 2      | 6<br>9 | 30b        |        |
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| $\land$ | NAME OF COMMITTEE (In Full)   |                       | <b>.</b>                          |        | <b>•</b> •   |                         |  |         |           |        |        |            |        |
|         | Political Action Committee of the A   | American              | Association                       | n of ( | Jrtr         | nopa                    | aedic S  | Surg    | jeor      | ısŀ    | PAC    | of AA      | AOS    |
| Α.      | Full Name (Last, First, Middle Initial)<br>Terri PAC  |                       |                                   |        |              |                         | Date of Disbursement   |         |           |        |        |            |        |
|         | Mailing Address 499 South Capitol Street SW<br>Suite 422  |                       |                                   |        |              |                         | 03   | /       | D<br>12   |        | Y      | 2020       | Y      |
|         | City  | State                 | Zip Code                          |        |              |                         | FEC Ide  | entific | catior    | Num    | ber    |            |        |
|         | Washington Purpose of Disbursement Terri Sewell LPAC  | DC                    | 20003                             | 0      | 11           |                         | C C00525030  |         |           |        |        |            |        |
|         | Candidate Name  |                       |                                   | Cate   | egory        | //                      | Transaction ID : 10540114<br>Amount of Each Disbursement this Perior |         |           |        |        | Period     |        |
|         | Office Sought: House Disburse   | ement For:            |                                   | IJ     | ype          |                         | Terri Sewell LPAC<br>Memo Item                                       |         |           |        |        |            | 0      |
|         | Senate<br>President   | Primary<br>Other (spe | General<br>cify) ▼                |        |              |                         |  |         |           |        |        |            |        |
|         | State: District:<br>Full Name (Last, First, Middle Initial)   |                       |                                   |        |              |                         |  |         |           |        |        |            |        |
| В.      |   |                       |                                   |        | Date of      | Dist                    | ourse  |         | Y         | ΥΥ     | Y      |            |        |
|         | Mailing Address 406 Virginia Ave  |                       |                                   |        |              |                         |  |         |           |        | 2020   |            |        |
|         | City<br>Alexandria  | State<br>VA           | Zip Code<br>22302                 |        |              |                         | FEC Ide  | entific | catior    | Num    | ber    |            |        |
|         | Purpose of Disbursement<br>Barrasso's LPAC  |                       |                                   | 0      | )11          | ٦                       | C C00442368  |         |           |        |        |            |        |
|         | Candidate Name  |                       |                                   | Cate   | egory<br>ype | //                      |  |         |           |        |        | ent this F | Period |
|         | Office Sought: House Disburse   | ement For:            |                                   | 13     | ype          |                         |  |         |           |        |        | 1500.0     | 0      |
|         | Senate<br>President   | Primary<br>Other (spe | General                           |        |              |                         | _  | ,       |           | Barras | so's   | LPAC       |        |
| _       | State: District:  |                       | ;;;                               |        |              |                         | Me   | mo li   | tem       |        |        |            |        |
| C.      | Full Name (Last, First, Middle Initial)<br>Healthcare Freedom Fund                                    |                       |                                   |        |              |                         | Date of  | Dist    | ourse     | ment   |        |            |        |
|         | Mailing Address PO Box 2485   |                       |                                   |        |              |                         | 03   | /       | D<br>12   |        | Y      | 2020       | Y      |
|         | City<br>Springfield   | State<br>VA           | Zip Code<br>22152                 |        |              |                         | FEC Ide  | entific | catior    | Num    | ber    |            |        |
|         | Purpose of Disbursement<br>Roe's LPAC   | VA                    | 22132                             | 0      | 11           |                         | С  | 52841   | 4         |        |        |            |        |
|         | Candidate Name  |                       |                                   | Cate   | egory        | //                      | Transaction ID : 10540116<br>Amount of Each Disbursement this Period |         |           |        |        |            | Period |
|         |   | ement For:            |                                   |        |              |                         |  |         |           |        |        |            |        |
|         | President   | Primary<br>Other (spe | General<br>cify) ▼                |        |              | Roe's LPAC<br>Memo Item |  |         |           | C      |        |            |        |
| _       | State: District:  | _                     |                                   |        |              |                         |  |         |           |        |        |            |        |
| s       | <b>SUBTOTAL</b> of Disbursements This Page (optional).  |                       |                                   |        |              |                         |  |         | _         |        | 7      | 11500.0    | 00     |
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| S                      | CHEDULE B (FEC Form 3X)   |  |                 |        | י פר        |            | NUMBER:  | PAGE 285 OF 300                     |  |  |  |  |  |
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|                        | EMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the |                 |        | heck        | only       | one)   |                                     |  |  |  |  |  |
|                        | _   |  | Summary Page    |        |             | 21b<br>28a | 22 <b>X</b> 23<br>28b 28c  | 26 27<br>29 30b                     |  |  |  |  |  |
| <u>م</u>               | winformation assist from such Departs and Otate   |  |                 |        |             |            |  |                                     |  |  |  |  |  |
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| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   | · · · · · · · · · · · · · · · ·                      | A               | - 6 (  | <b>~</b> () |            |  |                                     |  |  |  |  |  |
|                        | Political Action Committee of the A   | American   | Association     | 1 Of C | Jrtr        | пора       | aedic Surgeons-  | PAC of AAUS                         |  |  |  |  |  |
| ~                      | Full Name (Last, First, Middle Initial)   |  |                 |        |             |            | Date of Disburseme   | at                                  |  |  |  |  |  |
| А.                     | Case For Congress   |  |                 |        |             |            |  |                                     |  |  |  |  |  |
|                        | Mailing Address PO Box 2941   |  |                 |        |             |            | 03 12  | 2020                                |  |  |  |  |  |
|                        | City  | State  | Zip Code        |        |             |            | FEC Identification N   | umber                               |  |  |  |  |  |
|                        | Honolulu Purpose of Disbursement  | HI   | 96802           |        |             |            | 0  |                                     |  |  |  |  |  |
|                        |   |  |                 | 0      | )11         |            | C C00680918  |                                     |  |  |  |  |  |
|                        | Candidate Name  |  |                 | Cate   | egory       | //         | Transaction ID :<br>Amount of Each Dis                               | : 10540117<br>bursement this Period |  |  |  |  |  |
|                        | Case, Edward, , ,   |  |                 |        | ype         |            |  |                                     |  |  |  |  |  |
|                        |   | ement For: 2<br>Primary                              | 2020<br>General |        |             |            |  | 2500.00                             |  |  |  |  |  |
|                        | President   | Other (spe   |                 |        |             |            |  |                                     |  |  |  |  |  |
|                        | State: HI District: 01  |  |                 |        |             |            | Memo Item  |                                     |  |  |  |  |  |
| _                      | Full Name (Last, First, Middle Initial)   |  |                 |        |             |            |  |                                     |  |  |  |  |  |
| в.                     | Friends Of Raja For Congress  |  |                 |        |             |            | Date of Disburseme   |                                     |  |  |  |  |  |
|                        | Mailing Address PO Box 681202   | uddress PO Box 681202                                |                 |        |             |            | 03 / D D D 12  | 2020                                |  |  |  |  |  |
|                        | City  | State  | Zip Code        |        |             |            | FEC Identification N   | umber                               |  |  |  |  |  |
|                        | Schaumburg<br>Purpose of Disbursement   | IL   | 60168           |        |             |            | 0 000575000  |                                     |  |  |  |  |  |
|                        |   |  |                 | C      | )11         |            | C C00575092<br>Transaction ID : 10540118                             |                                     |  |  |  |  |  |
|                        | Candidate Name  |  |                 | Cate   | egory       | //         |  | : 10540118<br>bursement this Period |  |  |  |  |  |
|                        | Krishnamoorthi, Raja, , Rep.,   |  |                 |        | ype         |            | 1000.00  |                                     |  |  |  |  |  |
|                        | ° <b>~</b>  | ment For: ;<br>Primary                               | 2020<br>General |        |             |            |  |                                     |  |  |  |  |  |
|                        | President   | Other (spe   |                 |        |             |            |  |                                     |  |  |  |  |  |
|                        | State: IL District: 08  |  | - ,,            |        |             |            | Memo Item  |                                     |  |  |  |  |  |
| _                      | Full Name (Last, First, Middle Initial)   |  |                 |        |             |            |  |                                     |  |  |  |  |  |
| С.                     | Friends Of Neal Dunn  |  |                 |        |             |            | Date of Disburseme   |                                     |  |  |  |  |  |
|                        | Mailing Address PO Box 16088  |  |                 |        |             |            | 03 / 12  | 2020                                |  |  |  |  |  |
|                        | City  | State  | Zip Code        |        |             |            | FEC Identification N   | umber                               |  |  |  |  |  |
|                        | Panama City Purpose of Disbursement   | FL   | 32406           |        |             |            | C 000500004  |                                     |  |  |  |  |  |
|                        |   |  |                 | 0      | 011         | 11         | C C00582304  | 10540440                            |  |  |  |  |  |
|                        | Candidate Name  |  |                 | Cate   | egory       | //         | Transaction ID : 10540119<br>Amount of Each Disbursement this Period |                                     |  |  |  |  |  |
|                        | Dunn, Neal, , , MD FACS   |  |                 |        | ype         |            |  |                                     |  |  |  |  |  |
|                        | Office Sought: X House Disburse   | ement For: 2   |                 |        |             |            |  | 2500.00                             |  |  |  |  |  |
|                        | President   | Primary X General<br>Other (specify) ▼               |                 |        |             |            |  |                                     |  |  |  |  |  |
| _                      | State: FL District: 02  | <i></i>  |                 |        |             | Memo Item  |  |                                     |  |  |  |  |  |
| Γ                      |   |  |                 |        |             |            |  | 6000.00                             |  |  |  |  |  |
|                        | <b>SUBTOTAL</b> of Disbursements This Page (optional).  |  |                 |        |             |            |  | 0000.00                             |  |  |  |  |  |
| т                      | TOTAL This Period (last page this line number only  | /)   |                 |        |             |            |  | , , , , , ,                         |  |  |  |  |  |

| TEMIZED DISBURSEMENTS       Use separate schedules)<br>for each category of the<br>Detailed Summary Page       Image: Summary Page       Image: Summary Page         Any Information copied from such Reports and Statements may not be sold or used by any petrean for the purpose of soliciting contributions from such committee<br>of or commercial purposes, other than using the name and address of any policital comtitue to solicit or continue to solicit orecontinue to solicit or continue torecontinu   | ITEMIZED DISBURSEMENTS       Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page       (check<br>in each category of the<br>Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any<br>or for commercial purposes, other than using the name and address of any political committe<br>NAME OF COMMITTEE (in Full)       NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orth<br>Full Name (Last, First, Middle Initial)       A.         A. Hudson For Congress       Mailing Address PO Box 5053         City       State       Zip Code<br>28027         Purpose of Diebursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       Category<br>Type         Office Sought:       x       House         State:       NC       Disbursement For: 2020         Full Name (Last, First, Middle Initial)       B.       McKinley For Congress         Mailing Address PO Box 642       011       City         City       State       Disbursement For: 2020         Marking Address PO Box 642       011       Category<br>Type         Office Sought:       x       House       Disbursement For: 2020         Senate       President       Other (specify)       Type         Office Sought:       x       House       Disb   | INE NUMBER: PAGE 286 OF 300 |  |  |  |  |  |  |
|--|---|-----------------------------|--|--|--|--|--|--|
| Detailed Summary Page       28 <t< th=""><th>Detailed Summary Page       Image: Summary Page         Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committe         NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orth         Full Name (Last, First, Middle Initial)         A. Hudson For Congress         Mailing Address PO Box 5053         City         Concord         Name         Purpose of Disbursement         Office Sought:         X       House         State:       NC         District:       08         Full Name (Last, First, Middle Initial)         B. McKinley For Congress         Mailing Address PO Box 642         City       State:         District:       08         Full Name (Last, First, Middle Initial)         B. McKinley, For Congress         Mailing Address PO Box 642         City       State         Office Sought:       X         Y       House         Disbursement For:       2020         Type       Office Sought:         Y       House         Disbursement For:       2020      <tr< th=""><th>only one)</th></tr<></th></t<>  | Detailed Summary Page       Image: Summary Page         Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committe         NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orth         Full Name (Last, First, Middle Initial)         A. Hudson For Congress         Mailing Address PO Box 5053         City         Concord         Name         Purpose of Disbursement         Office Sought:         X       House         State:       NC         District:       08         Full Name (Last, First, Middle Initial)         B. McKinley For Congress         Mailing Address PO Box 642         City       State:         District:       08         Full Name (Last, First, Middle Initial)         B. McKinley, For Congress         Mailing Address PO Box 642         City       State         Office Sought:       X         Y       House         Disbursement For:       2020         Type       Office Sought:         Y       House         Disbursement For:       2020 <tr< th=""><th>only one)</th></tr<>  | only one)                   |  |  |  |  |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initial)         A. Hudson For Congress         Mailing Address PO Box 5053         City         Concord         Purpose of Disbursement         Office Sought:         A House         Disbursement         Printary         City         Concord         Concest Disbursement         Office Sought:         A House         Disbursement         City         Concest Congress         Mailing Address PO Box 642         City         City         Congress         Mailing Address PO Box 642         City         Condidato Name         Mailing Address PO Box 642         City         Office Sought:         Purpose of Disbursement         Purpose of Disbursement         City         State:       WV         Purpose of Disbursement         City  | Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)         Political Action Committee of the American Association of Orth         Full Name (Last, First, Middle Initial)         A.         Hudson For Congress         Mailing Address PO Box 5053         City       State         Purpose of Disbursement         Office Sought: <ul> <li>Y House</li> <li>Pinnary</li> <li>X General</li> <li>Other (specify)</li> <li>V</li> </ul> State:       NC       Disbursement For: 2020         Office Sought: <ul> <li>Y House</li> <li>President</li> <li>Other (specify)</li> <li>V</li> </ul> B.       McKinley For Congress       Mailing Address PO Box 642         City       State       Disbursement For: 2020         Mailing Address PO Box 642           City       State       Disbursement For: 2020         Y Purpose of Disbursement <ul> <li>Other (specify)</li> <li>Type</li> <li>Office Sought:</li> <li>Y House</li> <li>Disbursement For: 2020</li> <li>Y Primary</li> <li>General</li> <li< td=""><td></td></li<></ul>  |                             |  |  |  |  |  |  |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) Hudson For Congress Mailing Address PO Box 5053 City Concord City City City City City City City City  | or for commercial purposes, other than using the name and address of any political committee<br>NAME OF COMMITTEE (In Full)<br>Political Action Committee of the American Association of Orth<br>Full Name (Last, First, Middle Initial)<br>A. Hudson For Congress<br>Mailing Address PO Box 5053<br>City<br>Candidate Name<br>Hudson, Richard, L., Rep., Jr.<br>Office Sought:<br>X House<br>State: NC District: 08<br>Full Name (Last, First, Middle Initial)<br>B. McKinley For Congress<br>Mailing Address PO Box 642<br>City<br>Morgantown<br>Purpose of Disbursement<br>Candidate Name<br>Full Name (Last, First, Middle Initial)<br>B. McKinley For Congress<br>Mailing Address PO Box 642<br>City<br>Morgantown<br>Purpose of Disbursement<br>Candidate Name<br>Full Name (Last, First, Middle Initial)<br>C. Simpson For Congress<br>Mailing Address 1487 Parkway Drive<br>City<br>Blacktoot<br>City<br>City<br>City<br>City<br>City<br>City<br>Disbursement<br>Candidate Name<br>Malling Address 1487 Parkway Drive<br>City<br>Blacktoot<br>City<br>Disbursement<br>City<br>Blacktoot<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement<br>City<br>Disbursement |                             |  |  |  |  |  |  |
| Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS         Full Name (Last, First, Middle Initial)         Hudson For Congress         Mailing Address PO Box 5053         City<br>Concord         Purpose of Disbursement         Category/<br>Concord         Purpose of Disbursement         Category/<br>Concord         Purpose of Disbursement         Category/<br>Concord         Purpose of Disbursement         Disbursement For: 2020         Office Sought:         President         Disbursement For: 2020         Primary         Other (specify)         V         Balance (Last, First, Middle Initial)         Balance of Disbursement         Mailing Address PO Box 642         City<br>Morganown         Purpose of Disbursement         Purpose of Disbursement         Mailing Address 1487 Parkway Drive         City<br>Blacktoot         Blacktoot         Purpose of Disbursement         City<br>Blacktoot         Blacktoot         Condidate Name         Candidate Name         Candidate Name         Concord         State:       V         V  | Political Action Committee of the American Association of Orth         Full Name (Last, First, Middle Initial)         A. Hudson For Congress         Mailing Address PO Box 5053         City       State         Purpose of Disbursement         Candidate Name         Hudson, Richard, L., Rep., Jr.         Office Sought:       ¥         Y House       Disbursement For: 2020         Office Sought:       ¥         Y House       President         State:       NC         Disbursement For: 2020       ¥         General       Other (specify) ▼         State:       NC         Disbursement For: 2020       ¥         General       Other (specify) ▼         B. McKinley For Congress       Mailing Address PO Box 642         City       WV         Purpose of Disbursement       011         Candidate Name       0111         Candidate Name       0111         Category       Type         Office Sought:       ¥         President       Disbursement For: 2020         Senate       Primary         Office Sought:       ¥         State:       WV         Disbursement For: 2020 </td <td></td>   |                             |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)         A Hudson For Congress         Mailing Address PO Box 5053         City         Concord         Purpose of Disbursement         Candidate Name         Hudson, Richard, L., Rep., Jr.         Office Sought:       Image: Concord in the index of   | ✓       Full Name (Last, First, Middle Initial)         A.       Hudson For Congress         Mailing Address PO Box 5053         City       State         Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       x         President       Primary         State:       NC         Distursement For:       2020         Full Name (Last, First, Middle Initial)       B         McKinley For Congress       Mailing Address         Mailing Address       PO Box 642         City       State         WV       Zip Code         Zip Code       26507         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , , ,       011         Catagory       State         Purpose of Disbursement       01         Full Name (Last, First, Middle Initial)       Image: Senate         Office Sought:       x       House         Senate       President       Other (specify)         State:       WV       Disbursement For:       2020         Full Name (Last, First, Middle Initia   |                             |  |  |  |  |  |  |
| A. Hudson For Congress       Date of Disbursement         Mailing Address PO Box 5063       Image: Concord State Stat  | A. Hudson For Congress         Mailing Address PO Box 5053         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       Primary       Category         Hudson, Richard, L., Rep., Jr.       Other (specify)       V         Office Sought:       X       House       Disbursement For: 2020         State:       NC       Disbursement For: 2020       V         B.       McKinley For Congress       Mailing Address PO Box 642       011         City       State       Zip Code       26507         Purpose of Disbursement       011       Category       Type         Office Sought:       X       House       Disbursement For: 2020       V         State:       WV       District: 01       011       Category         Full Name (Last, First, Middle Initial)       C       Simpson For Congress       Mailing Address 1487 Parkway Drive         City       Blackfoot       ID       83221       Purpose of Disbursement       011   | opaedic SurgeonsPAC of AAOS |  |  |  |  |  |  |
| Industrief of Collegiess         Mailing Address PO Box 5053         City         Concord         Purpose of Disbursement         Cardidate Name         Hudson, Richard, L., Rep., Jr.         Office Sought:         Y House         Disbursement         Office Sought:         Y House         District 08         State:       NC Concord         President         State:       NC Congress         Mailing Address       Pox 642         City       State         Very State:       Very Zip Code         Very State:       Very Ceneral         Office Sought:       Mailing Address 1487 Parkway Drive         City       Biackoot         Purpose of Disbursement       Tot 2/2020         FEC Identification N  | Mailing Address PO Box 5053         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       General         Hudson, Richard, L., Rep., Jr.       Office Sought:         Y       House       Disbursement For: 2020         Senate       President         President       Other (specify)         State:       NC         District:       08         Full Name (Last, First, Middle Initial)         B.       McKinley For Congress         Mailing Address       PO Box 642         City       State         Purpose of Disbursement       011         Category       Type         Office Sought:       House         President       Disbursement For: 2020         Mailing Address       Po Box 642         City       State         McKinley, David, , ,       Other (specify)         Type       Disbursement For: 2020         Senate       President         Y       President         State:       WV         Disbursement For: 2020         Mailing Address 1487 Parkway Drive         City       State         Blacktoot   | Date of Disbursement        |  |  |  |  |  |  |
| Mailing Address PO Box 5053       03       12       2020         City       State       Zip Code       28027         Purpose of Disbursement       011       FEC Identification Number         Candidate Name       011       Categoryi       Transaction ID : 10540120         Amount of Each Disbursement this Period       0ffice Sought:       Y House       Disbursement Tor: 2020         Office Sought:       Y House       Disbursement For: 2020       Memo Item         State:       NC District: 08       Date of Disbursement       Date of Disbursement         State:       NC Kinley For Congress       Date of Disbursement       Date of Disbursement         Mailing Address: PO Box 642       011       Code       Transaction ID : 10540121         Chy       State       Zip Code       Disbursement       Disbursement         Office Sought:       Y President       Disbursement For: 2020       FEC Identification Number       Coda73132         Chy       Sanate       Disbursement For: 2020       Memo Item       Disbursement         State:       W       Disbursement For: 2020       Memo Item       Date of Disbursement         State:       W       Disbursement For: 2020       Memo Item       Date of Disbursement         State:       <   | City<br>Concord       State<br>NC       Zip Code<br>28027         Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       X         President       Disbursement For: 2020         Full Name (Last, First, Middle Initial)       B         B       McKinley For Congress         Mailing Address PO Box 642       011         City       State         Morgantown       WV         Purpose of Disbursement       011         Category       011         Category       Type         Office Sought:       X         Purpose of Disbursement       011         Candidate Name       General         McKinley, David, , ,       0         Office Sought:       X         President       Other (specify)         State:       WV         District:       01         Full Name (Last, First, Middle Initial)       C         C. Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       10         Blacktoot       ID       83221         Purpose of Disbursement       011   |                             |  |  |  |  |  |  |
| Concord       NC       28027         Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       Senate         President       0ther (specify)         State:       NC         Purpose of Disbursement       0ther (specify)         Full Name (Last, First, Middle Initial)         Mailing Address       Poise of Disbursement         Office Sought:       X         Purpose of Disbursement       011         Candidate Name       011         Office Sought:       Y House         Disbursement For:       2020         FEC Identification Number       Coo473132         Transaction ID:       15040121         Amount of Each Disbursement this Period       011         State:       WV       District:         Full Name (Last, First, Middle Initial)       2150 Code   | Concord       NC       28027         Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       X         President       Disbursement For: 2020         Senate       Primary         Y       General         Other (specify)       V         State:       NC         District:       08         Full Name (Last, First, Middle Initial)         B. McKinley For Congress         Mailing Address       PO Box 642         City       State         Vorgantown       WV         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , , ,       011         Category       Type         Office Sought:       X         President       Disbursement For: 2020         State:       WV       District: 01         Full Name (Last, First, Middle Initial)       C         C. Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       ID         Biacktoot       ID       83221         Purpose of Disbursement  |                             |  |  |  |  |  |  |
| Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       X         Senate       Disbursement For: 2020         Senate       Other (specify)         Value       District:         0       Mermo Item         Full Name (Last, First, Middle Initial)         3.       McKinley For Congress         Mailing Address PO Box 642         City       State:         Vargantown       V         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Mailing Address PO Box 642       011         City       State         Morgantown       WV         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       011         Office Sought:       ¥         Senate       Primary         General       011         Office Sought:       ¥         House       Disbursement For: 2020         Senate       Primary         General       Other (specify)         St  | Purpose of Disbursement       011         Candidate Name       011         Hudson, Richard, L., Rep., Jr.       011         Office Sought:       X         President       Disbursement For: 2020         State:       NC         President       Other (specify)         State:       NC         District:       08         Full Name (Last, First, Middle Initial)       B.         McKinley For Congress       Mailing Address PO Box 642         City       State         Morgantown       WV         Purpose of Disbursement       011         Candidate Name       0111         Candidate Name       Senate         McKinley, David, , ,       Disbursement For: 2020         Office Sought:       X         President       Disbursement For: 2020         State:       WV         District:       01         Full Name (Last, First, Middle Initial)       C         C.       Simpson For Congress         Mailing Address 1487 Parkway Drive       ID         City       State       Zip Code         Biackfoot       ID       83221         Purpose of Disbursement       ID       83221  | FEC Identification Number   |  |  |  |  |  |  |
| Image: Candidate Name       011       Category/<br>Type         Office Sought:   | Candidate Name       011         Hudson, Richard, L., Rep., Jr.       Category         Office Sought:       ×       House       Disbursement For: 2020         Senate       Primary       ×       General         Other (specify)       ×       General         State:       NC       District:       08         Full Name (Last, First, Middle Initial)       B.       McKinley For Congress         Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Category       Type         Office Sought:       ×       House         Senate       Primary       General         Office Sought:       ×       Primary         General       Other (specify)       Type         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       C       Signpson For Congress         Mailing Address       1487 Parkway Drive       ID       83221         Purpose of Disbursement       011       Category       Type         Office Sought:       ×       House       Disbursement For: 2020 <td>0 000504500</td>  | 0 000504500                 |  |  |  |  |  |  |
| Candidate Name       Gategory/<br>Type       Amount of Each Disbursement this Period         Office Sought:       ★       House       Disbursement For: 2020       Memo Item         State:       NC       District: 08       Disbursement       Disbursement         Full Name (Last, First, Middle Initial)       McKinley For Congress       Date of Disbursement       Disbursement         Mailing Address       PO Box 642       Disbursement       Congress       Date of Disbursement         City       State:       WV       Zip Code       Zip Code       Codey         Candidate Name       Office Sought:       Y       House       Disbursement For: 2020       FEC Identification Number         Candidate Name       Disbursement For: 2020       Senate       Disbursement For: 2020       Memo Item         State:       WV       Disbursement For: 2020       Memo Item       Date of Disbursement         State:       WV       District:       011       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Disbursement         Simpson For Congress       Mailing Address 1487 Parkway Drive       Date of Disbursement       Disbursement         Candidate Name       Office Sought:       Y       House       Disbursement For: 2020       EC  | Hudson, Richard, L., Rep., Jr.       Category         Office Sought:  |                             |  |  |  |  |  |  |
| Hudson, Richard, L., Rep., Jr.       Type         Office Sought:       Y       House       Disbursement For: 2020         State:       NC       District:       08         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         Office Sought:       X       State:       2200.00         Mailing Address       Por Congress       Date of Disbursement         Mailing Address       Por Dox 642       FEC Identification Number         City       State       Zip Code         Purpose of Disbursement       Other (specify)       Transaction D: 10540121         Anount of Each Disbursement this Period       Transaction D: 10540121         Anount of Each Disbursement this Period       Transaction D: 10540121         Mailing Address 1487 Parkway Drive       Mailing Address 1487 Parkway Drive         City       State       Zip Code         Biackfoot       ID       Bia221         Purpose of Disbursement       Office Sought:       Y         Candidate Name       Candidate Initial)       Each Disbursement         Simpson, Michael, , ,       Disbursement For: 2020       FEC Identification Number         City       State       Zip Code       Bia221         Office Sought:       Ho   | Hudson, Richard, L., Rep., Jr.       Type         Office Sought:       X       House       Disbursement For: 2020         State:       NC       District:       08         Full Name (Last, First, Middle Initial)       Cher (specify)       ✓         B. McKinley For Congress       Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       Other (specify)         McKinley, David, , ,       Disbursement For: 2020         Office Sought:       X       House         President       Disbursement For: 2020         State:       WV       Disbursement For: 2020         General       Other (specify)         Full Name (Last, First, Middle Initial)       C         Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Category       Type         Office Sought:       X       House         Disbursement For: 2020       Senate       011         Category  |                             |  |  |  |  |  |  |
| Senate       Primary       Ceneral         Other (specify)       Other (specify)         Attack:       NC         District:       08         Automatic Last, First, Middle Initial)       Date of Disbursement         City       State:         Mailing Address       PO Box 642         City       State:         Mailing Address       PO Box 642         City       State:         Morgantown       WV         Purpose of Disbursement       Other (specify)         Candidate Name       Disbursement For: 2020         Office Sought:       X         President       Other (specify)         State:       WV         State:       WV         Office Sought:       Y         Full Name (Last, First, Middle Initial)         State:       VV         Simpson For Congress         Mailing Address 1487 Parkway Drive         City       State         Disbursement         Other (specify)         State       Zip Code         Blackfoot         Purpose of Disbursement         Other (specify)         State       Zip Code         Blackfoot <t< td=""><td>Senate       Primary       Ceneral         Other (specify)       Other (specify)         Full Name (Last, First, Middle Initial)         B. McKinley For Congress         Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Category       McKinley, David, , ,         Office Sought:       X         House       Disbursement For: 2020         Y       Primary         General       Other (specify)         State:       WV         Disbursement For: 2020       Y         President       Other (specify)         State:       WV         District:       01         Full Name (Last, First, Middle Initial)       C         C. Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Candidate Name         Simpson, Michael, , ,       Disbursement For: 2020         Y       Senate&lt;</td><td></td></t<>  | Senate       Primary       Ceneral         Other (specify)       Other (specify)         Full Name (Last, First, Middle Initial)         B. McKinley For Congress         Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Category       McKinley, David, , ,         Office Sought:       X         House       Disbursement For: 2020         Y       Primary         General       Other (specify)         State:       WV         Disbursement For: 2020       Y         President       Other (specify)         State:       WV         District:       01         Full Name (Last, First, Middle Initial)       C         C. Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Candidate Name         Simpson, Michael, , ,       Disbursement For: 2020         Y       Senate<  |                             |  |  |  |  |  |  |
| State:       NC       District:       08         Full Name (Last, First, Middle Initial)       3.       McKinley For Congress       Date of Disbursement         Mailing Address PO Box 642       03       12       2020         City<br>Morgantown       State       Zip Code       26507         Purpose of Disbursement       011       Category/<br>Type       Transaction ID : 10540121         Candidate Name       Other (specify)       General       Transaction ID : 10540121         Morgantown       Y       Other (specify)       Memo Item         Office Sought:       X       House       Disbursement For: 2020       Transaction ID : 10540121         Memo Item       Other (specify)       Memo Item       Isourcement this Period         Full Name (Last, First, Middle Initial)       X       Primary       General         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         Simpson For Congress       Mailing Address 1487 Parkway Drive       Date of Disbursement         City       State       Zip Code       Ba221         Purpose of Disbursement       O11       Category/<br>Transaction ID : 10540122         Mailing Address 1487 Parkway Drive       O11       Category/<br>Transaction ID : 10540122         Offl  | State:       NC       District:       08         Full Name (Last, First, Middle Initial)       B. McKinley For Congress         Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Category       McKinley, David, , ,         Office Sought:       ¥         President       Disbursement For:         2020       ¥         Primary       General         Other (specify)       State:         VV       District:       01         Full Name (Last, First, Middle Initial)       C         Simpson For Congress       Mailing Address       1487 Parkway Drive         City       State       ID       8221         Purpose of Disbursement       011       Category         City       State       ID       8221         Purpose of Disbursement       011       Category         City       State       Zip Code       83221         Purpose of Disbursement       011       Category       Type         Office Sought:       ¥       House       Disbursemen   | 2500.00                     |  |  |  |  |  |  |
| State:       NC       District:       08       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         City       Mailing Address PO Box 642       Date of Disbursement is Period         City       State       Zip Code         Morgantown       VV       26507         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       011         Office Sought:       Y Primary         State:       WV         Disbursement       Other (specify)         State:       WV         State:       WV         Purpose of Disbursement       Other (specify)         Grifice Sought:       Y Primary         General       Other (specify)         Bate:       WV         Disbursement       Other (specify)         Bate:       01         Simpson For Congress       Date of Disbursement         Mailing Address 1487 Parkway Drive       City         Biacktoot       Date of Disbursement         Purpose of Disbursement       Other         Office Sought:       House       Disbursement For: 2020         Office Sought:   | State:       NC       District:       08         Full Name (Last, First, Middle Initial)       B.       McKinley For Congress         Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       President         Office Sought:       X         House       Disbursement For:         2020       X         President       Other (specify)         State:       WV         Disbursement For:       2020         X       President         State:       WV         District:       01         Full Name (Last, First, Middle Initial)         C.       Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State         Blackfoot       ID         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Oisbursement For:         Office Sought:       X       House         Senate       President       Disbursemen   |                             |  |  |  |  |  |  |
