Image# 14978070226			_	PAGE 1 / 237
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS		
1. NAME OF TYP	E OR PRINT V	Example: If typing, type	Office U	se Only
COMMITTEE (in full)		over the lines.	12FE4M5	
Political Action Committee	e of the American A	ssociation of Orthop	paedic SurgeonsP	AC of AAOS
ADDRESS (number and street)	17 Massachusetts Ave., N.E.			
ADDRESS (number and street)	st Floor			
Check if different than previously reported. (ACC)	Vashington		DC 20002	2
2. FEC IDENTIFICATION NUMB	ER V CITY		STATE 🔺	ZIP CODE
C C00343137	3. IS 1 REF		DR AMENDED (A)	
(Choose One)	b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4) Jul 20 (N	17) Oct 20 (M10)	Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE -Election Report for the:	Convention (12C)	Special (12S)	_
X October 15 Quarterly Report (Q3)		M M / D D	/	in the
January 31 Year-End Report (YE)	Election	on e		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on / D D		in the State of
5. Covering Period	01 / Y Y Y Y 01 2014	through 0		14
I certify that I have examined this Re	eport and to the best of m	y knowledge and belief it	is true, correct and comple	te.
Type or Print Name of Treasurer	Villiam J. Robb III, MD			
Signature of Treasurer <i>William J.</i>	Robb III, MD	[Electronically Filed]	Date 10 / 07	D / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	, or incomplete information r	nay subject the person sign	ing this Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

10/07/2014 09 : 54

Image#	1497	7807	0227
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Political Action Committee of the American Association of C	Orthopaedic SurgeonsPAC of AAOS
---	---------------------------------

R	Report Covering the Period: From: 07		o: 09 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		977438.67
	(b) Cash on Hand at Beginning of Reporting Period	1141307.38	
	(c) Total Receipts (from Line 19)	294186.69	1174472.02
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1435494.07	2151910.69
7.	Total Disbursements (from Line 31)	533128.23	1249544.85
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	902365.84	902365.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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	- DET	AILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	rite or Type Committee Name		
F	Political Action Committee of the Ame	rican Association of Orthopaedi	ic SurgeonsPAC of AAOS
R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 2014 To:	M M / D D / Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	255131.00	1013710.00
	(ii) Unitemized	26594.33	112540.33
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	281725.33	1126250.33
		7 7 2012	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	7 7	7 7 7
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	281725.33	1126250.33
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
		7 7 7	7 7
13.	All Loans Received	0.00	0.00
		0.00	
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
15.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	3185.87	15896.72
16.	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	9250.00	32250.00
17.	Other Federal Receipts	· · · · · · · · · · · · · · · · · · ·	7 7
	(Dividends, Interest, etc.)	25.49	74.97
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	294186.69	1174472.02
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	294186.69	1174472.02

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B
(a)	rating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	Other Federal Operating Expenditures	3483.41	16100.03
(c)	Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))► sfers to Affiliated/Other Party	3483.41	16100.03
Com	mittees	0.00	0.00
Fede and	ributions to eral Candidates/Committees Other Political Committees	339950.00	1020750.00
	pendent Expenditures Schedule E)	184344.82	207344.82
Coor (2 U (use	Schedule E) rdinated Party Expenditures .S.C. §441a(d)) Schedule F)	0.00	0.00
Loar	n Repayments Made	0.00	0.00
Loar	ns Made	0.00	0.00
Refu (a)	Indix of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
	Political Party Committees Other Political Committees	0.00	0.00
· /	(such as PACs)	0.00	0.00
• •	Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Othe	er Disbursements	5350.00	5350.00
(a)	eral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
(C)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	533128.23	1249544.8
	Federal Disbursements		
	tract Line 21(a)(ii) and Line 30(a)(ii) Line 31)►	533128.23	1249544.85

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	281725.33	1126250.33	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	281725.33	1126250.33	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	3483.41	16100.03	
 Offsets to Operating Expenditures (from Line 15, page 3) 	3185.87	15896.72	
 Net Operating Expenditures (subtract Line 37 from Line 36)	297.54	203.31	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		ose of				17 S
	NAME OF COMMITTEE (In Full) Political Action Committee of the										S
A.	Full Name (Last, First, Middle Initial) Mark Mikhael MD Mailing Address 4731 Nomad Dr City Woodland HIs FEC ID number of contributing federal political committee. Name of Employer	State CA Occupation	Zip Code 91364-4717			/ acti	02 ion ID :		nis Perio	d 50.00	
	Self Employed Receipt For: Primary General Other (specify)	Orthopaedi									
В.	Full Name (Last, First, Middle Initial) Scott Edward Porter MD Mailing Address Dept of Ortho, Acad Serv 701 Grove Rd 2nd Fl Suprt Two	r			Date of	Re	ceipt 03		2014	Y	
	City Greenville FEC ID number of contributing federal political committee.	State SC	Zip Code 29605-4210	Transaction ID : 6228143 Amount of Each Receipt this Period 84						d 4.00	
	Name of Employer Greenville Hospital System Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedia Aggregate									
C.	Full Name (Last, First, Middle Initial) David J Mansfield MD Mailing Address 5550 Cory Dr City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surg Group Receipt For: Primary General Other (specify) ▼	State TX C Occupation Orthopaedi Aggregate				/ act	05 ion ID :		nis Perio	_	
s	UBTOTAL of Receipts This Page (optional)						3		41	9.00	
т	OTAL This Period (last page this line number o	nly)	••••••				7	7	_	-	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Chad A Krueger MD		Date of Receipt
Mailing Address 14827 Forward Pass		07 06 _ 2014 _
City	State Zip Code	Transaction ID : 6233197
San Antonio	TX 78248-0974	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
U.S. Army	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) B. Kenneth C Sands MD		Date of Receipt
Mailing Address 6985 S Tropical Trail	07 01 2014	
City Merritt Island	State Zip Code FL 32952	Transaction ID : 6233808
	FL 32952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Health First	Occupation	
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) V	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) C. A Herbert Alexander MD		Date of Receipt
Mailing Address 106 Defiance P.O. Box 1657		07 01 2014
City Sun Valley	State Zip Code ID 83353	Transaction ID : 6233809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify)	250.00	1
SUBTOTAL of Receipts This Page (optional))	1280.00

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:

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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)									
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12	□ ₁ -	7		
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	ersor ersor	13 1 for the solicit co	pur	oose of	15 soliciting	g con	16 htributio mmitte	17 ons e.			
	NAME OF COMMITTEE (In Full)		·····									-		
$\left \right\rangle$	Political Action Committee of th	ne America	an Association of Ortho	ора	edic S	Sur	geon	sPA	Co	f AA	OS			
Α.	Full Name (Last, First, Middle Initial) Kenneth N Adatto MD				Date o	of Re	ceipt							
	Mailing Address 1208 Philip St				07 01 2014									
	City New Orleans	State LA	Zip Code 70130	_				6233810 Receipt tl		eriod				
	FEC ID number of contributing federal political committee.	С					7			500.0	00			
	Name of Employer	Occupation												
	Self Employed Receipt For:	· · ·	0											
	Primary General	Aggregate	Year-to-Date ▼	d.										
	Other (specify)	L	500.00											
в.	Full Name (Last, First, Middle Initial) Rocco Barbieri Jr, MD	1			Date o	of Re	ceipt							
	Mailing Address 47 Bocage Rd				07	/	01) / Y	20	ү 14	Y			
	City	State	Zip Code					6233866			_			
	Hattiesburg	MS	39402-7804		Amoun	nt of	Each R	Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С					J	3		1000.0	00			
	Name of Employer	Occupation												
	Southern Bone & Joint Specialists	Orthopaedic	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1000.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Joseph S Barr Jr, MD	1			Date o	of Re	ceipt							
	Mailing Address 205 Edgewater Dr				07	/	01) / Y	20	14	Y			
	City	State	Zip Code		Trans	sact	ion ID :	623386	8					
	Needham	MA	02492		Amoun	nt of	Each R	Receipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.					7	9	_	250.0	00				
	Name of Employer	Occupation												
	Orthopaedic Assoc Inc	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00											
_	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
s	SUBTOTAL of Receipts This Page (optional)			•			,	- 1		1750.0	0			