| 3. McKinley For Congress       Date of Disbursement         Mailing Address PO Box 642       03 (12) (2020)         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Office Sought:       Fesident         President       Other (specify)         State:       WV         Distursement       01         Full Name (Last, First, Middle Initial)       Other (specify)         Simpson For Congress       Date of Disbursement         Mailing Address 1487 Parkway Drive       City         Blackfoot       ID         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category/         Simpson, Michael, , ,       House       Disbursement For: 2020         Office Sought:       House   | B. McKinley For Congress         Mailing Address PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         Category       Type         Office Sought:       X       House         President       Disbursement For: 2020       200         X       Primary       General         Other (specify)       State:       WV         State:       WV       District: 01         Full Name (Last, First, Middle Initial)       Ct       Simpson For Congress         Mailing Address 1487 Parkway Drive       ID       83221         Purpose of Disbursement       011       Category         City       State       ID       83221         Purpose of Disbursement       011       Category       Type         Office Sought:       X       House       Disbursement For: 2020         Senate       Primary       General       011         Office Sought:       Y       House       Disbursement For: 2020         Office Sought:       X       House       Disbursement For: 2020         Senate       Primary <td>Memo Item</td>   | Memo Item                   |  |  |  |  |  |  |
| Mailing Address PO Box 642         City       State       Zip Code         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Office Sought:       Y House         President       Other (specify)         State:       WV         Disbursement For:       2020         Full Name (Last, First, Middle Initial)         Simpson For Congress         Mailing Address 1487 Parkway Drive         City         Blackfoot         Purpose of Disbursement         Purpose of Disbursement         City         State:       WV         District:       01         City       State         Blackfoot       ID         Purpose of Disbursement       Other (specify)         Distresement       011         Candidate Name       State         Dibursement       011         Candidate Name       Office Sought:         Y House       Disbursement For:         Office Sought:       House         Office Sought:       House         Office Sought:       Disbursement For:         Y House       Disbursemen   | Mailing Address       PO Box 642         City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       Disbursement For: 2020         Senate       President         President       Other (specify)         State:       WV         Distresement For: 2020         K       President         State:       WV         District:       01         Full Name (Last, First, Middle Initial)         C.       Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Senate       Primary       General         Office Sought:       House       Disbursement For: 2020         Senate       Primary       General         President       Other (specify)       V   |                             |  |  |  |  |  |  |
| Mailing Address PO Box 642       03       12       2020         City       State       Zip Code       26507       FEC Identification Number         Purpose of Disbursement       011       Cadidate Name       Codd73132       Transaction ID : 10540121         Candidate Name       Office Sought:       x       Primary       General       011       1500.00         Office Sought:       x       President       Other (specify)       General       Memo Item         State:       WV       Disbursement For: 2020       Memo Item       Date of Disbursement         Full Name (Last, First, Middle Initial)       Simpson For Congress       Date of Disbursement       011         City       State       Zip Code       Backfoot       Backfoot       FEC Identification Number         Purpose of Disbursement       011       Cadidate Name       Code       Backfoot       Date of Disbursement         City       State       Zip Code       Backfoot       Backfoot       FEC Identification Number         Purpose of Disbursement       011       Category/<br>Type       Transaction ID : 10540122       Mount of Each Disbursement fils Period         Office Sought:       x       House       Disbursement For: 2020       Consta       Mount of Each Disbursement fils Period <td>City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       Image: Category Type         Office Sought:       Image: Category Type         Image: Category Type       Other (specify)         State:       WV         Disbursement For:       2020         Image: Category Type       Other (specify)         General       Other (specify)         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       Other (specify)       Type         Office Sought:       Image: President       Image: Primary       General         Office Sought:       Image: President       Image: Primary       General         Other (specify)       Image: Primary       General       Image: Primary         Other (specify)       Image:</td> <td></td> | City       State       Zip Code         Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       Image: Category Type         Office Sought:       Image: Category Type         Image: Category Type       Other (specify)         State:       WV         Disbursement For:       2020         Image: Category Type       Other (specify)         General       Other (specify)         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       Other (specify)       Type         Office Sought:       Image: President       Image: Primary       General         Office Sought:       Image: President       Image: Primary       General         Other (specify)       Image: Primary       General       Image: Primary         Other (specify)       Image:  |                             |  |  |  |  |  |  |
| Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       011         Office Sought:       X         President       Disbursement For: 2020         State:       WV         District:       01         Full Name (Last, First, Middle Initial)         Simpson For Congress         Mailing Address 1487 Parkway Drive         City       State         Blackfoot       ID         Purpose of Disbursement       011         Category/<br>Type       011         Category/<br>Type       12         Mailing Address 1487 Parkway Drive       Date of Disbursement         City       State         Blackfoot       ID         Purpose of Disbursement       011         Category/<br>Type       011         Category/<br>Diffice Sought:       Disbursement For: 2020         FEC Identification Number       Coos31397         Transaction ID : 10540122         Amount of Each Disbursement His Period         Office Sought:       Poison         Disbursement For: 2020       Conserd  | Morgantown       WV       26507         Purpose of Disbursement       011         Candidate Name       Image: Candidate Name       Image: Candidate Name         McKinley, David, , ,       Office Sought:       Image: Candidate Name         State:       WV       Disbursement For:       2020         Full Name (Last, First, Middle Initial)       C       Simpson For Congress         Mailing Address       1487 Parkway Drive       Image: Candidate Name         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Image: Candidate Name       Image: Candidate Name         Simpson, Michael, , ,       Disbursement For:       2020         Senate       President       Image: Candidate Name       Image: Candidate Name         Coffice Sought:       Image: Mouse       Disbursement For:       2020         Office Sought:       Image: Mouse       Image: President       Image: Primary       General         Office Sought:       Image: President       Image: Primary       General       Image: Primary         Image: President       Image: Primary       Image: Primary       General       Image: Primary         Image: Pres   |                             |  |  |  |  |  |  |
| Morgantown       WV       26507         Purpose of Disbursement       011       Transaction ID : 10540121         Candidate Name       011       Category/<br>Type       Transaction ID : 10540121         Office Sought:       Image: Senate of Disbursement For: 2020       Image: Senate of Disbursement For: 2020       Image: Senate of Disbursement For: 2020         State:       WV       District: 01       Image: Senate of Disbursement For: 2020       Image: Memory of Disbursement For: 2020         Full Name (Last, First, Middle Initial)       Image: Senate of Disbursement       Date of Disbursement         City       State       Zip Code 83221         Purpose of Disbursement       011       Category/         City       State       Disbursement         Purpose of Disbursement       011       Category/         Candidate Name       011       Category/         Coffice Sought:       Mouse of Disbursement For: 2020       FEC Identification Number         Category/       Transaction ID : 10540122       Mount of Each Disbursement this Period         Office Sought:       Mouse of Disbursement For: 2020       Transaction ID : 10540122         Condidate Name       Disbursement For: 2020       Transaction ID : 10540122         Condidate Name       Disbursement For: 2020       Teacegory/ <td>Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       011         Office Sought:       Image: Senate         President       Image: Senate         Full Name (Last, First, Middle Initial)       C         Simpson For Congress       Image: Senate         Mailing Address 1487 Parkway Drive       Image: Senate         City       State       Zip Code         Blackfoot       Image: Senate       Image: Senate         Simpson, Michael, , ,       Image: Disbursement For: 2020       Image: Senate         Office Sought:       Image: Senate       Image: President         Office Sought:       Image: Senate       Image: President         Other (specify)       Image: Senate       Image: President</td> <td>EEC Identification Number</td>  | Purpose of Disbursement       011         Candidate Name       011         McKinley, David, , ,       011         Office Sought:       Image: Senate         President       Image: Senate         Full Name (Last, First, Middle Initial)       C         Simpson For Congress       Image: Senate         Mailing Address 1487 Parkway Drive       Image: Senate         City       State       Zip Code         Blackfoot       Image: Senate       Image: Senate         Simpson, Michael, , ,       Image: Disbursement For: 2020       Image: Senate         Office Sought:       Image: Senate       Image: President         Office Sought:       Image: Senate       Image: President         Other (specify)       Image: Senate       Image: President   | EEC Identification Number   |  |  |  |  |  |  |
| Candidate Name       011       Transaction ID : 10540121         McKinley, David, , ,       Disbursement For: 2020       Amount of Each Disbursement this Period         Office Sought:       Y       House       Disbursement For: 2020         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         Simpson For Congress       Date of Disbursement       011         Mailing Address 1487 Parkway Drive       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011       Category/         Office Sought:       Mouse       Disbursement For: 2020         Office Sought:       Muschael, , ,       Disbursement For: 2020         Office Sought:       Disbursement For: 2020       Transaction ID : 10540122  | Candidate Name       011         McKinley, David, , ,       Category         Office Sought:       Image: Address in the second se   |                             |  |  |  |  |  |  |
| Candidate Name       Category/<br>Type       Transaction ID : 10540121         McKinley, David, , , ,       Disbursement For: 2020       Category/<br>Type         Office Sought:       X       House       Disbursement For: 2020         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         Simpson For Congress       Date of Disbursement       Date of Disbursement         Mailing Address 1487 Parkway Drive       State       Zip Code         City       State       Disbursement         Purpose of Disbursement       011       Category/<br>Type         Office Sought:       X       House       Disbursement For: 2020         Office Sought:       X       House       Disbursement For: 2020         Office Sought:       X       House       Disbursement For: 2020  | Candidate Name       Category         McKinley, David, , ,       Category         Office Sought:       House       Disbursement For: 2020         Senate       Primary       General         President       Other (specify)         State:       WV       District: 01         Full Name (Last, First, Middle Initial)       C.         Simpson For Congress       Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       011         Simpson, Michael, , ,       Disbursement For: 2020         Senate       Primary       General         Office Sought:       House       Disbursement For: 2020         President       Yrimary       General  | C C00473132                 |  |  |  |  |  |  |
| McKinley, David, , ,       Type         Office Sought:       House         Senate       Disbursement For: 2020         President       Other (specify)         State:       WV         Full Name (Last, First, Middle Initial)         Simpson For Congress         Mailing Address 1487 Parkway Drive         City       State         Blackfoot         Purpose of Disbursement         Office Sought:       A         Y       State         City       State         Blackfoot       ID         Purpose of Disbursement       O11         Candidate Name       O11         Candidate Name       Disbursement For: 2020         Office Sought:       Disbursement For: 2020  | McKinley, David, , ,       Type         Office Sought:       ★       House       Disbursement For: 2020         Senate       President       ✓       Other (specify)         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       C.       Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Øffice Sought:       ★       House         Office Sought:       ★       House         Primary       General         Other (specify)       ▼  |                             |  |  |  |  |  |  |
| Senate       Primary       General         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       Date of Disbursement         Simpson For Congress       Date of Disbursement         Mailing Address       1487 Parkway Drive       Date of Disbursement         City       State       Zip Code         Blackfoot       D       83221         Purpose of Disbursement       011         Candidate Name       Disbursement For:       2020         Simpson, Michael, , ,       Disbursement For:       2020         Office Sought:       House       Disbursement For:       2020  | Senate       Primary       General         President       Other (specify)         State:       WV       District:       01         Full Name (Last, First, Middle Initial)       C.       Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For:       2020         Office Sought:       X       House       Disbursement For:       2020         Y       President       Other (specify)       V  |                             |  |  |  |  |  |  |
| State:       WV       District:       01         Full Name (Last, First, Middle Initial)       Date of Disbursement         Simpson For Congress       Date of Disbursement         Mailing Address 1487 Parkway Drive       03 / 12 / 2020         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       011         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       House       Disbursement For: 2020   | State:       WV       District:       01         Full Name (Last, First, Middle Initial)       C. Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For:       2020         Office Sought:       ¥       House       Disbursement For:       2020         Yeresident       Other (specify)       ✓  | 1500.00                     |  |  |  |  |  |  |
| State:       WV       District:       01       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement         Simpson For Congress       Date of Disbursement         Mailing Address 1487 Parkway Drive       Date of Disbursement         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       O11         Candidate Name       O11         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       X       House         Disbursement For:       2020   | State:       WV       District:       01         Full Name (Last, First, Middle Initial)       C.       Simpson For Congress         Mailing Address       1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For:       2020         Office Sought:       Image: House       Disbursement For:       2020         President       Other (specify)       Image: Construction of the state of   |                             |  |  |  |  |  |  |
| Date of Disbursement         Mailing Address 1487 Parkway Drive         City         Blackfoot         Purpose of Disbursement         Candidate Name         Simpson, Michael, , ,         Office Sought:       Ibisbursement For: 2020         Disbursement For: 2020  | C. Simpson For Congress          Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       011         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       ¥         House       Disbursement For: 2020         Yeresident       Other (specify)   | Memo Item                   |  |  |  |  |  |  |
| Mailing Address 1487 Parkway Drive       Image: Constraint of the second s   | Mailing Address 1487 Parkway Drive         City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:   |                             |  |  |  |  |  |  |
| Mailing Address 1487 Parkway Drive       03       12       2020         City       State       Zip Code       Blackfoot       FEC Identification Number         Purpose of Disbursement       011       Candidate Name       011       Category/<br>Type       Transaction ID : 10540122         Candidate Name       Disbursement For: 2020       Category/<br>Type       1500.00   | City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       ¥         House       Disbursement For: 2020         Yeresident       Other (specify)  | Date of Disbursement        |  |  |  |  |  |  |
| City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       Category/<br>Type         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       X         House       Disbursement For: 2020  | City       State       Zip Code         Blackfoot       ID       83221         Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       ¥         House       Disbursement For: 2020         Yeresident       Other (specify)  |                             |  |  |  |  |  |  |
| Blackfoot     ID     83221       Purpose of Disbursement     011       Candidate Name     011       Candidate Name     Category/<br>Type       Simpson, Michael, , ,     Disbursement For: 2020       Office Sought:     x       House     Disbursement For: 2020  | Blackfoot     ID     83221       Purpose of Disbursement     011       Candidate Name     Category       Simpson, Michael, , ,     Disbursement For: 2020       Office Sought:     ¥       House     Disbursement For: 2020       Primary     General       President     Other (specify)   |                             |  |  |  |  |  |  |
| Purpose of Disbursement       011         Candidate Name       011         Candidate Name       Category/<br>Type         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       Mouse       Disbursement For: 2020         Sampto       Disbursement For: 2020       1500.00   | Purpose of Disbursement       011         Candidate Name       Category         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       ¥         House       Disbursement For: 2020         Senate       Primary         Other (specify)       ▼   | FEC Identification Number   |  |  |  |  |  |  |
| Candidate Name       011         Candidate Name       Category/<br>Type         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       X         House       Disbursement For: 2020         Sanato       Disbursement For: 2020   | Candidate Name       011         Category       Category         Simpson, Michael, , ,       Disbursement For: 2020         Office Sought:       ★         House       Disbursement For: 2020         Senate       Primary         President       Other (specify)  | <b>C</b> C00331397          |  |  |  |  |  |  |
| Candidate Name     Category/<br>Type       Simpson, Michael, , ,     Disbursement For: 2020       Office Sought:     X       House     Disbursement For: 2020  | Simpson, Michael, , ,     Category       Office Sought:     ★     House     Disbursement For: 2020       Senate     Primary     General       President     Other (specify)     ▼   |                             |  |  |  |  |  |  |
| Office Sought: X House Disbursement For: 2020  | Office Sought:       ★       House       Disbursement For: 2020         Senate       Primary       General         President       Other (specify)       ▼  |                             |  |  |  |  |  |  |
|  | Senate     ▶     Primary     General       President     Other (specify)     ▼  | 1500.00                     |  |  |  |  |  |  |
|  | President Other (specify)   |                             |  |  |  |  |  |  |
|  | State: ID District: 02  |                             |  |  |  |  |  |  |
|  |   |                             |  |  |  |  |  |  |
|  |   | FF00.00                     |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   | SUBTOTAL of Disbursements This Page (optional)  | > 5500.00                   |  |  |  |  |  |  |
|  | TOTAL This Period (last page this line number only)   |                             |  |  |  |  |  |  |

| SC             | CHEDULE B (FEC Form 3X)   |                       |                                 |            | י פר         |                           | UMBER:                                  |            |         |         | PAGF | 287 0                   | = 300 |