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:

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			Detailed Summary Page		11a		11b	11c		12				
					13		14	15		16	1	7		
	y information copied from such Reports and St for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big)$	Political Action Committee of the	America	an Association of Ortho	opae	dic S	ur	geon	sPA() C	of AA	lOS			
Α.	Full Name (Last, First, Middle Initial) Paul Grutter MD				Date of	Re	ceipt							
	Mailing Address 1374 Rozella Way			07 01 2014										
	City	State	Zip Code		Trans	acti	on ID :	6233869						
	Gallatin	TN	37066-7571	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					9		_	300.	00			
	Name of Employer	Occupation		-										
	Self Employed	Orthopaedie	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		300.00											
В.	Full Name (Last, First, Middle Initial) Bruce Ross Wheeler MD					Re	ceipt							
	Mailing Address 1301 Nisqually St			07 01 2014										
	City	State	Zip Code	Transaction ID : 6233870										
	Steilacoom	WA	98388	Amount of Each Rece						'eriod				
	FEC ID number of contributing federal political committee.	С					7		_	250.	00			
	Name of Employer	Occupation												
	Group Health Permanente	Orthopaedic	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		250.00											
С.	Full Name (Last, First, Middle Initial) David D Gallagher MD				Date of	Re	ceipt							
	Mailing Address 6105 Horizon Dr				м м 07	/	D 01			у 014	Y			
	City	State	Zip Code		Trans	acti	ion ID :	6233872						
	Columbus	IN	47201	/	Amount	of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С					7		_	1000	00			
	Name of Employer	Occupation												
	Self Employed	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		1000.00	11										
	Other (specify)	L	1000.00											
s	UBTOTAL of Receipts This Page (optional)			.			7			1550.	00			
т	OTAL This Period (last page this line number o	nly)					,]		

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITE	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12							
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	L ay not be sold or used by any pe ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	Political Action Committee of th	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS							
Α.	Full Name (Last, First, Middle Initial) Jack Farr II, MD			Date of Receipt							
	Mailing Address 5287 N 400 W			07 01 2014							
	City	State	Zip Code	Transaction ID : 6234088							
	Bargersville	IN	46106	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer	Occupation	l								
	OrthoIndy	Orthopaedie	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		500.00								
			gg								
	Full Name (Last, First, Middle Initial) Jeffrey S Bui MD, MS			Date of Receipt							
	Mailing Address 311 Oakwood Place			07 01 2014							
	City	State	Zip Code	Transaction ID : 6234089							
	Menlo Park	CA	94025	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer	Occupation	l								
	Self Employed	Orthopaedic	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		250.00								
	Full Name (Last, First, Middle Initial) Richard A Rosa MD			Date of Receipt							
	Mailing Address 16 Fairfield Dr			07 01 2014							
	City	State	Zip Code	Transaction ID : 6234090							
	Short Hills	NJ	07078	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer	Occupation	l								
	Advanced Orthopaedic & Joint Replaceme	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		500.00								
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
	JBTOTAL of Receipts This Page (optional)			1250.00							

FOR LINE NUMBER:

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			Use separate schedule(s)		(check only one)							
116	TEMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	11c	12	17			
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe ddress of any political committee	erson for	the p	urpose o	f solicitin	g contribu	utions			
	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the	e America	an Association of Ortho	opaedi	c Sı	irgeon	sPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) William J Hozack MD			Dat	e of F	Receipt						
	Mailing Address 925 Chestnut St 5th Fl				07 07 2014							
	City Philadelphia	State PA	Zip Code 19107-4216				: 623460		d			
	FEC ID number of contributing federal political committee.	С			ount	1			0.00			
	Name of Employer	Occupation										
	Rothman Institute	Orthopaedie	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		2000.00	1								
			7 7									
	Full Name (Last, First, Middle Initial) Rajiv Rajani MD			Dat	e of F	Receipt						
	Mailing Address 701 Ogden Ln				07	/ 08		2014	Y			
	City	State	Zip Code	Тг	ansad	tion ID :	623625					
	San Antonio	ТХ	78209	Am	ount d	of Each F	Receipt t	his Period	d			
	FEC ID number of contributing federal political committee.	С				y		10	0.00			
	Name of Employer UTHSCSA	Occupation Orthopaedic										
	Receipt For:	-	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		300.00	1								
	Full Name (Last, First, Middle Initial) Richard Leverne Nutt MD			Dat	e of F	Receipt						
	Mailing Address 501 Hunters Run			М	07	/ 01		2014	Y			
	City	State	Zip Code	Т	ransa	ction ID	: 624113	2				
	Demorest	GA	30535	Am	ount d	of Each F	Receipt t	his Period	d			
	FEC ID number of contributing federal political committee.	С				7		20	0.00			
	Name of Employer	Occupation										
· · · ·			c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼		450.00									
SI	JBTOTAL of Receipts This Page (optional)		•••••			7	7	1300	0.00			
Т	OTAL This Period (last page this line number	only)	••••••			7	7					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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X 11a 11b 12 11c **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 (Last, First, Middle Initial) Richard Edmund Topping MD Α. Date of Receipt Mailing Address 1502 Harrison Ave Ste 101 M M / 01 2014 07 City Zip Code State Transaction ID : 6241133 WV Elkins 26241-3497 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation **Tygarts Valley Orthopaedics** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas David Greider MD Date of Receipt Mailing Address 5210 Brae Burn 2014 07 01 City State Zip Code Transaction ID: 6241134 ТΧ Bellaire 77401 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Harper Satterfield MD Date of Receipt Mailing Address 2816 Fieldwood Ct M = M 2014 07 01 City State Zip Code Transaction ID: 6241135 NC Winston-Salem 27106 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation OrthoCarolina Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

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

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FOR LINE NUMBER:

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						(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b	11c	12				
	y information copied from such Reports and St for commercial purposes, other than using the					purpo				butio			
	NAME OF COMMITTEE (In Full)	name anu a	duress of any political committee	: 10 501		linbu				nitee			
\rangle	Political Action Committee of the	e America	an Association of Ortho	paeo	dic S	urg	eons	sPA	C of A	٩AC	DS		
Α.	Full Name (Last, First, Middle Initial) Lynn M Nelson MD				Date of	Rec	eipt						
	Mailing Address 6001 Westtown Pkway				Date of Receipt								
	City	State	Zip Code	11	07 Transa	actio	01	6241138	2014				
	West Des Moines	IA	50266-7702	A				eceipt th		bd			
	FEC ID number of contributing federal political committee.	С				,			2	50.00	D		
	Name of Employer	Occupation											
	Des Moines Ortho Surgeons	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
B.	Full Name (Last, First, Middle Initial) Jeffrey I Korchek MD				Date of	Rec	eipt						
	Mailing Address 25012 Eldorado Meadow Rd				м м 07	/	01	/ Y	2014		1		
	City	State	Zip Code	1.		actio		6241141		-			
	Hidden Hills	CA	91302					eceipt th		bd			
	FEC ID number of contributing federal political committee.	С				7			1	50.00)		
	Name of Employer	Occupation											
	Self Employed	Orthopaedic	: Surgeon	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
С.	Full Name (Last, First, Middle Initial) John Charles Kofoed MD				Date of	Rec	eipt						
	Mailing Address 2619 Seminole Ct				м м	/	01	/ Y	2014	Y	1		
	City	State	Zip Code			actio		6241143					
	Fairfield	CA	94534-7871	A	mount	of E	ach R	eceipt th	nis Perio	bd			
	FEC ID number of contributing federal political committee.	С				,				84.0	0		
	Name of Employer	Occupation											
	Sutter Medical Group	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		496.00										
s	UBTOTAL of Receipts This Page (optional)		•			,			48	34.00)		
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TOTAL This Period (last page this line number only)......

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS								
Full Name (Last, First, Middle Initial) A. John R Dimar II, MD			Date of Receipt								
Mailing Address 210 East Gray Street Suite 900			07 01 Y Y Y Y Y 07 01 2014								
City Louisville	State KY	Zip Code 40202-3905	Transaction ID : 6241146 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer Self Employed	Occupation Orthopaedi										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]								
Full Name (Last, First, Middle Initial) Cassim M Igram MD Mailing Address 1755 NW 130th Street			Date of Receipt								
City	State	Zip Code	07 08 2014 Transaction ID : 6254285								
Clive	IA	50325	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedi										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
Full Name (Last, First, Middle Initial) C. Paul Strawn Sherbondy MD			Date of Receipt								
Mailing Address 507 Beaumont Drive			07 09 2014								
City State College	State PA	Zip Code 16801-8311	Transaction ID : 6254286 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		84.00								
Name of Employer	Occupation	1									
Penn State Hershey Receipt For:	Orthopaedi	3									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 588.00	1								
SUBTOTAL of Receipts This Page (optional)		1584.00								

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page									
			erson for the purpose of soliciting contributions								
	the name and a	address of any political committe	e 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 (Last, First, Middle Initial) A. Chaim Rogozinski MD			Date of Receipt								
Mailing Address 3716 University Blvd S Ste	e 3		07 09 2014								
City	State	Zip Code	Transaction ID : 6255161								
Jacksonville	FL	32216-4318	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer	Occupation										
Self Employed Receipt For:	Orthopaedi										
Primary General	Aggregate	Year-to-Date ▼	_								
Other (specify)		500.00	1								
Full Name (Last, First, Middle Initial) B. Abraham Rogozinski MD			Date of Receipt								
Mailing Address 3716 University Blvd S Ste	93		M = M / D = D / Y = Y = Y = Y								
City	State	Zip Code	07 09 2014 Transaction ID : 6255388								
Jacksonville	FL	32216-4318	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer	Occupation	1	—								
Self Employed Receipt For:	Orthopaedi	5									
Primary General	Aggregate	Year-to-Date ▼	_								
Other (specify)		500.00	1								
Full Name (Last, First, Middle Initial) C. Steven Douglas K Ross MD	·		Date of Receipt								
Mailing Address 555 Wildhorse			M M / D D / Y Y Y Y Y 07 10 2014								
City	State CA	Zip Code	Transaction ID : 6255989								
Orange	CA	92869	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer	Occupation										
Univ of California Receipt For:	Orthopaed	3									
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		800.00	1								
SUBTOTAL of Receipts This Page (optional)		1100.00								
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TOTAL This Period (last page this line number only)......

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			Use separate schedule(s) (c		(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17			
Ai	ny information copied from such Reports and S	Statements may	l ay not be sold or used by any pe ddress of any political committee	erson for	the p	urpose o	f soliciting	g contribu	utions			
	NAME OF COMMITTEE (In Full)			10 00110								
$\left \right\rangle$	Political Action Committee of th	e America	an Association of Ortho	paedi	c Sı	urgeon	sPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Todd A Schmidt MD			Da	te of	Receipt						
	Mailing Address 2865 Lake Park Drive			07 14 2014								
	City Jonesboro	State GA	Zip Code 30236-4133			ction ID : of Each F			ł			
	FEC ID number of contributing federal political committee.	С				7		8	4.00			
	Name of Employer Southern Orthopaedic Specialists	Occupation Orthopaedi										
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify)		420.00									
В.	Full Name (Last, First, Middle Initial) Ronald W B Wyatt MD			Da	te of	Receipt						
	Mailing Address 533 Carleton Way			M	07	/ 14		2014	Y			
	City	State	Zip Code	Т		ction ID :						
	Alamo	CA	94507-2863	Am	nount	of Each F	Receipt th	nis Period	ł			
	FEC ID number of contributing federal political committee.	С				7		100	0.00			
	Name of Employer	Occupation		_								
	Self Employed	Orthopaedic	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
c.	Full Name (Last, First, Middle Initial) David R Chandler MD			Da	te of	Receipt						
	Mailing Address 165 Middle Plantation Ln			M	о7	/ D 14		у у 2014	Y			
	City Gulf Breeze	State FL	Zip Code			ction ID		-				
		FL.	32561-4899	Am	nount	of Each F	Receipt th	nis Perioo	k			
	FEC ID number of contributing federal political committee.	С				7		8	5.00			
	Name of Employer	Occupation										
	Self Employed	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00									
ę	GUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·			y 1	· ·	269	9.00			

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

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			Use separate schedule(s)	(check	(check only one)							
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a	11b	11c	12				
A	ny information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson for		14 urpose o	f solicitin	g contrib	utions			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solici	t cont	ributions	from suc	h commi	ttee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		an Acception of Ortho	an a a di	<u> </u>				100			
	Political Action Committee of th	e America	an Association of Ortho	paeur	0.30	irgeor	ISPA		AU5			
<u> </u>	Full Name (Last, First, Middle Initial)											
Α.					Date of Receipt							
	Mailing Address 585 Cranbury Rd				07	10		2014	Y			
	City	State	Zip Code				: 627024					
	East Brunswick	NJ	08816-4026	Am	ount	of Each	Receipt t	his Perio	d			
	FEC ID number of contributing federal political committee.	С						100	0.00			
	•											
	Name of Employer	Occupation										
	Pediatric Orthopedic Associates Receipt For:	Orthopaedie		_								
	Primary General	Aggregale	Year-to-Date ▼									
	Other (specify)		1000.00									
	Full Name (Last, First, Middle Initial)											
В.	Peter B Hanson MD			Dat	te of I	Receipt						
	Mailing Address 11533 Shadow Ranch Rd			M	M	/ D	D / Y	Y Y	Y			
	City	State	Zip Code		07	11		2014	_			
	City La Mesa	CA	91941				: 6273249 Receipt t	9 his Perio	Ч			
	FEC ID number of contributing				ount							
	federal political committee.	С				7	7	25	0.00			
	Name of Employer	Occupation	1	_								
	Self Employed	Orthopaedic	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
			9 9									
~	Full Name (Last, First, Middle Initial)			D	(-						
C.	Jerry W Van Meter MD Mailing Address 1010 Pensacola St					Receipt		Y Y				
					07	/ D 11		2014	- T			
	City Honolulu	State HI	Zip Code				: 627325					
			96814	Am	ount	of Each	Receipt t	his Perio	d			
	FEC ID number of contributing federal political committee.	С						50	0.00			
	Name of Employer	Occupation				,	,					
	HPKG	Orthopaedi										
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General	55 5										
	Other (specify)		1000.00									
Г					-	_			_			
5	UBTOTAL of Receipts This Page (optional)			• L		7		1750	0.00			
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS							(check only one)						
11			for each category of the Detailed Summary Page				11b	11c		12			
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	y not be sold or used by any pe	ersor	13 1 for the	e pur	pose of	15 solicitin	ig co	16 Intributi	ons	17	
	NAME OF COMMITTEE (In Full)		duress of any pointear committee	. 10 .	Solicit C		Julions						
	Political Action Committee of the	e America	an Association of Ortho	opa	edic	Sur	geon	sPA	C c	of AA	05	3	
Α.	Full Name (Last, First, Middle Initial) Ronald G Christopher MD				Date	of Re	eceipt						
	Mailing Address 1815 Pointe Dr			07 / D D / Y Y Y Y Y 11 2014									
	City Talbott	State TN	Zip Code 37877-8959					627325 Receipt t		Period			
	FEC ID number of contributing federal political committee.	С					7	7		500.0	00		
	Name of Employer Self Employed	Occupation Orthopaedic											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		500.00										
— B.	Full Name (Last, First, Middle Initial) Anca Popa MD				Date	of Re	eceipt						
	Mailing Address 115 River Rd Ste 825				M 07	M /	11	· / ·		014	Y		
	City	State	Zip Code		Tran	sact	ion ID :	627325					
	Edgewater	NJ	07020		Amou	nt of	Each F	Receipt t	this F	Period			
	FEC ID number of contributing federal political committee.	С					9	7		150.0	00		
	Name of Employer Self Employed	Occupation Orthopaedic											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		300.00										
<u> </u>	Full Name (Last, First, Middle Initial) Jorge E Tijmes MD				Date	of Re	eceipt						
	Mailing Address P.O. Box 6209				07		11			014	Y		
	City Mc Allen	State TX	Zip Code 78502-6209					: 627325 Receipt t		Period			
	FEC ID number of contributing federal political committee.	С					7			750.	00		
	Name of Employer	Occupation											
	Southern Bone & Joint Center	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		750.00										
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,			1400.0	0]	