|----------------|---|-----------------------|---------------------------------|------------|--------------|---------------------------|---|------------|---------|---------|------|-------------------------|-------|
|                | EMIZED DISBURSEMENTS  |                       | arate schedule(s)               | - I        |              | c only                    |   |            |         | L       |      |                         |       |
| •••            |   |                       | category of the<br>Summary Page |            |              | 21b                       | 22                                      | <b>X</b> 2 | 23      | 2       | 6    | 27                      |       |
| _              |   | Dotalled              |                                 |            |              | 28a                       | 28b                                     | 2          | 8c      | 2       | 9    | 30b                     |       |
|                | y information copied from such Reports and State<br>for commercial purposes, other than using the nar |                       |                                 |            |              |                           |   |            |         |         |      |                         |       |
| $\backslash$   | NAME OF COMMITTEE (In Full)   |                       |                                 |            |              |                           |   |            |         |         |      |                         |       |
|                | Political Action Committee of the A   | merican               | Association                     | of C       | Ortl         | hopa                      | aedic S                                 | urg        | eor     | isF     | PAC  | of AA                   | OS    |
| Δ              | Full Name (Last, First, Middle Initial)   | ~                     |                                 |            |              |                           | Date of                                 | Dish       | ursei   | nent    |      |                         |       |
| /              | Devin Nunes Campaign Committe   | е                     |                                 |            |              |                           | M M                                     | /          | D       | _       | Y    | YYYY                    |       |
|                | Mailing Address PO Box 6545   |                       |                                 |            |              |                           | 03                                      |            | 12      |         |      | 2020                    |       |
|                | 5   | State                 | Zip Code                        |            |              |                           | FEC Ide                                 | entific    | ation   | Num     | ber  |                         |       |
|                | Visalia Purpose of Disbursement   | CA                    | 93290                           |            |              |                           | 0                                       | 0000       |         | •       | -    | -                       |       |
|                | a apose of Disbursement   |                       |                                 | 0          | 11           |                           | U                                       | C003       |         | _       | _    | _                       |       |
|                | Candidate Name  |                       |                                 |            | -            |                           |   |            |         | D:10    |      | <b>23</b><br>nt this Pe | ariad |
|                | Nunes, Devin, , ,   |                       |                                 | Cate<br>Ty | egory<br>ype | y/                        | Amount                                  |            | aun     | Jisbur  | зеще | ni uns Pe               | nou   |
|                |   | ment For: 2           | 2020                            |            |              |                           |   |            | _       |         |      | 2500.00                 | . I.  |
|                | Senate  | Primary               | X General                       |            |              |                           |   |            |         |         |      |                         |       |
|                | President   | Other (spec           | cify) ▼                         |            |              |                           | Me                                      | mo Ite     | əm      |         |      |                         |       |
|                | State: CA District: 21  |                       |                                 |            |              |                           |   |            |         |         |      |                         |       |
| D              | Full Name (Last, First, Middle Initial)   |                       |                                 |            |              |                           | Dote of                                 | Disk       |         |         |      |                         |       |
| В.             | Ron Estes For Congress  |                       |                                 |            |              |                           | Date of                                 | UISD       |         |         |      |                         | _     |
|                | Mailing Address PO Box 782952   |                       |                                 |            |              |                           | 03                                      | /          | D<br>12 |         |      | 2020                    |       |
|                | ,   | State                 | Zip Code                        |            |              |                           | FEC Ide                                 | entific    | ation   | Num     | ber  |                         |       |
|                | Wichita   | KS                    | 67278                           |            |              |                           |   |            |         | -       |      | -                       |       |
|                | Purpose of Disbursement   |                       |                                 | 0          | )11          |                           | С С00632067                             |            |         |         |      |                         |       |
|                | Candidate Name  |                       |                                 | _          |              |                           |   |            |         | D:10    |      |                         |       |
|                | Estes, Ron, , Rep.,   |                       |                                 | Cate<br>T\ | egory<br>vpe | y/                        | Amount of Each Disbursement this Period |            |         |         |      |                         | eriod |
|                |   | ment For: 2           | 2020                            | • • •      | , , , ,      | +                         |   |            |         |         |      | 1000.00                 |       |
|                | Senate  | Primary               | K General                       |            |              |                           |   |            |         |         |      | 1 40                    |       |
|                | President   | Other (spec           |                                 |            |              |                           | Me                                      | mo Ite     | em      |         |      |                         |       |
|                | State: KS District: 04  |                       |                                 |            |              |                           |   |            |         |         |      |                         |       |
|                | Full Name (Last, First, Middle Initial)   |                       |                                 |            |              |                           |   |            |         |         |      |                         |       |
| C.             | Lahood For Congress   |                       |                                 |            |              |                           | Date of                                 | Disb       | ursei   | nent    |      |                         |       |
|                | Mailing Address PO Box 10735  |                       |                                 |            |              |                           | м м<br>03                               | /          | D<br>12 |         |      | y y y<br>2020           |       |
|                | City  | State                 | Zip Code                        |            |              |                           |   | antific    | otion   | Num     | hor  |                         |       |
|                | Peoria  | IL                    | 61612                           |            |              |                           | FEC Ide                                 | SUITIC     | auon    | NUIT    | Del  | _                       |       |
|                | Purpose of Disbursement   |                       |                                 |            |              |                           | С                                       | C005       | 7505    | 0       |      | .                       |       |
|                | Condidata Nama  | 011                   |                                 |            |              | Transaction ID : 10540125 |   |            |         |         |      |                         |       |
|                | Candidate Name<br>Lahood, Darin, , ,  | n,,, Category<br>Type |                                 |            |              | y/                        | Amount                                  | of Ea      | ach     | Disbur  | seme | nt this Pe              | eriod |
|                |   | ment For: 2           | 2020                            | 13         | ype          |                           |   |            |         |         |      | 1500.00                 |       |
|                | Consta  | Primary               | General                         |            |              |                           |   |            |         | <u></u> |      | - II.                   |       |
|                | President X   | Other (spec           |                                 |            |              |                           |   |            |         |         |      |                         |       |
|                | State: IL District: 18  | 7-1-                  | - / •                           |            | Memo Item    |                           |   |            |         |         |      |                         |       |
|                |   |                       |                                 |            |              |                           |   |            | -       |         | -    | 5000.00                 | )     |
| L <sup>S</sup> | UBTOTAL of Disbursements This Page (optional)   |                       |                                 |            |              |                           |   | - 7        |         | _       | ,    | 0000.00                 |       |
| Т              | OTAL This Period (last page this line number only   | )                     |                                 |            |              |                           |   |            |         |         |      |                         |       |

| SCHEDULE B (FEC Forr   | n 3X) ┌                            |                                      |   | FOP                |                       | NUMBER:   | PAGE 288 OF 300                              |  |  |  |  |  |
|--|------------------------------------|--------------------------------------|---|--------------------|-----------------------|---|--|--|--|--|--|--|
| ITEMIZED DISBURSEMEN   | ITS                                | for each c                           | ate schedule(s)<br>ategory of the<br>summary Page |                    | ck only<br>21b<br>28a |   | 26 27<br>29 30b                              |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full) Political Action Committe  |                                    | nerican                              | Association                                       | of Or              | thopa                 | aedic Surgeons-   | PAC of AAOS                                  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial<br>A. Donna Shalala For Cong  |                                    |                                      |   |                    |                       | Date of Disburseme  | nt   |  |  |  |  |  |
| Mailing Address 219 Pennsylvania A<br>3rd Floor  |                                    |                                      |   |                    |                       | 03 12   | 2020   |  |  |  |  |  |
| City<br>Washington   | Sta<br>D                           | ate<br>IC                            | Zip Code<br>20003                                 |                    |                       | FEC Identification N  | umber  |  |  |  |  |  |
| Purpose of Disbursement  |                                    |                                      |   | 011                | _                     | C C00672311<br>Transaction ID :   | : <b>10540126</b><br>bursement this Period   |  |  |  |  |  |
| Shalala, Donna, , Rep.,<br>Office Sought:  | Disburseme                         | ent For: 2(<br>rimary                | 020<br>General                                    | Catego<br>Type     |                       |   | 1000.00                                      |  |  |  |  |  |
| State: FL District: 27   |                                    | ther (speci                          |   |                    |                       | Memo Item   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial         B. Trey For Congress         Mailing Address       PO Box 421 | )                                  |                                      |   |                    |                       | Date of Disbursement  |  |  |  |  |  |  |
| City<br>Jeffersonville<br>Purpose of Disbursement  | Sta                                | ate<br>N                             | Zip Code<br>47130                                 | 011                | _                     | FEC Identification N<br>C C00590463   | umber  |  |  |  |  |  |
| Candidate Name<br>Hollingsworth, Trey, , Re<br>Office Sought:<br>Senate<br>President                         | Disburseme                         | ent For: 20<br>rimary<br>ther (speci | 020<br>General                                    | Catego<br>Type     | ory/                  | Transaction ID : 10540127<br>Amount of Each Disbursement this Period<br>1000.00 |  |  |  |  |  |  |
| State: IN District: 09<br>Full Name (Last, First, Middle Initial   |                                    |                                      | 'y)   |                    |                       | Memo Item   |  |  |  |  |  |  |
| C. Kurt Schrader For Congr   |                                    |                                      |   |                    |                       | Date of Disbursemen   | / Y Y Y Y                                    |  |  |  |  |  |
| Mailing Address PO Box 3314  |                                    |                                      |   |                    |                       | 03 12   | 2020   |  |  |  |  |  |
| City<br>Oregon City<br>Purpose of Disbursement   |                                    | ate<br>DR                            | Zip Code<br>97045                                 | 011                | 7                     | FEC Identification No<br>C C00446906<br>Transaction ID                          |  |  |  |  |  |  |
| Candidate Name Schrader, Kurt, , , Office Sought:  | Disburseme                         | ent For: 20                          | )20   | Catego<br>Type     |                       | Amount of Each Disbursement this Period   |  |  |  |  |  |  |
| Senate<br>President<br>State: OR District: 05  | Pi                                 | rimary<br>ther (speci                | X General   |                    |                       | Memo Item   |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Pa  |                                    |                                      |   |                    |                       |   | 3000.00                                      |  |  |  |  |  |
| TOTAL This Period (last page this line   | e number only)                     |                                      |   |                    | 🕨                     |   |  |  |  |  |  |  |
| S  | CHEDULE B (FEC Form 3X)   |                                    |  | F      | DR I                                    | INE I | NUMBER   | :           |                  | P             | AGE  | 289 OF        | 300 |  |  |
|----|---|------------------------------------|--|--------|---|-------|--|-------------|------------------|---------------|------|---------------|-----|--|--|
| IT | EMIZED DISBURSEMENTS  | for each                           | arate schedule(s)<br>category of the<br>Summary Page |        | heck                                    |       | one)<br>22<br>28b  | <b>X</b> 23 | 3<br>8c          | 26<br>29      |      | 27<br>30b     |     |  |  |
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|    | NAME OF COMMITTEE (In Full)<br>Political Action Committee of the A                                    | merican                            | Association  | n of ( | Orth                                    | iopa  | aedic S  | Surge       | eor              | sP            | AC   | of AAC        | )S  |  |  |
| Α. | Full Name (Last, First, Middle Initial) Tom Rice For Congress Mailing Address PO Box 70098            |                                    |  |        |   |       | Date of Disbursement   |             |                  |               |      |               |     |  |  |
|    | City  | State                              | Zip Code   |        |   |       | FEC Identification Number  |             |                  |               |      |               |     |  |  |
|    | Myrtle Beach<br>Purpose of Disbursement   | SC                                 | 29572  | 0      | 11                                      | ٦     | C  | C0050       | 1                | 8<br>ID : 105 | 4012 |               |     |  |  |
|    | Candidate Name  |                                    |  |        | egory                                   | /     |  |             |                  |               |      | t this Per    | iod |  |  |
|    | Senate  | ment For: 2<br>Primary             | X General  |        | ype                                     |       |  |             |                  |               |      | 4000.00       |     |  |  |
|    | State: SC District: 07  | Other (spe                         |  |        |   |       | Me   | emo Ite     | em               |               |      |               |     |  |  |
| B. | Full Name (Last, First, Middle Initial) Billy Long For Congress Mailing Address PO Box 4527           |                                    |  |        |   |       | Date o   |             | urser<br>D<br>12 | D /           |      | 2020          | ]   |  |  |
|    | City<br>Springfield<br>Purpose of Disbursement  | State<br>MO                        | Zip Code<br>65808                                    |        |   | _     | FEC Identification Number  |             |                  |               |      |               |     |  |  |
|    | Candidate Name Long, Billy, , , Office Sought: x House Disburse                                       | ment For:                          | nent For: 2020                                       |        |   | /     | Transaction ID : 10540130<br>Amount of Each Disbursement this Pe<br>1000.00                                      |             |                  |               |      |               |     |  |  |
|    | State: MO District: 07  | Primary<br>Other (spec             | General (cify)                                       |        |   |       | Memo Item  |             |                  |               |      |               |     |  |  |
| c. | Full Name (Last, First, Middle Initial)<br>Believe in Life Liberty Yourself                           |                                    |  |        |   |       | Date o   |             | urser            |               | Y    | YYYY          |     |  |  |
|    | Mailing Address 3246 E Ridgeview St   |                                    |  |        |   |       | 03   |             | 12               |               |      | 2020          |     |  |  |
|    | City<br>Springfield<br>Purpose of Disbursement<br>Billy Long LPAC<br>Candidate Name                   | State<br>MO                        | Zip Code<br>65804                                    | Cate   | 11<br>egory                             | /     | FEC Identification Number<br>C C00559146<br>Transaction ID : 10540131<br>Amount of Each Disbursement this Period |             |                  |               |      |               |     |  |  |
|    | Office Sought: House Disburse<br>Senate President State: District:                                    | ment For:<br>Primary<br>Other (spe | General<br>cify) ▼                                   |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       | Me   | emo Ite     |                  | Billy Lon     | g LP | 1500.00<br>AC |     |  |  |
| s  | UBTOTAL of Disbursements This Page (optional).  |                                    |  |        |   | •     |  |             |                  |               |      | 6500.00       |     |  |  |
| Т  | OTAL This Period (last page this line number only   | /)                                 |  |        |   |       |  | . ,         |                  |               |      |               |     |  |  |

| SCHEDULE B (FEC Form 3X)  |                        | FC                                | DR LI   | NE N | NUMBER:    |                           | PAGE 290 OF 300              |                                      |  |  |  |  |  |  |  |