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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				mary Page		11a		11b	11c	12						
				aye		13		14	15	16	17					
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	ay not b ddress	be sold of of any po	r used by any olitical committ	person f ee to so	or the licit co	purı ntrib	oose o utions	f soliciting from suc	g contribu h commit	tions tee.					
NAME OF COMMITTEE (In Full)																
Political Action Committee of the	America	an As	ssociat	tion of Orth	nopae	dic S	Sur	geon	sPA	C of A	AOS					
Full Name (Last, First, Middle Initial) Constantine Charoglu MD					1	Date o	f Re	ceipt								
Mailing Address 12 Waterford Drive						07 11 2014										
City	State		p Code			Trans	sacti	on ID :	6273260)						
Hattiesburg	MS	39	9402-2927	7	/	Amoun	t of	Each F	Receipt th	nis Perioc						
FEC ID number of contributing federal political committee.	С							7	7	500	0.00					
Name of Employer	Occupation															
Southern Bone & Joint Center	Orthopaedic	c Surge	eon													
Receipt For:	Aggregate	Year-to	o-Date 🔻													
Primary General Other (specify) ▼		7		500.00												
Full Name (Last, First, Middle Initial) B. J Spence Reid MD						Date o	f Be	ceipt								
Mailing Address 433 Drayer Drive						м м 07	/	D 11	D / Y	2014	Y					
City	State	Zip	p Code				acti		6273263							
Hummelstown	PA	17	7036		/	Amoun	t of	Each F	Receipt th	nis Perioc						
FEC ID number of contributing federal political committee.	С							,	7	1000	.00					
Name of Employer	Occupation															
	Orthopaedic	: Surge	eon													
Receipt For:	Aggregate	Year-to	o-Date 🔻													
Primary General Other (specify) ▼				1000.00												
		,	,	1000.00												
Full Name (Last, First, Middle Initial) C. William J Maloney MD					I	Date o	f Re	ceipt								
Mailing Address 450 Broadway Mail Code 6342						м м 07	1	D 11		2014	Y					
City Deduced City	State		p Code						: 6273264							
Redwood City	CA	94	4063		/	Amoun	t of	Each F	Receipt th	nis Perioc						
FEC ID number of contributing federal political committee.	С							,	7	1000	0.00					
Name of Employer	Occupation															
Stanford University	Orthopaedic	c Surge	eon													
Receipt For:	Aggregate	Year-to	o-Date 🔻													
Primary General Other (specify) ▼		, .	- 1	1000.00												
SUBTOTAL of Receipts This Page (optional)					•			7		2500	.00					

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			Use separate schedule(s) (c		(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b		;	12 16	17			
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	statements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson fo	r the	purpose	of solicit	ing cor uch cor	16 htribut mmitte	17 ions e.			
	NAME OF COMMITTEE (In Full)												
\rangle	Political Action Committee of th	e America	an Association of Ortho	opaed	lic S	urgeo	onsP/	AC o	f AA	OS			
Α.	Full Name (Last, First, Middle Initial) Jeffrey Roberts MD			Da	Date of Receipt								
	Mailing Address 31012 Wilderness Trail				07 11 2014								
	City Westlake	State OH	Zip Code 44145				D : 62732 h Receipt	66					
	FEC ID number of contributing federal political committee.	С							1000.	00			
	Name of Employer Orthopaedic Associates	Occupation Orthopaedic											
	Receipt For:		Year-to-Date ▼										
	Other (specify) ▼		1000.00										
В.	Full Name (Last, First, Middle Initial) Kevin P Black MD			D;	ate of	Receip	t						
	Mailing Address 628 Grey Drive				07 11 2014								
	City	State	Zip Code			action I	D : 62735						
	Hummelstown	PA	17036	A	mount	of Eac	h Receipt	this P	eriod				
	FEC ID number of contributing federal political committee.	С				- 1			1000.	00			
	Name of Employer	Occupation											
	Penn State Hershey Medical Ctr	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		2000.00										
с.	Full Name (Last, First, Middle Initial) John M Aversa MD			Di	ate of	Receip	t						
	Mailing Address 2408 Whitney Ave				м м 07	/ D	D / 11	Y Y 20	Y 14	Y			
	City Hamden	State CT	Zip Code 06518-3209				D : 62735						
			00516-3209	Ar	mount	of Eac	h Receipt	this P	eriod	_			
	FEC ID number of contributing federal political committee.	С				- 7			250.	00			
	Name of Employer	Occupation											
	Connecticut Ortho Specialists Receipt For:	Orthopaedi	0	_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)		·····		-	- 7			2250.(00			

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ITEMIZED RECEIPTS	for each category of the 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 t	the American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Mark S Topolski MD		Date of Receipt
Mailing Address 837 Olympic Drive		07 11 2014
City	State Zip Code	Transaction ID : 6273526
Onalaska	WI 54650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Gundersen Health System	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Jeffery P Beckenbaugh DO		Date of Receipt
Mailing Address 1302 Lecy Lane NE		07 18 2014
City Stewartville	State Zip Code MN 55976-2500	Transaction ID : 6275153
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Olmsted Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Eric Martin Boyden MD		Date of Receipt
Mailing Address 1101 Dartmouth Dr		07 20 2014
City Reno	State Zip Code NV 89509	Transaction ID : 6280856
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Reno Orthopedic Clinic	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
• • • • • • • • • • • • • • • • •		
SUBTOTAL of Receipts This Page (optional).		▶ 1350.00

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SCHEDULE A (FEC Form 3X) FMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Report or for commercial purposes, other than u	is and Statements may not be sold or used by any sing the name and address of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Association of Orth	opaedic SurgeonsPAC of AAOS										
Full Name (Last, First, Middle Initial) A. James P Fogarty MD		Date of Receipt										
Mailing Address 5630 Willow Walk		M = M / D = D / Y = Y = Y = Y Y 07 20 2014										
City	State Zip Code	Transaction ID : 6281548										
Houston	TX 77069	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	1000.00										
Name of Employer	Occupation											
Self Employed	Orthopaedic Surgeon											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General												
Other (specify)	1000.00											
Full Name (Last, First, Middle Initial) B. Joseph E Broyles MD		Date of Receipt										
Mailing Address 1371 Elmcrest Dr		07 20 2014										
City	State Zip Code	Transaction ID : 6281550										
Baton Rouge	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	1000.00										
Name of Employer	Occupation											
Bone & Joint Ctr of Baton Rouge	Orthopaedic Surgeon											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General												
Other (specify) ▼	1000.00											
Full Name (Last, First, Middle Initial) C. Michael E Joyce MD		Date of Receipt										
Mailing Address 125 Partridge Landing]	M M / D D / Y Y Y Y 07 21 2014										
City	State Zip Code	Transaction ID : 6286074										
Glastonbury	CT 06033	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	500.00										
Name of Employer	Occupation											
Orthopaedic Sports Specialists	Orthopaedic Surgeon											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify) ▼	500.00											
SUBTOTAL of Receipts This Page (opti	onal)	▶ 2500.00										

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

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SCHEDULE A (FEC Form 3X) _ _ _ _

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IT.			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12			
Ar	y information copied from such Reports and St	atements ma	y not be sold or used by any pe	erson	13 1 for the		14 ose of	15 soliciting	 g co	16 ntributi		17	
	for commercial purposes, other than using the												
$\Big\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	pa	edic S	urg	jeon	sPA	С с	of AA	os		
Α.	Full Name (Last, First, Middle Initial) Dennis H Gordon MD				Date of	Rec	ceipt						
	Mailing Address P.O. Box 17290			07 21 2014									
	City St. Salt Lake City U		Zip Code 84117-0290	Transaction ID : 6286075 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		_		_	Amount	OTE	ach F	receipt tr	IIS F	500.0	00		
	Name of Employer	Occupation	2										
	JASIS Receipt For:	Orthopaedic	•	_									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 500.00										
в.	Full Name (Last, First, Middle Initial) George Walter Balfour MD			+	Date of	Rec	ceipt						
Mailing Address 11538 Rubio Ave					M M 07	/	21) / Y) 014	Y		
	City	State Zip Code Hills CA 91344	Zip Code					6286089			_		
	Granada Hills	CA	91344	_	Amount	of E	Each F	Receipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С					,		_	1000.0	00		
	Name of Employer Valley Orthopaedic Surgery Associates	Occupation Orthopaedic	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		1000.00										
С.	Full Name (Last, First, Middle Initial) Kit M Song MD			+	Date of	Rec	ceipt						
	Mailing Address 3160 Geneva St				м м 07	/	D [) / Y		014	Y		
	City	State	Zip Code			actio		628609 ⁻					
	Los Angeles	CA	90020-1199	_	Amount	of E	Each F	Receipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С					,	9	_	250.	00		
	Name of Employer	Occupation		-									
	Self Employed	Orthopaedic	: Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)		•	 _			7		-	1750.0	0]	

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only or X 11a 13	ne) 11b 11c 14 15	12 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the pur	pose of soliciting	g contributions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the									
A.	Full Name (Last, First, Middle Initial) Michael E Ayers MD			Date of Re	eceipt					
	Mailing Address 10 Crescent Ave			м м / 07	21 / Y	2014				
	City Scituate	State MA	Zip Code 02066	Transaction ID : 6286132 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.						500.00				
	Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedia Aggregate								
в.	Full Name (Last, First, Middle Initial) Paul P Harasimowicz III, MD Mailing Address 190 Groton Rd Ste 160	Date of Re	D D / Y	YYYY						
	City	State MA	Zip Code		21 ion ID : 6286133					
	Ayer FEC ID number of contributing federal political committee.	C	01432-1124	Amount of	Each Receipt th	nis Period 250.00				
	Name of Employer Self Employed	Occupation Orthopaedic		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
С.	Full Name (Last, First, Middle Initial) Pamela E Glennon MD			Date of Re	eceipt					
	Mailing Address 4050 Ashland Ave			07	21 Y	2014				
	City Wausau	State WI	Zip Code 54403		tion ID : 6286134					
	FEC ID number of contributing federal political committee.	C			Each Receipt th	250.00				
	Name of Employer	Occupation								
	Bone & Joint Clinic	Orthopaedi	c Surgeon	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)		b			1000.00				
	OTAL This Period (last page this line number of				7					

S	CHEDULE A (FEC Form 3X)			-	FOR LINE NUMBER: PAGE 25 OF 237						
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check onl							
			Detailed Summary Page	11a	11b 11c 12 14 15 16 17						
Ar	ny information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson for the	purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit co	ntributions from such committee.						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e Americ	an Association of Ortho	opaedic S	SurgeonsPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) James A Shaffer MD			Date o	f Receipt						
	Mailing Address 69 Grandview Blvd			07	M M / D D / Y Y Y Y Y 07 21 2014						
	City	State PA	Zip Code 19609		Transaction ID : 6286140						
			19009	Amoun	t of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			250.00						
	Name of Employer	Occupation	1								
	AJRC	Orthopaedi	c Surgeon	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) Kevin W Lanighan MD			Date o	f Receipt						
	Mailing Address 5527 Pine Loch Ln			07	/ D D / Y Y Y Y 21 2014						
	City	State	Zip Code	Trans	saction ID : 6286141						
	Williamsville	NY	14221	Amoun	t of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			1000.00						
	Name of Employer	Occupation	1								
	Northtowns Orthopaedics	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 1000.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Andrea M Saterbak MD			Date o	f Receipt						
	Mailing Address 122 Lakeside Dr			07	/ D D / Y Y Y Y 25 2014						
	City	State	Zip Code	Trans	saction ID : 6293530						
	Stillwater	MN	55082	Amoun	t of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			1000.00						
	Name of Employer	Occupation	1	-							
	St. Croix Ortho	Orthopaedi	ic Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
s	UBTOTAL of Receipts This Page (optional)				2250.00						

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		13		14	15	16	17					
Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (In Full)														
Political Action Committee	of the Americ	an Association of Ortho	opae	edic S	Sur	geon	sPA	C of AA	łOS					
Full Name (Last, First, Middle Initial) A. Craig S Roberts MD, MBA				Date of	f Re	ceipt								
Mailing Address 5803 Apache Rd			M = M / D = D / Y = Y = Y = Y Y 07 25 2014											
City	State	Zip Code		Trans	sacti	on ID :	6293531							
Louisville	KY	40207												
FEC ID number of contributing federal political committee.	C					9	7	500	.00					
Name of Employer	Occupation	1												
Univ of Louisville	Orthopaedi	c Surgeon												
Receipt For:		Year-to-Date ▼												
Primary General														
Other (specify)		500.00	4											
Full Name (Last, First, Middle Initial) B. Robert H Clayburgh MD				Date of	f Re	ceint								
Mailing Address 420 Reeves Dr						D		VV	V					
Maining Address 420 Reeves Dr				07		25		2014	Y					
City	State	Zip Code			acti		6293533							
Grand Forks	ND	58201					Receipt th							
FEC ID number of contributing federal political committee.	С					,		300	.00					
Name of Employer	Occupation	1	_											
Self Employed	Orthopaedi													
Receipt For:		Year-to-Date ▼												
Primary General	Aggregate		- L.											
Other (specify)		300.00	4											
Full Name (Last, First, Middle Initial) C. H David Homesley MD				Date of	f Re	ceipt								
Mailing Address 302 Colville Rd				07	/	23		ү ү 2014	Y					
City	State	Zip Code		Trans	sacti	ion ID :	: 6293534							
Charlotte	NC	28207		Amoun	t of	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					7		500	.00					
Name of Employer	Name of Employer Occupation													
Barron & Homesley Orthopaedics														
Receipt For:	Orthopaedi	Year-to-Date ▼												
Primary General	Aggregate		11.											
Other (specify)		500.00												
SUBTOTAL of Receipts This Page (optic	nal)					7		1300.	.00					

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ITEMIZ	ED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a	11b	11c	12	17			
	nation copied from such Reports an nmercial purposes, other than using			erson for the	purpose of	soliciting	contribut	ions			
	OF COMMITTEE (In Full)										
/ Polit	ical Action Committee of	the Americ	an Association of Ortho	opaedic S	Surgeons	sPAC	cof AA	AOS			
	ame (Last, First, Middle Initial) es Alexander Foley MD			Date of	f Receipt						
Mailing	Address 1705 E Bristlecone Dr			07	07 25 2014 Transaction ID : 6293557						
City		State	Zip Code								
Hartlar	nd	WI	53029	Amount	t of Each R	eceipt thi	s Period				
	D number of contributing political committee.	С			7		1000	.00			
Name	of Employer	Occupation	1								
	aedic Associates of Wisconsin	Orthopaedi	c Surgeon	_							
Receip	t For: Primary	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
	(
	ame (Last, First, Middle Initial) el P Holub MD			Date of	f Receipt						
	Mailing Address 1111 Delafield St Ste 120			M M 07	/ D D 25	/ Y	y y 2014	Y			
City		State WI	Zip Code		action ID :						
Wauke		VVI	53188-3402	Amount	t of Each R	eceipt thi	s Period				
	D number of contributing political committee.				7	1000.	00				
	of Employer aedic Associates of Wisconsin	Occupation									
Receip		Orthopaedi		_							
	Primary General	Aggregate	Year-to-Date ▼								
C	Other (specify) ▼		1000.00								
	ame (Last, First, Middle Initial) Nua D Auerbach MD	·		Date of	f Receipt						
Mailing	Address 1 Breckenridge Road			м м 07	/ D D 25	/ Y	2014	Y			
City		State	Zip Code	Trans	saction ID :	6293559					
Chapp	baqua	NY	10514	Amount	t of Each R	eceipt thi	s Period				
	D number of contributing political committee.	С				7	250	.00			
Name	of Employer	Occupation	1								
	Lebanon Hospital Center	Orthopaedi	c Surgeon								
Receip	rimary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		250.00								
SUBTOT	AL of Receipts This Page (optional)					7	2250.	00			
TOTAL T	This Period (last page this line numb	per only)									

SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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			Use separate schedule(s)		check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-	11b	11c	12					
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any p	erson f	13 or the	urpose o	of soliciting	g contribu	Itions				
	NAME OF COMMITTEE (In Full)					IIIIDUIIOIIS	s ironi suc		lee.				
	Political Action Committee of the	he America	an Association of Ortho	opae	dic S	urgeoi	nsPA	C of A	AOS				
Α.	Full Name (Last, First, Middle Initial) C Thomas Hopkins MD			Date of Receipt									
	Mailing Address 717 S. 8th Street				07 25 2014 Transaction ID : 6293560 Amount of Each Receipt this Period								
	City Griffin	State GA	Zip Code 30224	4									
	FEC ID number of contributing federal political committee.	С					- 7	250	0.00				
	Name of Employer Macon Orthopaedic & Hand Center	Occupation Orthopaedi											
	Receipt For:	·	Year-to-Date ▼	_									
	Primary General Other (specify) ▼		250.00]									
В.	Full Name (Last, First, Middle Initial) Troy S Watson MD				Date of	Receipt							
	Mailing Address 9 Clear Crossing Trail				M M 07	/ D		2014	Y				
	City	State	Zip Code				: 6293563						
	Henderson	NV	89052	A	Amount	of Each	Receipt th	nis Perioc	1				
	FEC ID number of contributing federal political committee.	С						250	0.00				
	Name of Employer Desert Orthopaedic Center	Occupation											
	Receipt For:	Orthopaedi	-	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
с.	Full Name (Last, First, Middle Initial) Harry E Rubash MD			[Date of	Receipt							
	Mailing Address Harvard Affl Hospitals 55 Fruit St YAW 3700				м м 07	/ D 2	D / Y	ү ү 2014	Y				
	City	State MA	Zip Code 02114				: 629381						
	Boston	IVIA	02114	/	Amount	of Each	Receipt th	nis Perioc	1				
	FEC ID number of contributing federal political committee.	С						100	0.00				
	Name of Employer	Occupation	l										
	Massachusetts General Hospital	Orthopaedi	0										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		1750.00										
s	SUBTOTAL of Receipts This Page (optional)						- 7	1500	.00				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:

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(check only one) X 11a 11b 12 11c **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 (Last, First, Middle Initial) David A Mattingly MD Α. Date of Receipt Mailing Address Longwood Orthopedic Associates M M / 830 Boylston St Ste 106 2014 07 27 City Zip Code State Transaction ID: 6293823 Chestnut Hill MA 02467 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Longwood Orthopedic Associates Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A Rauh MD Date of Receipt Mailing Address 46 Middlebury Rd 2014 07 28 City State Zip Code Transaction ID: 6293824 Orchard Park NY 14127-3962 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Name of Employer Occupation University Orthopedic Specialists Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. John N Hall MD Date of Receipt Mailing Address 3196 Turnberry Circle M = M 07 28 2014 Zip Code City State Transaction ID : 6293825 Charlottesville VA 22911 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

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

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		Use separate schedule(s)	(check only one)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16	17								
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS	3								
Full Name (Last, First, Middle Initial) A. Rafael M Fernandez MD			Date of Receipt									
Mailing Address P.O. Box 800809			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City	State	Zip Code	Transaction ID : 6293826									
Coto Laurel	PR	00780-0809	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer	Occupation		_									
Self Employed	Orthopaedie	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		400.00										
··· ·· ·												
Full Name (Last, First, Middle Initial) B. Jeffery D Angel MD			Date of Receipt									
Mailing Address 501 Virginia Dr Ste C			07 30 2014									
City	State	Zip Code	Transaction ID : 6298889									
Batesville	AR	72501-7331	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		84.00									
Name of Employer	Occupation											
Self Employed Receipt For:	Orthopaedic											
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		, 334.00										
Full Name (Last, First, Middle Initial) C. Deanna M Boyette MD			Date of Receipt									
Mailing Address 602 Daventry Dr			M = M / D = D / Y = Y = Y = Y									
City	State	Zip Code	07 28 2014 Transaction ID : 6300473									
Greenville	NC	27858-6513	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		1000.00									
Name of Employer	Occupation		-									
OEI	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		1000.00										
SUBTOTAL of Receipts This Page (optional)			1184.00									
TOTAL This Period (last page this line number of	only)											

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and	Statements m	ay not be sold or used by any n	erson for the purpose of soliciting contributions							
or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orthe	opaedic SurgeonsPAC of AAOS							
Full Name (Last, First, Middle Initial) A. Peter M Bonutti MD			Date of Receipt							
Mailing Address 1303 W Evergreen Ave			M M / D D / Y Y Y Y Y 07 28 2014							
City Effingham	State IL	Zip Code 62401-1387	Transaction ID : 6300475							
	12	02401-1307	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer	Occupation	1	_							
Bonutti Orthopaedics	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00]							
Full Name (Last, First, Middle Initial)										
B. Robert E Van Demark Jr, MD Mailing Address 332 Aspen Circle			Date of Receipt							
City	State	Zip Code	07 28 2014 Transaction ID : 6300476							
Sioux Falls	SD	57105	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation	1								
Sanford Health	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00]							
Full Name (Last, First, Middle Initial) C. Edward T Su MD			Date of Receipt							
Mailing Address 11726 Valley Creek Rd			07 29 2014							
City	State	Zip Code	Transaction ID : 6300840							
Woodbury	MN	55129	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer	Occupation	1	-							
Self Employed	Orthopaedi	ic Surgeon								
	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00	1							
SUBTOTAL of Receipts This Page (optional)			2500.00							
TOTAL This Period (last page this line number	er only)	······								

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SCHEDULE A (FEC Form 3X)

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TE			Use separate schedule(s)	(cł	(check only one)								
	MIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12			
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	information copied from such Reports and St or commercial purposes, other than using the												
	AME OF COMMITTEE (In Full)				_				_				
<pre> F</pre>	Political Action Committee of the	America	an Association of Ortho	pa	edic S	Sur	geon	sPA	Со	f AA	OS		
	ull Name (Last, First, Middle Initial) John D Miles MD				Date of	Re	ceint						
	lailing Address P.O. Box 0					/	D	D / Y	(Y	Y	Y		
_	1 S Keene St			07 29 2014									
	ity	State	Zip Code		Transaction ID : 6300841								
	Columbia	MO	65205-5014	_	Amount	t of	Each F	Receipt t	his P	eriod			
	FEC ID number of contributing federal political committee.						,			500.0	00		
N	ame of Employer	Occupation											
	elf Employed	Orthopaedic	Surgeon										
R	eceipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
			g										
	ull Name (Last, First, Middle Initial) Luis Alexander Miranda Torres MD				Date of	Re	ceipt						
M	lailing Address PMB 327				M M	/	D	D / Y	Y	Y	Y		
-	35 Juan C. Borbon Suite 67 City		Zin Codo	_	07		28		20	14			
	Guaynabo	State PR	Zip Code 00969	+			-	6300872 Receipt t		oriod			
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	ederal political committee.	С			L.		7		_	1000.0	00	I,	
	ame of Employer	Occupation											
	elf Employed	Orthopaedic	Surgeon										
К	eceipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		1000.00										
	ull Name (Last, First, Middle Initial) William T Turner MD				Data af		: t						
	lailing Address 3933 Ocean Beach Hwy Unit 1			\neg	Date of	ne	ceipt			Y	V		
	anning Francisco 5955 Ocean Deach Hwy Onit 1				07		28		20		1		
	ity	State	Zip Code		Trans	acti	ion ID :	: 630087	4				
_		WA	98632-4888	-	Amount	t of	Each F	Receipt t	his P	eriod			
	EC ID number of contributing ederal political committee.	С					9	7		250.	00	I,	
N	ame of Employer	Occupation											
_	ongview Orthopedic Associates	Orthopaedic	c Surgeon	_									
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼										
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l													
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SU	BTOTAL of Receipts This Page (optional)		••••••		<u></u>	-	7		_	1750.0	.0	Į.	