|---|------------------------|-----------------------------------|---------|------|------------|---------------------------|------------------------------|--------------------------------------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                        | arate schedule(s) category of the | (ch     | neck | -          | ´                         | oo 🗔 o                       | 6 27                                 |  |  |  |  |  |  |  |
|   |                        | Summary Page                      |         |      | 21b<br>28a |                           | 23 2<br>28c 2                |                                      |  |  |  |  |  |  |  |
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|   |                        | <b>.</b>                          |         |      |            |                           | _                            |                                      |  |  |  |  |  |  |  |
| Political Action Committee of the A                               | merican                | Association                       | n of C  | Jrth | opa        | aedic Sur                 | geonsF                       | PAC of AAOS                          |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Zeldin For Congress |                        |                                   |         |      | T          | Date of Dis               | bursement                    |                                      |  |  |  |  |  |  |  |
|   |                        |                                   |         |      |            | M M /                     | D D /                        | YYYYY                                |  |  |  |  |  |  |  |
| Mailing Address 47 Flintlock Drive                                |                        |                                   |         |      | 03 12 2020 |                           |                              |                                      |  |  |  |  |  |  |  |
| City  | State                  | Zip Code                          |         |      |            | FEC Identification Number |                              |                                      |  |  |  |  |  |  |  |
| Shirley Purpose of Disbursement                                   | NY                     | 11967                             |         |      |            |                           | EE0E47                       |                                      |  |  |  |  |  |  |  |
|   |                        |                                   | 0       | 11   | 1          |                           | 552547                       | E 40422                              |  |  |  |  |  |  |  |
| Candidate Name  |                        |                                   | Cate    | aorv | ,          |                           | ction ID : 10<br>Each Disbur | rsement this Period                  |  |  |  |  |  |  |  |
| Zeldin, Lee, , ,  |                        |                                   |         | pe   |            |                           |                              |                                      |  |  |  |  |  |  |  |
|   | ment For: 2            |                                   |         |      |            |                           |                              | 2000.00                              |  |  |  |  |  |  |  |
| Senate <b>x</b><br>President                                      | Primary<br>Other (spec | General (General                  |         |      |            | Memo                      |                              |                                      |  |  |  |  |  |  |  |
| State: NY District: 01  |                        |                                   |         |      |            |                           |                              |                                      |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                           |                        |                                   |         |      |            |                           |                              |                                      |  |  |  |  |  |  |  |
| B. Jim Banks For Congress, Inc.                                   |                        |                                   |         |      |            | Date of Disbursement      |                              |                                      |  |  |  |  |  |  |  |
| Mailing Address DO Day 11101                                      |                        |                                   |         |      |            | 03 12 2020                |                              |                                      |  |  |  |  |  |  |  |
| Mailing Address PO Box 11431                                      |                        |                                   |         |      |            | 03                        | 12                           | 2020                                 |  |  |  |  |  |  |  |
| City  | State                  | Zip Code                          |         |      |            | FEC Identifi              | cation Num                   | ber                                  |  |  |  |  |  |  |  |
| Fort Wayne Purpose of Disbursement                                | IN                     | 46858                             |         |      |            |                           |                              |                                      |  |  |  |  |  |  |  |
|   | 011                    |                                   |         |      |            | U                         |                              |                                      |  |  |  |  |  |  |  |
| Candidate Name  |                        |                                   | Cate    | gorv |            |                           | ction ID : 10<br>Each Disbur | <b>540133</b><br>rsement this Period |  |  |  |  |  |  |  |
| Banks, James, , ,   |                        |                                   |         | pe   |            |                           |                              |                                      |  |  |  |  |  |  |  |
|   | ment For:              |                                   |         |      |            |                           |                              | 3500.00                              |  |  |  |  |  |  |  |
| President   | Primary<br>Other (spec | General                           |         |      |            | -                         |                              |                                      |  |  |  |  |  |  |  |
| State: IN District: 03  |                        |                                   |         |      |            | Memo                      | tem                          |                                      |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                           |                        |                                   |         |      | $\neg$     |                           |                              |                                      |  |  |  |  |  |  |  |
| C. Graves For Congress  |                        |                                   |         |      |            | Date of Dis               |                              |                                      |  |  |  |  |  |  |  |
| Mailing Address 2345 Grand Blvd                                   |                        |                                   |         |      |            | 03 /                      | D D /<br>12                  | 2020                                 |  |  |  |  |  |  |  |
| Ste 2400  |                        | 1                                 |         |      |            |                           |                              |                                      |  |  |  |  |  |  |  |
| -   | State<br>MO            | Zip Code<br>64108                 |         |      |            | FEC Identifi              | cation Num                   | ber                                  |  |  |  |  |  |  |  |
| Kansas City Purpose of Disbursement                               |                        | 04100                             | _       |      |            | <b>C</b> C00              | 359034                       |                                      |  |  |  |  |  |  |  |
|   |                        |                                   | 0       | 11   |            |                           | ction ID : 1                 | 0540260                              |  |  |  |  |  |  |  |
| Candidate Name  |                        |                                   | Cate    |      | ,          |                           |                              | rsement this Period                  |  |  |  |  |  |  |  |
| Graves, Samuel, , , Jr.   | mont For               |                                   | Ту      | pe   |            |                           | 1000.00                      |                                      |  |  |  |  |  |  |  |
| Senete  | ment For: 2<br>Primary | 2020<br>General                   |         |      |            |                           |                              | 1000.00                              |  |  |  |  |  |  |  |
| President X   | Other (spec            |                                   |         |      |            | Mome                      | tom                          |                                      |  |  |  |  |  |  |  |
| State: MO District: 06  |                        |                                   |         |      |            | Memo                      | liem                         |                                      |  |  |  |  |  |  |  |
|   |                        |                                   |         |      |            |                           |                              | 0500.00                              |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).                   |                        |                                   |         | )    |            |                           | y                            | 6500.00                              |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only                | )                      |                                   |         | 1    |            |                           |                              |                                      |  |  |  |  |  |  |  |
|   | ,                      |                                   |         |      | -          |                           | 7                            | 7                                    |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   |  |   | FOR LINE             | NUMBER: PAGE 291 OF 300   |  |  |  |  |  |  |  |  |
|--|--|---|----------------------|---|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each o   | rate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b   |   |  |  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)<br>Political Action Committee of the Ar  | merican  | Association   | of Orthopa           | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) A. Val Demings For Congress Mailing Address PO Box 536926                |  |   |                      | Date of Disbursement  |  |  |  |  |  |  |  |  |
| City<br>Orlando  | State<br>FL  | Zip Code<br>32853                                   |                      | FEC Identification Number   |  |  |  |  |  |  |  |  |
| Purpose of Disbursement  | didate Name  |   |                      |   |  |  |  |  |  |  |  |  |
| Demings, Valdez, , ,<br>Office Sought: x House Disburser   | mings, Valdez, , ,     Catego       per Sought:     x       House     Disbursement For: 2020 |   |                      |   |  |  |  |  |  |  |  |  |
| State: FL District: 10   |  | Memo Item   |                      |   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)         B. Cisneros For Congress         Mailing Address       PO Box 40 |  |   | Date of Disbursement |   |  |  |  |  |  |  |  |  |
| ,  | State<br>CA  | Zip Code<br>92871                                   | 011                  | FEC Identification Number C C00650648 Transaction ID : 10540262       |  |  |  |  |  |  |  |  |
| Cisneros, Gilbert, , Rep.,<br>Office Sought:  X House Disburserr<br>Senate                                       | nent For: 2<br>Primary<br>Other (spec  | x General   | Category/<br>Type    | Amount of Each Disbursement this Period                               |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. Nancy Pelosi For Congress  |  |   |                      | Date of Disbursement  |  |  |  |  |  |  |  |  |
| Mailing Address 700 13th Street, Nw<br>Suite 600   |  |   |                      | 03 12 2020  |  |  |  |  |  |  |  |  |
| 5  | State<br>DC  | Zip Code<br>20005                                   | 011                  | FEC Identification Number<br>C C00213512<br>Transaction ID : 10540263 |  |  |  |  |  |  |  |  |
| Candidate Name<br>Pelosi, Nancy, , Rep.,<br>Office Sought:   |  |   |                      |   |  |  |  |  |  |  |  |  |
| Senate   | Primary<br>Other (spec   | <b>x</b> General                                    |                      | Memo Item   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)         TOTAL This Period (last page this line number only).      |  |   |                      | 6000.00   |  |  |  |  |  |  |  |  |

| S         | CHEDULE B (FEC Form 3X)   |                        |                                   | F  | OR I         | INE N          | NUMBER:                                  | PAGE 292 OF 300        |  |  |  |  |  |  |  |
|-----------|---|------------------------|-----------------------------------|--|--------------|----------------|--|------------------------|--|--|--|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS  | for each               | arate schedule(s) category of the |  | heck         | only<br>21b    |  | 26 27                  |  |  |  |  |  |  |  |
|           |   | Detailed               | Summary Page                      |  |              | 28a            | 28b 28c                                  | 29 30b                 |  |  |  |  |  |  |  |
|           | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |                        |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)   |                        |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |
|           | Political Action Committee of the A   | American               | Association                       | n of (   | Orth         | nopa           | aedic Surgeons                           | PAC of AAOS            |  |  |  |  |  |  |  |
| A.        | Full Name (Last, First, Middle Initial)<br>Cathy McMorris Rodgers For Con-                            | gress                  |                                   |  |              |                | Date of Disbursement                     |                        |  |  |  |  |  |  |  |
|           | Mailing Address Box 137   |                        |                                   |  |              |                | 03 12 2020                               |                        |  |  |  |  |  |  |  |
|           | City  |                        |                                   | FEC Identification N   | lumber       |                |  |                        |  |  |  |  |  |  |  |
|           | Spokane Purpose of Disbursement   |                        |                                   | C C00390476  |              |                |  |                        |  |  |  |  |  |  |  |
|           | Fulpose of Disbursement   | 011                    |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |
|           | Candidate Name  |                        |                                   | Cate   | egory        | //             | Transaction ID<br>Amount of Each Dis     | sbursement this Period |  |  |  |  |  |  |  |
|           | Rodgers Cathy, McMorris, , ,  |                        |                                   |  | ype          |                |  | 1000.00                |  |  |  |  |  |  |  |
|           | Office Sought:         X         House         Disburse           Senate                              | ment For: 2<br>Primary | 2020<br>X General                 |  |              |                |  | 1000.00                |  |  |  |  |  |  |  |
|           | State: WA District: 05  |                        |                                   | Memo Item  |              |                |  |                        |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)   |                        |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |
| В.        | Tom O'Halleran For Congress   |                        |                                   | Date of Disburseme   |              |                |  |                        |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 63992  |                        |                                   |  |              |                | 03 / D D D D D D D D D D D D D D D D D D | / Y Y Y Y<br>2020      |  |  |  |  |  |  |  |
|           | City  | State                  | Zip Code                          |  |              |                | FEC Identification N                     | Number                 |  |  |  |  |  |  |  |
|           | Phoenix<br>Purpose of Disbursement  | AZ 85082               |                                   |  |              |                | C C00582890                              |                        |  |  |  |  |  |  |  |
|           | Candidate Name  |                        |                                   | la de la compañía de | )11          |                | Transaction ID                           |                        |  |  |  |  |  |  |  |
|           | O'Halleran, Tom, , Rep.,  |                        |                                   |  | egory<br>ype | ″              | Amount of Each Disbursement this Pe      |                        |  |  |  |  |  |  |  |
|           | Office Sought: 🗶 House Disburse   | 1                      | 2020                              |  |              |                | 2000.00                                  |                        |  |  |  |  |  |  |  |
|           | Senate <b>x</b><br>President  | Primary<br>Other (spec | General                           |  |              |                |  |                        |  |  |  |  |  |  |  |
|           | State: AZ District: 01  |                        | siry)                             |  |              |                | Memo Item                                |                        |  |  |  |  |  |  |  |
| ~         | Full Name (Last, First, Middle Initial)   |                        |                                   |  |              |                | Date of Disburseme                       | ant                    |  |  |  |  |  |  |  |
| С.        | Jimmy Panetta For Congress  |                        |                                   |  |              |                | M M / D D                                |                        |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 103  |                        |                                   |  |              |                | 03 12                                    | 2020                   |  |  |  |  |  |  |  |
|           | City  | State                  | Zip Code                          |  |              |                | FEC Identification N                     | Number                 |  |  |  |  |  |  |  |
|           | Carmel Valley Purpose of Disbursement   | CA                     | 93924                             |  |              | _              | C C00592154                              |                        |  |  |  |  |  |  |  |
|           |   |                        | 0                                 | 011  |              | Transaction ID | + 10540403                               |                        |  |  |  |  |  |  |  |
|           | Candidate Name  |                        |                                   | Cate   | egory        | //             | Amount of Each Disbursement this Period  |                        |  |  |  |  |  |  |  |
|           | Panetta, Jimmy, , ,   |                        |                                   | T  | ype          |                |  | 1000.00                |  |  |  |  |  |  |  |
|           | Office Sought: X House Disburse Senate  | ment For: 2<br>Primary | 2020<br>X General                 |  |              |                |  | 1000.00                |  |  |  |  |  |  |  |
|           | President   | Other (spec            |                                   |  |              |                | Memo Item                                |                        |  |  |  |  |  |  |  |
| _         | State: CA District: 20  | a .                    |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |
| 5         | <b>SUBTOTAL</b> of Disbursements This Page (optional).  |                        |                                   |  |              | •              |  | 4000.00                |  |  |  |  |  |  |  |
| ⊢         |   |                        |                                   |  |              | ·              |  |                        |  |  |  |  |  |  |  |
| ין        | <b>OTAL</b> This Period (last page this line number only  | ()                     |                                   |  |              |                |  |                        |  |  |  |  |  |  |  |

| S                      | CHEDULE B (FEC Form 3X)  |                        |                                  | FOR                       | LINE       | NUMBER:  | PAGE 293 OF 300                      |  |  |  |  |  |  |  |  |  |
|------------------------|--|------------------------|----------------------------------|---------------------------|------------|--|--------------------------------------|--|--|--|--|--|--|--|--|--|
| IT                     | EMIZED DISBURSEMENTS   |                        | rate schedule(s) category of the |                           | k only     | one)   |                                      |  |  |  |  |  |  |  |  |  |
|                        |  |                        | Summary Page                     |                           | 21b<br>28a | 22 <b>X</b> 23<br>28b 28c  | 26 27<br>29 30b                      |  |  |  |  |  |  |  |  |  |