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177			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Ar	y information copied from such Reports and S	Statements ma	Ay not be sold or used by any pe	13 14 15 16 17 rrson for the purpose of soliciting contributions					
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Erik Spayde MD			Date of Receipt					
	Mailing Address 774 Lakeview Canyon			M M / D D / Y Y Y Y Y 07 28 2014					
	City Westlake Village	State CA	Zip Code 91362	Transaction ID : 6300875 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		500.00					
	Name of Employer	Occupation	1	_					
	Self Employed	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		E00.00						
	Other (specify)		500.00						
в.	Full Name (Last, First, Middle Initial) Richard D Guyer MD			Date of Receipt					
	Mailing Address 6020 W Parker Rd #200			07 28 2014					
	City	State	Zip Code	Transaction ID : 6300876					
	Plano	ТΧ	75093-8172	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation		_					
	Receipt For:	Orthopaedic	-	_					
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		500.00						
С.	Full Name (Last, First, Middle Initial) Roy J Guse MD			Date of Receipt					
	Mailing Address 209 Deerfield Dr			07 28 2014					
	City	State	Zip Code	Transaction ID : 6300887					
	Lufkin	ТΧ	75901	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		500.00					
	Name of Employer	Occupation	l	-					
	Self Employed	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		E00.00						
	Other (specify)		500.00						
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		r	1500.00					

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ITEMIZED RECEIF	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17							
	s, other than using the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.							
		an Association of Ortho	ppaedic SurgeonsPAC of AAOS							
A. Full Name (Last, First, M Michael R Heilig MI Mailing Address 200 Ke			Date of Receipt							
			07 28 2014							
City	State KY	Zip Code 40515	Transaction ID : 6300888							
Lexington		40515	Amount of Each Receipt this Period							
FEC ID number of contr federal political committe	ş		1000.00							
Name of Employer	Occupation									
Self Employed Receipt For:	Orthopaedic	: Surgeon								
	General	Year-to-Date ▼								
Other (specify)		1000.00								
Full Name (Last, First, M B. Edward Diao MD	Aiddle Initial)		Date of Receipt							
Mailing Address 2440 Ja	ackson Street		07 29 2014							
City	State	Zip Code	Transaction ID : 6300940							
San Francisco	CA	94115	Amount of Each Receipt this Period							
FEC ID number of contr federal political committe	ş		500.00							
Name of Employer Self Employed	Occupation									
Receipt For:	Orthopaedic		_							
	General	Year-to-Date ▼								
Other (specify) v		500.00								
Full Name (Last, First, M Edward C Littlejo			Date of Receipt							
Mailing Address 14911	National Ave Ste 3A		07 29 2014							
City	State CA	Zip Code	Transaction ID : 6300943							
Los Gatos	CA	95032-2632	Amount of Each Receipt this Period							
FEC ID number of contr federal political committe	v (500.00							
Name of Employer	Occupation									
Ortho NorCal	Orthopaedic	c Surgeon								
Receipt For:	General	Year-to-Date ▼								
Other (specify)		, 500.00								
SUBTOTAL of Receipts T	his Page (optional)	•••••	2000.00							
TOTAL This Period (last p	page this line number only)	••••••								

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 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 to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS						
Α.	Mailing Address 601 E Hampden Ave Ste 500			Date of Receipt						
	City Englewood	State CO	Zip Code 80113	Transaction ID : 6300956 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer Hand Surgery Associates	Occupation Orthopaedi								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
В.	Full Name (Last, First, Middle Initial) Murali Moorthy MD			Date of Receipt						
	Mailing Address 6201 Ruthland Road	07 29 2014								
	City Oakland	State CA	Zip Code 94611	Transaction ID : 6300958 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mahmood Jay Jazayeri MD			Date of Receipt						
	Mailing Address 1825 Via Coronel			07 29 2014						
	City Palos Verdes Estates	State CA	Zip Code 90274	Transaction ID : 6300959 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer		1	_						
	Self Employed Receipt For:	Orthopaedi	•							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00							
s	UBTOTAL of Receipts This Page (optional)			900.00						

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

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	47	
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe ddress of any political committee	erson for ti	ne pui	14 rpose of	15 soliciting	g contribu	Itions	
	NAME OF COMMITTEE (In Full)		duress of any pointear commutee	, to solicit	contin	outions				
	Political Action Committee of the	e America	an Association of Ortho	opaedic	Su	rgeon	sPA	C of A	AOS	
Α.	· · · · · · · · · · · · · · · · · · ·			Date	Date of Receipt					
	Mailing Address 7436 Glenvista Pl				07 29 2014					
	City State Zip Code Fishers IN 46038-1190				Transaction ID : 6300960 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С				7	7		0.00	
	Name of Employer	Occupation	I							
	Community Hospitals	Orthopaedic Surgeon								
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General									
	Other (specify)	<u> </u>	250.00							
в.	Full Name (Last, First, Middle Initial) Russell Cecil MD				of R	eceipt				
	Mailing Address 5010 St Hwy 30 Ste 205				7	29		2014	Y	
	City	State	Zip Code				6300971			
	Amsterdam	NY	12010-7532	Amo	unt of	Each F	Receipt tl	his Perioc	1	
	FEC ID number of contributing federal political committee.	С				л. 1		750	0.00	
	Name of Employer	Occupation	1							
	Mohawk Valley Ortho	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)	750.00								
c.	Full Name (Last, First, Middle Initial) Leland C McCluskey MD			Date	of R	eceipt				
	Mailing Address 1910 Hilton Ave				M 7	29		2014	Y	
	City	State	Zip Code	Tra	ansac	tion ID :	630097	3		
	Columbus	GA	31906	Amo	unt of	Each F	Receipt tl	his Perioc	ł	
	FEC ID number of contributing federal political committee.	С				7	9	250	0.00	
	Name of Employer Occupation									
	St Francis Hospital Orthopaedic Surgeon									
	Receipt For:									
		General								
	Other (specify)		250.00						_	
┢	CUBTOTAL of Receipts This Page (optional)			F		7	- 7	1250	.00	
1'	OTAL This Period (last page this line number	only)	•••••••••••••••••••••••••••••••••••••••							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and Stat or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS							
Full Name (Last, First, Middle Initial) A. Jerome J Perra MD		Date of Receipt							
Mailing Address 1171 Southview Drive		07 23 _ 2014 _							
City Hastings	StateZip CodeMN55033	Transaction ID : 6301041 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	1000.00							
	Occupation Drthopaedic Surgeon	_							
Pagaint For:	Aggregate Year-to-Date ▼ 2000.00								
Full Name (Last, First, Middle Initial) B. Gregg Berkowitz MD		Date of Receipt							
Mailing Address 5 Russell Rd									
City Freehold	State Zip Code NJ 07728-8582	Transaction ID : 6301042							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
Adversed Ortho 9. Croarts Mad Inst	Dccupation Drthopaedic Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00								
Full Name (Last, First, Middle Initial) C. Joseph G Martin MD		Date of Receipt							
Mailing Address 2300 53rd Ave Ste 100		07 23 2014							
City Bettendorf	StateZip CodeIA52722-7565	Transaction ID : 6301043 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	1000.00							
	Dccupation								
Boogint For:	Drthopaedic Surgeon								
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00								
SUBTOTAL of Receipts This Page (optional)	•	3000.00							