| A                      | information conied from such Departs and Otats   | monto monto            |                                  |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
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| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |                        | • • · ·                          |                           |            | <b>"</b> 0   |                                      |  |  |  |  |  |  |  |  |  |
|                        | Political Action Committee of the A  | American               | Association                      | of Ort                    | nopa       | aedic Surgeons   | PAC of AAUS                          |  |  |  |  |  |  |  |  |  |
| Α.                     | Full Name (Last, First, Middle Initial)<br>Friends Of Denver Riggleman, Inc                            |                        |                                  |                           |            | Date of Disbursement   |                                      |  |  |  |  |  |  |  |  |  |
|                        |  | ·•                     |                                  |                           |            | M M / D D  | /                                    |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 798   |                        | 03 12 2020                       |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | City   |                        | FEC Identification N             | lumber                    |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Nellysford<br>Purpose of Disbursement  | VA                     | 22958                            |                           |            | <b>C</b> C00000400   |                                      |  |  |  |  |  |  |  |  |  |
|                        |  |                        |                                  | 011                       |            | C C00680488  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name   |                        |                                  | Categor                   | rv/        | Transaction ID<br>Amount of Each Dis                                 | : 10540404<br>soursement this Period |  |  |  |  |  |  |  |  |  |
|                        | Riggleman, Denver, Lee, Rep., III  |                        |                                  | Туре                      |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        |  | ment For: 2            |                                  |                           |            |  | 1500.00                              |  |  |  |  |  |  |  |  |  |
|                        | Senate <b>x</b>  | Primary<br>Other (spec | General                          |                           |            | -  |                                      |  |  |  |  |  |  |  |  |  |
|                        | State: VA District: 05   | Other (spec            | siry) ▼                          |                           |            | Memo Item  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Full Name (Last, First, Middle Initial)  |                        |                                  |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
| В.                     | Dr Kim Schrier For Congress  |                        |                                  |                           |            | Date of Disbursement   |                                      |  |  |  |  |  |  |  |  |  |
|                        |  |                        |                                  |                           |            | M M / D D  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 2728  |                        | 1                                |                           |            | 03 16  | 2020                                 |  |  |  |  |  |  |  |  |  |
|                        | City   | State<br>WA            | Zip Code<br>98027                |                           |            | FEC Identification N   | lumber                               |  |  |  |  |  |  |  |  |  |
|                        | Issaquah<br>Purpose of Disbursement  |                        | 96027                            |                           | _          | C C00652628  |                                      |  |  |  |  |  |  |  |  |  |
|                        |  |                        |                                  | 011                       | - 11       |  | . 10542904                           |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name   |                        |                                  | Categor                   | ry/        | Transaction ID : 10542894<br>Amount of Each Disbursement this Period |                                      |  |  |  |  |  |  |  |  |  |
|                        | Schrier, Kim, , ,  |                        |                                  | Туре                      |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Office Sought: K House Disburse Senate   | ment For: 2<br>Primary |                                  |                           |            |  | 1000.00                              |  |  |  |  |  |  |  |  |  |
|                        | President  | Other (spec            | ·                                |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | State: WA District: 08   |                        |                                  |                           |            | Memo Item  |                                      |  |  |  |  |  |  |  |  |  |
| _                      | Full Name (Last, First, Middle Initial)  |                        |                                  |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
| C.                     | Dr Kim Schrier For Congress  |                        |                                  |                           |            | Date of Disburseme   |                                      |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 2728  |                        |                                  |                           |            | 03 / D D   | 2020                                 |  |  |  |  |  |  |  |  |  |
|                        | City   | State                  | Zip Code                         |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Issaquah   | WA                     | 98027                            |                           |            | FEC Identification N   | lumber                               |  |  |  |  |  |  |  |  |  |
|                        | Purpose of Disbursement  |                        |                                  |                           |            | C C00652628  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Orac d'ala tra Naraza  | 011                    |                                  | Transaction ID : 10542895 |            |  |                                      |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name<br>Schrier, Kim, , ,  |                        |                                  | Categor                   |            | Amount of Each Disbursement this Period                              |                                      |  |  |  |  |  |  |  |  |  |
|                        |  | ment For: 2            | 2020                             | Туре                      |            |  | 1500.00                              |  |  |  |  |  |  |  |  |  |
|                        | Senate X   | Primary                | General                          |                           |            |  | 4                                    |  |  |  |  |  |  |  |  |  |
|                        | President  | Other (spec            | cify) ▼                          |                           |            | Memo Item  |                                      |  |  |  |  |  |  |  |  |  |
| _                      | State: WA District: 08   |                        |                                  |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
| .                      | IIRTOTAL of Disburgaments This Base (antional)   |                        |                                  |                           |            |  | 4000.00                              |  |  |  |  |  |  |  |  |  |
| $\vdash$               | <b>SUBTOTAL</b> of Disbursements This Page (optional).   |                        |                                  |                           |            |  |                                      |  |  |  |  |  |  |  |  |  |
| т                      | OTAL This Period (last page this line number only  | ′)                     |                                  |                           |            | L,   |                                      |  |  |  |  |  |  |  |  |  |

| S                     | CHEDULE B (FEC Form 3X)   |                                     |  | FOR                   | LINE                                     | NUMBER: PAGE 294 OF 300   |  |  |  |  |  |  |  |  |
|-----------------------|---|-------------------------------------|--|-----------------------|--|---|--|--|--|--|--|--|--|--|
| IT                    | EMIZED DISBURSEMENTS  | for each                            | arate schedule(s)<br>category of the<br>Summary Page | (cheo                 | k only<br>21b<br>28a                     | one)     22     X     23     26     27       28b     28c     29     30b                   |  |  |  |  |  |  |  |  |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)   |                                     |  |                       | 4 <b>1</b>                               |   |  |  |  |  |  |  |  |  |
|                       | Political Action Committee of the A   | merican                             | Association  | of Or                 | tnop                                     | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |  |  |  |
| A.                    | Full Name (Last, First, Middle Initial)   |                                     |  |                       |  | Date of Disbursement  |  |  |  |  |  |  |  |  |
|                       | Mailing Address PO Box 1639   |                                     |  |                       | 03 16 2020                               |   |  |  |  |  |  |  |  |  |
|                       | City<br>Bethany   | State<br>OK                         | Zip Code<br>73008                                    |                       |  | FEC Identification Number   |  |  |  |  |  |  |  |  |
|                       | Purpose of Disbursement<br>Lankford's LPAC  | 011                                 |  | C C00492058           |  |   |  |  |  |  |  |  |  |  |
|                       | Candidate Name  |                                     |  | Catego<br>Type        |  | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |  |
|                       | Office Sought: House Disburse<br>Senate President   | ment For:<br>Primary<br>Other (spec | General<br>cify) ▼                                   |                       |  | 2500.00<br>Lankford's LPAC<br>Memo Item   |  |  |  |  |  |  |  |  |
|                       | State: District:  |                                     |  |                       |  |   |  |  |  |  |  |  |  |  |
| B.                    | Full Name (Last, First, Middle Initial)<br>John Cowan For Congress, Inc.                              |                                     |  |                       |  | Date of Disbursement  |  |  |  |  |  |  |  |  |
|                       | Mailing Address 1101 E 2nd Avenue SE  |                                     |  |                       |  | 03 16 2020  |  |  |  |  |  |  |  |  |
|                       | City<br>Rome  | State<br>GA                         | Zip Code<br>30161                                    |                       |  | FEC Identification Number   |  |  |  |  |  |  |  |  |
|                       | Purpose of Disbursement   |                                     | 011  |                       | C C00734517<br>Transaction ID : 10542897 |   |  |  |  |  |  |  |  |  |
|                       | Candidate Name  |                                     |  | Catego                |  | Amount of Each Disbursement this Period<br>2500.00  |  |  |  |  |  |  |  |  |
|                       | Cowan, John, , ,<br>Office Sought: x House Disburse   | ment For: 2                         | 2020   | Туре                  | •  |   |  |  |  |  |  |  |  |  |
|                       | Senate x  | Primary                             | General  |                       |  |   |  |  |  |  |  |  |  |  |
|                       | State: GA District: 14  | Other (spec                         | cify)  |                       |  | Memo Item   |  |  |  |  |  |  |  |  |
| C.                    | Full Name (Last, First, Middle Initial)<br>Tomorrow Is Meaningful PAC - TIN                           | M PAC                               |  |                       |  | Date of Disbursement  |  |  |  |  |  |  |  |  |
|                       | Mailing Address 209 Pennsylvania Avenue SE, Sui   | ite                                 |  |                       |  | 03 / D D / Y Y Y Y<br>16 2020   |  |  |  |  |  |  |  |  |
|                       | Washington  | State<br>DC                         | Zip Code<br>20003                                    |                       |  | FEC Identification Number   |  |  |  |  |  |  |  |  |
|                       | Purpose of Disbursement<br>Tim Scott LPAC<br>Candidate Name   |                                     |  | 011                   |  | C C00495887<br>Transaction ID : 10542898  |  |  |  |  |  |  |  |  |
|                       |   |                                     |  | Catego<br>Type        |  | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |  |
|                       |   | ment For:                           |  |                       |  | 5000.00   |  |  |  |  |  |  |  |  |
|                       | State: District:  | Primary<br>Other (spec              | General<br>cify) ▼                                   |                       |  | Tim Scott LPAC Memo Item  |  |  |  |  |  |  |  |  |
| ß                     | UBTOTAL of Disbursements This Page (optional).  |                                     |  |                       |  | 10000.00  |  |  |  |  |  |  |  |  |
| ⊢                     | OTAL This Period (last page this line number only   |                                     |  |                       |  |   |  |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |                       |                                   | FOR I            | INE NI                    | JMBER:   |          |         |         | PAGE   | 295 OF 300     |  |  |  |  |  |
|---|-----------------------|-----------------------------------|------------------|---------------------------|--|----------|---------|---------|--------|----------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the | (check           | only o                    | y one)   |          |         |         |        |                |  |  |  |  |  |
|   |                       | Summary Page                      |                  | 21b<br>28a                | 22<br>28b  | · ·      | 3<br>8c | 2       |        | 27<br>30b      |  |  |  |  |  |
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| or for commercial purposes, other than using the na               | me and add            | ress of any politica              | al committe      | e to s                    | olicit cor   | ntribut  | ions    | from    | such o | committee.     |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                       |                       |                                   |                  |                           |  |          |         |         |        |                |  |  |  |  |  |
| Political Action Committee of the A                               | American              | Association                       | of Orth          | iopae                     | edic S   | urge     | eor     | ısF     | PAC    | of AAOS        |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                           |                       |                                   |                  |                           | Date of  | Dich     |         | ment    |        |                |  |  |  |  |  |
| A. Lahood For Congress  |                       |                                   |                  |                           |  |          |         |         | V      | Y Y Y          |  |  |  |  |  |
| Mailing Address PO Box 10735                                      |                       |                                   |                  | 03 / 16 / Y Y Y Y<br>2020 |  |          |         |         |        |                |  |  |  |  |  |
| City  | State                 | Zip Code                          |                  |                           | FEC Identification Number  |          |         |         |        |                |  |  |  |  |  |
| Peoria  | IL                    | 61612                             |                  |                           | _  |          |         |         |        | -              |  |  |  |  |  |
| Purpose of Disbursement   |                       |                                   | 011              |                           | С  | C0057    | 7505    | 0       |        |                |  |  |  |  |  |
| Candidate Name  |                       |                                   |                  |                           |  |          |         | ID:10   |        |                |  |  |  |  |  |
| Lahood, Darin, , ,  |                       |                                   | Category<br>Type | /                         | Amount   |          | acn     | Jisbur  | semer  | nt this Period |  |  |  |  |  |
|   | ement For:            | 2020                              |                  |                           | 1000.00  |          |         |         |        |                |  |  |  |  |  |
| Senate  | Primary               | <b>x</b> General                  |                  |                           |  | - 7      |         |         |        |                |  |  |  |  |  |
| State: II District: 19  | Other (spe            | cify) 🔻                           |                  |                           | Me   | mo Ite   | əm      |         |        |                |  |  |  |  |  |
| State: IL District: 18<br>Full Name (Last, First, Middle Initial) |                       |                                   |                  |                           |  |          |         |         |        |                |  |  |  |  |  |
| B. Democratic Congressional Campa                                 | aian Com              | mitoo                             |                  |                           | Date of  | Disb     | ursei   | nent    |        |                |  |  |  |  |  |
|   |                       |                                   |                  |                           | M M / D D / Y Y Y Y  |          |         |         |        |                |  |  |  |  |  |
| Mailing Address 430 S Capitol St SE<br>2nd Floor                  |                       |                                   |                  |                           | 03 16 2020   |          |         |         |        |                |  |  |  |  |  |
| City  | State                 | Zip Code                          |                  |                           | FEC Ide  | entifica | ation   | Num     | ber    |                |  |  |  |  |  |
| Washington<br>Purpose of Disbursement                             | DC                    | 20003                             |                  |                           | C C00247964  |          |         |         |        |                |  |  |  |  |  |
| Building Fund   |                       |                                   | 011              |                           | C C00347864  |          |         |         |        |                |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category         | /                         | Transaction ID : 10542900<br>Amount of Each Disbursement this Period |          |         |         |        |                |  |  |  |  |  |
|   |                       |                                   | Туре             |                           |  |          |         |         |        |                |  |  |  |  |  |
|   | ment For:             |                                   |                  |                           | 15000.00   |          |         |         |        |                |  |  |  |  |  |
| Senate<br>President   | Primary<br>Other (and | General                           |                  |                           |  |          | E       | Buildin | g Fun  | d              |  |  |  |  |  |
| State: District:  | Other (spe            | ury)                              |                  |                           | Me   | mo Ite   | əm      |         |        |                |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                           |                       |                                   |                  |                           |  |          |         |         |        |                |  |  |  |  |  |
| C. National Republican Congression                                | al Comm               |                                   |                  |                           | Date of  | Disbu    | ursei   | ment    |        |                |  |  |  |  |  |
|   |                       |                                   |                  |                           | M M  | /        | D       | D /     | Y      | Y Y Y          |  |  |  |  |  |
| Mailing Address 320 First Street, SE                              |                       |                                   |                  |                           | 03   | 11       | 16      | ;       | 2      | 2020           |  |  |  |  |  |
| City  | State                 | Zip Code                          |                  |                           | FEC Ide  | entifica | ation   | Num     | ber    |                |  |  |  |  |  |
| Washington<br>Purpose of Disbursement                             | DC                    | 20003                             |                  |                           | $\mathbf{c}$   | <u></u>  | 0202    | 4       |        |                |  |  |  |  |  |
| Legal Fund  |                       |                                   | 011              |                           |  | C000     |         |         |        |                |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category         | /                         | Transaction ID : 10542901<br>Amount of Each Disbursement this Period |          |         |         |        |                |  |  |  |  |  |
|   |                       |                                   | Type             |                           |  |          |         |         |        |                |  |  |  |  |  |
|   | ment For:             |                                   |                  |                           |  |          |         |         |        | 15000.00       |  |  |  |  |  |
| Senate Provident  | Primary<br>Other (and | General                           |                  |                           | Legal Fund   |          |         |         |        |                |  |  |  |  |  |
| State: District:  | Other (spe            | ciiy) 🔻                           |                  |                           | Me   | mo Ite   | əm      |         |        |                |  |  |  |  |  |
|   |                       |                                   |                  |                           |  | _        | _       |         | _      |                |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).                   |                       |                                   | 1                |                           |  |          |         |         |        | 31000.00       |  |  |  |  |  |
|   |                       |                                   |                  |                           | <u> </u>   |          | -       |         | 7-     |                |  |  |  |  |  |
| TOTAL This Period (last page this line number only                | /)                    |                                   |                  |                           | L  |          | _       |         | ,      |                |  |  |  |  |  |

| S         | CHEDULE B (FEC Form 3X)   |   |                                   | FC        |                                      |                       | NUMBER:                             | PAGE 296 OF 300                            |  |  |  |  |  |  |  |  |  |
|-----------|---|---|-----------------------------------|-----------|--------------------------------------|-----------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS  |   | arate schedule(s) category of the |           | neck                                 | only                  | one)                                |  |  |  |  |  |  |  |  |  |  |
|           |   |   | Summary Page                      |           |                                      | 21b<br>28a            | 22 <b>X</b> 23<br>28b 28c           | 26 27<br>29 30b                            |  |  |  |  |  |  |  |  |  |
|           | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |   |                                   |           | any p                                | erso                  | n for the purpose of s              | bliciting contributions                    |  |  |  |  |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)   |   |                                   |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Political Action Committee of the A   | American                                      | Association                       | of C      | Drth                                 | opa                   | aedic Surgeons-                     | -PAC of AAOS                               |  |  |  |  |  |  |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Friends Of James St. George                                |   |                                   |           |                                      |                       | Date of Disbursement                |  |  |  |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 10313  |   |                                   |           |                                      |                       | 03 / 16 / Y Y Y Y<br>2020           |  |  |  |  |  |  |  |  |  |  |
|           | City  |   | FEC Identification N              | umber     |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Fleming Island  | FL  | 32006                             |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Purpose of Disbursement   |   |                                   | 0         | 11                                   | 11                    | C C00733873                         |  |  |  |  |  |  |  |  |  |  |
|           | Candidate Name  |   |                                   | Coto      | aonu                                 | ,                     | Transaction ID :                    | : <b>10542902</b><br>bursement this Period |  |  |  |  |  |  |  |  |  |
|           | St. George, James, , ,  |   |                                   |           | egory/<br>/pe                        |                       | Amount of Each Dis                  |  |  |  |  |  |  |  |  |  |  |
|           |   | Office Sought: K House Disbursement For: 2020 |                                   |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | State: FL District: 03  |   |                                   | Memo Item |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)   |   |                                   |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
| В.        | Van Drew For Congress   |   |                                   |           |                                      |                       | Date of Disburseme                  | -  |  |  |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 671  |   |                                   |           |                                      |                       | 03 / D D<br>16                      | 2020                                       |  |  |  |  |  |  |  |  |  |
|           | City  | State   | Zip Code                          |           |                                      |                       | FEC Identification N                | umber                                      |  |  |  |  |  |  |  |  |  |
|           | Cape May Court Hou Purpose of Disbursement  | NJ  | 08210                             |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Furpose of Disbursement   |   |                                   | 0         | 11                                   | 11                    | C C00661868                         |  |  |  |  |  |  |  |  |  |  |
|           | Candidate Name  |   |                                   |           | 1                                    | ,                     | Transaction ID :                    |  |  |  |  |  |  |  |  |  |  |
|           | Van Drew, Jeff, , ,   |   |                                   |           | egory/<br>/pe                        |                       | Amount of Each Disbursement this Pe |  |  |  |  |  |  |  |  |  |  |
|           |   | ment For:                                     | 2020                              |           |                                      |                       | 500.00                              |  |  |  |  |  |  |  |  |  |  |
|           | Senate  | Primary                                       | <b>x</b> General                  |           |                                      |                       |                                     | ,  |  |  |  |  |  |  |  |  |  |
|           | State: NJ District: 02  | Other (spe                                    | cify)                             |           |                                      |                       | Memo Item                           |  |  |  |  |  |  |  |  |  |  |
| ~         | Full Name (Last, First, Middle Initial)   |   |                                   |           |                                      |                       | Date of Disburseme                  | at   |  |  |  |  |  |  |  |  |  |
| С.        | South Jersey United in Trust (SJU   | II) PAC                                       |                                   |           |                                      |                       |                                     | -  |  |  |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 671  |   |                                   |           |                                      |                       | 03 / 16                             | 2020                                       |  |  |  |  |  |  |  |  |  |
|           | City  | State   | Zip Code                          |           |                                      |                       | FEC Identification N                | umber                                      |  |  |  |  |  |  |  |  |  |
|           | Cape May Court House<br>Purpose of Disbursement   | NJ  | 08210                             |           |                                      |                       | C C00726729                         |  |  |  |  |  |  |  |  |  |  |
|           | Van Drew LPAC   |   |                                   |           |                                      |                       |                                     | 40540004                                   |  |  |  |  |  |  |  |  |  |
|           | Candidate Name  |   | egory/<br>/pe                     |           | Transaction ID<br>Amount of Each Dis | bursement this Period |                                     |  |  |  |  |  |  |  |  |  |  |
|           | Office Sought: House Disburse   | ment For:                                     |                                   |           |                                      |                       |                                     | 1000.00                                    |  |  |  |  |  |  |  |  |  |
|           | Senate  | Primary                                       | General                           |           |                                      |                       | Var                                 | Drew LPAC                                  |  |  |  |  |  |  |  |  |  |
|           | State: District:  | Other (spe                                    | cify) 🔻                           |           |                                      |                       | Memo Item                           |  |  |  |  |  |  |  |  |  |  |
|           |   |   |                                   |           |                                      |                       |                                     |  |  |  |  |  |  |  |  |  |  |
| s         | <b>UBTOTAL</b> of Disbursements This Page (optional).   |   |                                   |           | )                                    | •                     |                                     | 4000.00                                    |  |  |  |  |  |  |  |  |  |
| т         | OTAL This Period (last page this line number only   | /)  |                                   |           | )                                    |                       |                                     | , , , , ,                                  |  |  |  |  |  |  |  |  |  |

| SCHEDULE B (FEC F   | Form 3X)                     |                       |                                      | F      | DR I                      | INE N            | UMBER:                                  |                 |        | PAGE | 297 OF                    | 300  |  |  |  |  |  |  |
|---|------------------------------|-----------------------|--------------------------------------|--------|---------------------------|------------------|---|-----------------|--------|------|---------------------------|------|--|--|--|--|--|--|
| ITEMIZED DISBURSE   | MENTS                        |                       | arate schedule(s)<br>category of the |        | heck                      | only only of 21b |   | <b>X</b> 23     |        | 6 [  | 27                        |      |  |  |  |  |  |  |
|   |                              | Detailed              | Summary Page                         |        |                           | 210<br>28a       | 28b                                     | × 23<br>28c     |        | 9    |                           |      |  |  |  |  |  |  |
| Any information copied from such<br>or for commercial purposes, other |                              |                       |                                      |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Fu  |                              |                       |                                      |        |                           |                  |   |                 | _      |      |                           |      |  |  |  |  |  |  |
| Political Action Comr   | nittee of the A              | American              | Association                          | n of ( | Jrth                      | nopa             | edic S                                  | Surgeo          | onsŀ   | PAC  | of AAC                    | JS   |  |  |  |  |  |  |
| Full Name (Last, First, Middle  |                              |                       |                                      |        |                           |                  | Data of                                 | Dieburg         | omont  |      |                           |      |  |  |  |  |  |  |
| A. Vern Buchanan For (  | Congress                     |                       |                                      |        |                           |                  | Date of                                 | Disburs         |        | V    | YYYY                      |      |  |  |  |  |  |  |
| Mailing Address PO Box 48928  | Mailing Address PO Box 48928 |                       |                                      |        |                           |                  |   |                 |        |      | 03 / 18 / Y Y Y Y<br>2020 |      |  |  |  |  |  |  |
| City  |                              | State                 | Zip Code                             |        |                           |                  | FEC Ide                                 | entificati      | on Num | ber  |                           |      |  |  |  |  |  |  |
| Sarasota Purpose of Disbursement                                      |                              | FL                    | 34230                                |        |                           |                  | 0                                       | 000440          | 750    |      |                           |      |  |  |  |  |  |  |
|   |                              |                       |                                      | C      | 11                        |                  | U                                       | C00412          |        |      |                           |      |  |  |  |  |  |  |
| Candidate Name  |                              |                       |                                      | Cate   | egory                     | /                |   | nsactio         |        |      | <b>97</b><br>nt this Pe   | riod |  |  |  |  |  |  |
| Buchanan, Vernon, ,   |                              |                       |                                      |        | ype                       | ·                |   | 0. <u>_</u> uo. |        |      |                           |      |  |  |  |  |  |  |
| Office Sought: x House  | Disburse                     | ment For: 2           |                                      |        |                           |                  |   | _               |        | 7    | 5000.00                   | _    |  |  |  |  |  |  |
| Senate  | unt                          | Primary<br>Other (spe | General                              |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
|   | 13                           | Other (spec           | city) 🔻                              |        |                           |                  | Me                                      | mo Item         |        |      |                           |      |  |  |  |  |  |  |
| Full Name (Last, First, Middle  | Initial)                     |                       |                                      |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| B. Stivers For Congress   | 3                            |                       |                                      |        |                           |                  | Date of                                 | Disburs         | ement  |      |                           |      |  |  |  |  |  |  |
|   |                              |                       |                                      |        |                           |                  | M M                                     | / D             | D /    |      | Y Y Y                     | 1    |  |  |  |  |  |  |
| Mailing Address 4679 Winters  | et Dr                        |                       |                                      |        | 03                        |                  | 18                                      | L.              | 2020   |      |                           |      |  |  |  |  |  |  |
| City<br>Columbus  |                              | State<br>OH           | Zip Code<br>43220                    |        |                           |                  | FEC Ide                                 | entificati      | on Num | ber  |                           |      |  |  |  |  |  |  |
| Purpose of Disbursement   |                              | 43220                 |                                      |        |                           |                  | <b>C</b> C00441352                      |                 |        |      |                           |      |  |  |  |  |  |  |
|   |                              |                       |                                      | C      | )11                       |                  | Transaction ID : 10549598               |                 |        |      |                           |      |  |  |  |  |  |  |
| Candidate Name  |                              |                       |                                      |        | egory                     | /                | Amount of Each Disbursement this Period |                 |        |      |                           |      |  |  |  |  |  |  |
| Stivers, Steve, , ,   | Diaburaa                     | ment For:             |                                      | T      | ype                       |                  | 2500.00                                 |                 |        |      |                           |      |  |  |  |  |  |  |
| Office Sought: K House Senate   | Disburse                     | Primary               | 2020<br>X General                    |        |                           |                  | 2500.00                                 |                 |        |      |                           |      |  |  |  |  |  |  |
| Preside   | ent                          | Other (spec           | _ • •                                |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| State: OH District:   | 15                           |                       |                                      |        |                           |                  | IVIE                                    | mo Item         |        |      |                           |      |  |  |  |  |  |  |
| Full Name (Last, First, Middle  |                              |                       |                                      |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| C. Dr. Raul Ruiz For Co   | ngress                       |                       |                                      |        |                           |                  | Date of                                 | Disburs         | sement |      |                           | _    |  |  |  |  |  |  |
| Mailing Address PO Box 3433   |                              |                       |                                      |        |                           |                  | 03                                      |                 | 18 /   |      | ү ү ү<br>2020             | 1    |  |  |  |  |  |  |
| <u></u>   |                              | Ctote                 | Zin Code                             |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| City<br>Palm Desert   |                              | State<br>CA           | Zip Code<br>92261                    |        |                           |                  | FEC Ide                                 | entificati      | on Num | ber  |                           |      |  |  |  |  |  |  |
| Purpose of Disbursement   |                              | -                     |                                      | _      | -                         |                  | С                                       | C00502          | 575    |      |                           |      |  |  |  |  |  |  |
|   |                              | 0                     | 11                                   |        | Transaction ID : 10549599 |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| Candidate Name  |                              |                       |                                      | Cate   | egory                     | /                | Amount of Each Disbursement this Period |                 |        |      |                           |      |  |  |  |  |  |  |
| Ruiz, Raul, , ,<br>Office Sought:                                     | Disburge                     | ment For: 2           | 2020                                 | T      | ype                       |                  |   |                 |        |      | 1000.00                   |      |  |  |  |  |  |  |
| Office Sought: K House Senate   |                              | Primary               | ZUZU<br>X General                    |        |                           |                  | <u> </u>                                |                 |        | ,    |                           |      |  |  |  |  |  |  |
| Preside   | ent                          | Other (spe            | •••                                  |        |                           |                  | Mo                                      | mo Item         |        |      |                           |      |  |  |  |  |  |  |
| State: CA District: :   | 36                           |                       |                                      |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |
| SUBTOTAL of Disburgements Th  | nic Page (antional)          |                       |                                      |        |                           |                  |   |                 |        |      | 8500.00                   | П    |  |  |  |  |  |  |
| SUBTOTAL of Disbursements Th  |                              |                       |                                      |        |                           | ▶                |   |                 |        | 7    | 40                        | ₩.   |  |  |  |  |  |  |
| TOTAL This Period (last page th                                       | is line number only          | /)                    |                                      |        |                           |                  |   |                 |        |      |                           |      |  |  |  |  |  |  |

| S                      | CHEDULE B (FEC Form 3X)   |                       |                                   | FOF            |                      | NUMBER:   | PAGE 298 OF 300       |  |  |  |  |  |  |  |  |  |
|------------------------|---|-----------------------|-----------------------------------|----------------|----------------------|---|-----------------------|--|--|--|--|--|--|--|--|--|
| IT                     | EMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the |                | eck only             | / one)  |                       |  |  |  |  |  |  |  |  |  |
|                        |   |                       | Summary Page                      |                | 21b                  | 22 🗶 23   | 26 27                 |  |  |  |  |  |  |  |  |  |
| <u> </u>               |   | <u> </u>              |                                   |                | 28a                  | 28b 28c   | 29 30b                |  |  |  |  |  |  |  |  |  |
|                        | ny information copied from such Reports and State<br>for commercial purposes, other than using the na |                       |                                   |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   |                       |                                   |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Political Action Committee of the A   | American              | Association                       | of O           | rthop                | aedic Surgeons  | PAC of AAOS           |  |  |  |  |  |  |  |  |  |
| Α.                     | Full Name (Last, First, Middle Initial)<br>Wenstrup For Congress                                      |                       |                                   |                |                      | Date of Disburseme  | nt                    |  |  |  |  |  |  |  |  |  |
|                        |   |                       |                                   |                |                      | M M / D D   | / Y Y Y Y             |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 9551   |                       | 03 18 2020                        |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | City  | State                 | Zip Code                          |                |                      | FEC Identification N  | umber                 |  |  |  |  |  |  |  |  |  |
|                        | Cincinnati Purpose of Disbursement  | OH                    | 45209                             |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Purpose of Disbursement   |                       |                                   | 011            | 1                    | C C00497818   |                       |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name  |                       |                                   |                | - H                  | Transaction ID  |                       |  |  |  |  |  |  |  |  |  |
|                        | Wenstrup, Brad, , Rep.,   |                       |                                   | Catege<br>Type |                      | Amount of Each Dis  | bursement this Period |  |  |  |  |  |  |  |  |  |
|                        |   | ment For:             | 2020                              | 51             |                      |   | 2000.00               |  |  |  |  |  |  |  |  |  |
|                        | Senate  | Primary               | X General                         |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | State: OH District: 02  |                       | Memo Item                         |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Full Name (Last, First, Middle Initial)   |                       |                                   |                |                      | -   |                       |  |  |  |  |  |  |  |  |  |
| Β.                     | Adam Kinzinger Future 1st Comm  | ittee                 |                                   |                |                      | Date of Disburseme  |                       |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 2381   |                       |                                   |                |                      | 03 18   | / Y Y Y Y Y<br>2020   |  |  |  |  |  |  |  |  |  |
|                        |   |                       |                                   |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | City  | State                 | Zip Code                          |                |                      | FEC Identification N  | umber                 |  |  |  |  |  |  |  |  |  |
|                        | Ottawa<br>Purpose of Disbursement   | IL                    | 61350                             |                |                      | $\mathbf{C}$  |                       |  |  |  |  |  |  |  |  |  |
|                        | Kinzinger JFC   |                       |                                   | 011            | 1                    | C<br>Transaction ID : 10549602<br>Amount of Each Disbursement this Period |                       |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name  |                       |                                   | Catego         | orv/                 |   |                       |  |  |  |  |  |  |  |  |  |
|                        |   |                       |                                   | Тур            |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        |   | ement For:            |                                   |                |                      |   | 5000.00               |  |  |  |  |  |  |  |  |  |
|                        | Senate President  | Primary<br>Other (and | General                           |                |                      | Kin   | zinger JFC            |  |  |  |  |  |  |  |  |  |
|                        | State: District:  | Other (spe            | city)                             |                | Memo Item            |   |                       |  |  |  |  |  |  |  |  |  |
| _                      | Full Name (Last, First, Middle Initial)   |                       |                                   |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
| C.                     | Alma Adams For Congress   |                       |                                   |                | Date of Disbursement |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Mailing Address PO Box 31473  |                       |                                   |                |                      | 03 / D D 18   | 2020                  |  |  |  |  |  |  |  |  |  |
|                        | City  | State                 | Zip Code                          |                |                      | FEC Identification N  | umber                 |  |  |  |  |  |  |  |  |  |
|                        | Charlotte   | NC                    | 28231                             |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Purpose of Disbursement   | 011                   |                                   | C C00546358    |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | Candidate Name  |                       |                                   | 011            |                      | Transaction ID  |                       |  |  |  |  |  |  |  |  |  |
|                        | Adams, Alma, S., Rep.,  |                       |                                   | Catege<br>Type |                      | Amount of Each Dis  | bursement this Period |  |  |  |  |  |  |  |  |  |
|                        |   | ment For:             | 2020                              |                |                      |   | 1500.00               |  |  |  |  |  |  |  |  |  |
|                        | Senate  | Primary               | X General                         |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
|                        | President   | Other (spe            | cify) 🔻                           |                |                      | Memo Item   |                       |  |  |  |  |  |  |  |  |  |
| _                      | State: NC District: 12  |                       |                                   |                |                      | -   |                       |  |  |  |  |  |  |  |  |  |
| s                      | UBTOTAL of Disbursements This Page (optional).  |                       |                                   |                | 🕨                    | · · · · ·   | 8500.00               |  |  |  |  |  |  |  |  |  |
|                        |   | <u>,</u>              |                                   |                |                      |   |                       |  |  |  |  |  |  |  |  |  |
| IΤ                     | <b>OTAL</b> This Period (last page this line number only  | /)                    |                                   |                | 🕨                    |   |                       |  |  |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |                       |                                   | FOR LINE I       | NUMBER PAGE 299 OF 300  |  |  |  |  |  |  |  |
|---|-----------------------|-----------------------------------|------------------|---|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the | (check only      | one)  |  |  |  |  |  |  |  |
|   |                       | Summary Page                      | 21b<br>28a       | 22         X         23         26         27           28b         28c         29         30b  |  |  |  |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na |                       |                                   | d by any perso   | on for the purpose of soliciting contributions  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                       |                                   |                  | _   |  |  |  |  |  |  |  |
| Political Action Committee of the A   | American              | Association                       | of Orthopa       | aedic SurgeonsPAC of AAOS   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Lahood For Congress   |                       |                                   |                  | Date of Disbursement  |  |  |  |  |  |  |  |
| Mailing Address PO Box 10735  |                       |                                   |                  | 03 / D D / Y Y Y Y<br>03 / 18 / 2020  |  |  |  |  |  |  |  |
| City<br>Peoria  | State<br>IL           | Zip Code<br>61612                 |                  | FEC Identification Number   |  |  |  |  |  |  |  |
| Purpose of Disbursement   |                       |                                   | 011              | C C00575050   |  |  |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category/        | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |
| Lahood, Darin, , ,<br>Office Sought: x House Disburse   | ment For:             | 2020                              | Туре             | 1500.00   |  |  |  |  |  |  |  |
| Senate<br>President   | Primary<br>Other (spe | ばy) ▼                             |                  | Memo Item   |  |  |  |  |  |  |  |
| State: IL District: 18  | -                     |                                   |                  |   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B. Friends To Elect Dr. Greg Murphy                            |                       | Date of Disbursement              |                  |   |  |  |  |  |  |  |  |
| Mailing Address PO Box 1131   |                       |                                   |                  | 03 / D D / Y Y Y Y Y<br>2020  |  |  |  |  |  |  |  |
| City<br>Greenville  | State<br>NC           | Zip Code<br>27835                 |                  | FEC Identification Number   |  |  |  |  |  |  |  |
| Purpose of Disbursement   |                       |                                   | 011              | C C00697649<br>Transaction ID : 10558235  |  |  |  |  |  |  |  |
| Candidate Name  |                       |                                   | Category/        | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |
| Murphy, Gregory, , ,<br>Office Sought:  | ment For:             | 2020                              | Туре             | 2500.00   |  |  |  |  |  |  |  |
| Senate  | Primary               | General                           |                  |   |  |  |  |  |  |  |  |
| State: NC District: 03  | Other (spe            |                                   |                  | Memo Item   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. Collins For Senator   |                       |                                   |                  | Date of Disbursement  |  |  |  |  |  |  |  |
| Mailing Address PO Box 1096   |                       |                                   |                  | M         M         /         D         D         /         Y |  |  |  |  |  |  |  |
| City  | State                 | Zip Code                          |                  | FEC Identification Number   |  |  |  |  |  |  |  |
| Bangor<br>Purpose of Disbursement   | ME                    | 04402                             |                  | C C00314575   |  |  |  |  |  |  |  |
| Candidate Name  |                       |                                   | 011<br>Category/ | Transaction ID : 10558236<br>Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |
| Collins, Susan, , ,<br>Office Sought: House Disburse  | ment For:             | 2020                              | Туре             | 5000.00   |  |  |  |  |  |  |  |
| Senate President  | Primary<br>Other (spe | <b>x</b> General                  |                  |   |  |  |  |  |  |  |  |
| State: ME District:   |                       |                                   |                  | Memo Item   |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |                       |                                   | ······ •         | 9000.00   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)                    |                                   |                  | 375301.20   |  |  |  |  |  |  |  |

Image# 202004129216642370

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| SCHEDULE B (FEC Form 3X)  |                                     |  |      |              | NUMBER:            |   |       |       |               |     |            | PAGE 300 OF 3 |        |                   |       |  |  |
|---|-------------------------------------|--|------|--------------|--------------------|---|-------|-------|---------------|-----|------------|---------------|--------|-------------------|-------|--|--|
| ITEMIZED DISBURSEMENTS  | for each                            | arate schedule(s)<br>category of the<br>Summary Page | (C   |              | only<br>21b<br>28a | $\begin{array}{c c} 22 \\ 28b \\ 28c $ |       |       |               |     |            |               |        | 27<br>30b         |       |  |  |
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| NAME OF COMMITTEE (In Full)   |                                     |  |      |              |                    |   |       |       |               |     |            |               |        |                   |       |  |  |
| Political Action Committee of the   | American                            | Association  | of ( | Drth         | nopa               | aed   | ic S  | Sur   | geo           | on  | IS-        | -PA           | \C     | of AA             | los   |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Migliori, Sidney, Premer, , MD,FA                           | AOS                                 |  |      |              |                    | Date of Disbursement  |       |       |               |     |            |               |        |                   |       |  |  |
| Mailing Address 40 Chief Botelho Ct   |                                     |  |      |              |                    | 01 28 2020  |       |       |               |     |            |               |        |                   |       |  |  |
| City  | State                               | Zip Code   |      |              |                    | FEC Identification Number   |       |       |               |     |            |               |        |                   |       |  |  |
| East Greenwich<br>Purpose of Disbursement<br>Refund duplicate contribution                                | RI                                  | 02818  | 0    | 10           | ٦                  | С   |       |       |               |     | <b>D</b> . | 40.47         |        |                   |       |  |  |
| Candidate Name  |                                     |  |      | egory<br>/pe | /                  | Ar  |       |       | actio<br>Eacl |     |            |               |        | this P            | eriod |  |  |
| Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary<br>Other (spe | General<br>cify) ▼                                   |      |              |                    |   | M     | amo   | Item          |     | Refu       | ind d         | uplica | 168.00<br>ate con |       |  |  |
| State: District:  | 1                                   |  |      |              |                    |   |       |       | nem           |     |            |               |        |                   |       |  |  |
| Full Name (Last, First, Middle Initial)<br>B. Lyons, Steven, Thomas, , MD,FA                              | AOS                                 |  |      |              |                    | _   | ate c |       | sburs         |     |            | nt            | Y Y    | Y                 | Y     |  |  |
| Mailing Address 12927 Darby Ridge Dr  |                                     |  |      |              |                    |   |       |       |               |     |            |               |        |                   |       |  |  |
| City  | State<br>FL                         | Zip Code   |      |              |                    | FE  | EC lo | lenti | ificatio      | on  | Nu         | ımbe          | r      |                   |       |  |  |
| Tampa<br>Purpose of Disbursement  | FL 33624                            |  |      |              |                    |   | ;     |       |               |     |            |               |        |                   |       |  |  |
| Refund erroneous contribution   |                                     | 010<br>Catego  |      |              |                    | Transaction ID : 10495953<br>Amount of Each Disbursement this Perio   |       |       |               |     |            |               | eriod  |                   |       |  |  |
| Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary<br>Other (spe | General  |      | /pe          |                    | 1000.00<br>Refund erroneous contrib<br>Memo Item  |       |       |               |     |            |               |        |                   |       |  |  |
| State: District:  |                                     | • *  |      |              |                    |   | Me    | emo   | Item          |     |            |               |        |                   |       |  |  |
| Full Name (Last, First, Middle Initial)<br>C.   |                                     |  |      |              |                    | Da  |       | _     | sburs         |     |            |               |        |                   |       |  |  |
| Mailing Address   |                                     |  |      |              |                    | N   | 1 M   | /     | D             |     | D          |               | Y Y    | Y                 | Y     |  |  |
| City  | State                               | Zip Code   |      |              |                    | FE  | EC Io | lenti | ificatio      | on  | Nu         | ımbe          | r      |                   |       |  |  |
| Purpose of Disbursement   | 1                                   |  |      |              | ٦                  | С   | ;     | _     |               | _   | _          | _             |        |                   |       |  |  |
| Candidate Name  |                                     |  |      | egory<br>/pe | /                  | Ar  | nour  | it of | Each          | n E | Dist       | ourse         | ment   | this P            | eriod |  |  |
| Senate  | ement For:<br>Primary General       |  |      |              |                    |   |       |       |               |     |            |               |        |                   |       |  |  |
| State: District:  | Other (spe                          | city) 🔻  |      |              |                    |   | Me    | emo   | Item          | l   |            |               |        |                   |       |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |                                     |  |      |              | •                  | Γ   |       |       | -<br>-        |     |            |               |        | 1168.0            | 0     |  |  |
| TOTAL This Period (last page this line number only  |                                     |  |      |              | _                  | Ē   |       |       | ,             |     |            | 7             |        | 1168.0            | 0     |  |  |