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) David S Girdany MD Mailing Address 609 Clover Hill Rd			Date of Receipt
City Somerset	State PA	Zip Code 15501	07 23 2014 Transaction ID : 6301045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Somerset Hospital Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate		
Full Name (Last, First, Middle Initial) B. Thomas E Baier MD Mailing Address 725 Stonegate			Date of Receipt
City Libertyville	State IL	Transaction ID : 6301056 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Greenleaf Orthopaedic Associates	Occupatior Orthopaedi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Junichi Tamai MD			Date of Receipt
Mailing Address 356 Warren Ave			07 23 2014
City Cincinnati	State OH	Zip Code 45220	Transaction ID : 6301057 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Cincinnati Childrens Medical Receipt For: Primary General Other (specify)	Orthopaed Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		••••••	1250.00
TOTAL This Period (last page this line numb	er only)	••••••	

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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) (c		(check only one)										
		for each category of the Detailed Summary Page		- H	11b	11c	12	17						
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements main the name and a	L ay not be sold or used by any po ddress of any political committee	erson for	the pi	urpose o	15 f soliciting from suc	g contribu	tions						
NAME OF COMMITTEE (In Full)														
Political Action Committee of	the Americ	an Association of Ortho	opaedio	c Su	irgeor	ISPA	C of AA	AOS						
Full Name (Last, First, Middle Initial) A. Lawrence R Walker MD			Date of Receipt											
Mailing Address P.O.Box 925														
294 N Fairway City	State	Zip Code)7	25		2014							
Lake Arrowhead	CA	92352-0925	Transaction ID : 6301103 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С				, i		500	.00						
Name of Employer	Occupation	1												
Arrowhead Orthopaedics	Orthopaedi	c Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		500.00												
Full Name (Last, First, Middle Initial) B. Alfred Ainsley Durham MD			Dat	e of F	Receipt									
Mailing Address 2954 Lockridge Rd			M)7	/ 25	D / Y	2014	Y						
City	State	Zip Code	Tr	ansad	tion ID :	6301105								
Roanoke	VA	24014	Amo	ount c	of Each I	Receipt th	nis Period							
FEC ID number of contributing federal political committee.	С			7		250	.00							
Name of Employer	Occupation	I												
Lewis Gale Physicians	Orthopaedi	c Surgeon												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00												
Full Name (Last, First, Middle Initial) C. Fred G Corley MD			Dat	e of F	Receipt									
Mailing Address 175 E Edgewood)7	/ 25		2014	Y						
City	State	Zip Code	Tr	ansa	ction ID	: 6301107	7							
San Antonio	ТХ	78209	Amo	ount c	of Each I	Receipt th	nis Period							
FEC ID number of contributing federal political committee.	С				9		750	.00						
Name of Employer	Occupation	1	-											
Univ of Texas Health Science Ctr	Orthopaedi	c Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		750.00												
SUBTOTAL of Receipts This Page (optional)	•			-	- 7	1500.	00						

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

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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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237

ITEMIZED RECEIP	, Te	Use separate schedule(s)			(check only one)								
	15	for each category of the Detailed Summary Page	X 11a		11b	11c	12	—	717				
Any information copied from	n such Reports and Statements ma , other than using the name and a	A not be sold or used by any period of the sold or used by any period committee	erson for the	e purpo	14 ose of tions fr	15 soliciting	g contribu	ution	17 IS				
NAME OF COMMITTEE		darees of any pointear commute											
	ommittee of the Americ	an Association of Ortho	opaedic	Surg	eons	6PA	C of A	AC	S				
Full Name (Last, First, M George E Lewinnek			Date	of Rec	eipt								
Mailing Address 6 Trilliur	n Ct		M 07	M /	25	/ Y	ү ү 2014	Y					
City Lunenburg	State MA	Zip Code 01462	Transaction ID : 6301113 Amount of Each Receipt this Period										
FEC ID number of contri federal political committe	ů.						25	0.00					
Name of Employer UMass Memorial	Occupation Orthopaedi												
Receipt For:	·	5	_										
	General	Year-to-Date ▼ 250.00											
Full Name (Last, First, M B. John Howard Wilbe			Date	of Rec	eipt								
Mailing Address 14255 C	County Line Rd		07	M /	D D D 25	/ Y	2014	Y					
City	State	Zip Code	Tran	sactio	n ID : 6	6301114							
Chagrin Falls	ОН	44022	Amou	nt of E	ach Re	eceipt th	nis Perio	d					
FEC ID number of contri federal political committe	ů.	C				7	25	0.00					
Name of Employer	Occupation	l											
Metro Health System	Orthopaedi	c Surgeon											
Receipt For:		Year-to-Date ▼											
Other (specify) ▼	General	250.00											
Full Name (Last, First, M C. Stephen Austin H			Date	of Rec	eipt								
Mailing Address 7 Pheas	sant Run Dr		07		25	/ Y	y y 2014	Y					
City	State	Zip Code	Trar	nsactio	on ID : (6301126	;						
Basking Ridge	NJ	07920	Amou	nt of E	ach Re	eceipt th	nis Perio	d					
FEC ID number of contri federal political committe	Ű,					7	25	0.00					
Name of Employer	Occupation	I											
Tri-County Orthopaedics	Orthopaedi	c Surgeon											
Receipt For:		Year-to-Date ▼											
Other (specify) ▼	General	250.00	1										
SUBTOTAL of Receipts Th	nis Page (optional)	•••••		,		7	75(0.00					

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 1						
An	y information copied from such Reports and St	atements ma	ay not be sold or used by any o	erson for the p	14 purpose of so	15 15						
	for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic S	urgeons-	-PAC of	AAOS					
A.	Full Name (Last, First, Middle Initial) Steve G Salyers MD			Date of	Receipt							
	Mailing Address 1060 Rossview Rd			07	/ D D 29	/ Y Y 201						
	City Clarksville	State TN	Zip Code 37043-1908	Transa	Transaction ID : 6301153 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.							000.00					
	Name of Employer Premier Orthopaedics	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
B	Full Name (Last, First, Middle Initial) Steven M Mulawka MD			Date of	Receipt							
	Mailing Address 1901 Connecticut Ave S			07	/ D D 29	/ Y Y 2014						
	City Sartell	State MN	Zip Code 56377	Transaction ID : 6301164 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					500.00					
	Name of Employer St Cloud Orthopaedic Associates	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
	Full Name (Last, First, Middle Initial) Brian L Davison MD		, ,	Date of	Beceint							
•	Mailing Address 8090 Crossgate Ct South			07	/ D D 29	/ Y Y 2014						
	City Dublin	State OH	Zip Code 43017		action ID : 63 of Each Rec		riod					
	FEC ID number of contributing federal political committee.	С					000.00					
	Name of Employer	Occupation										
	Orthopaedic One	Orthopaedic	c Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional)					25	500.00					
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17			Use separate schedule(s)	(check	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12					
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any political committee	erson for	the pu	14 Irpose o	f solicitin	g contrib	utions				
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	Political Action Committee of th	e America	an Association of Ortho	opaedio	c Su	rgeon	sPA	C of A	AOS				
Α.				Dat	e of F	Receipt							
	Mailing Address 14159 Beresford Rd				M M / D D / Y Y Y Y Y 07 29 2014								
	City	State	Zip Code	Tr	Transaction ID : 6301168								
	Beverly Hills	CA	90210	Amo	ount o	f Each I	Receipt t	his Perio	d				
	FEC ID number of contributing federal political committee.	С				7		100	0.00				
	Name of Employer	Occupation	1	_									
	Southern California Orthopedics	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
			7 7										
В.	Full Name (Last, First, Middle Initial) Jonathan R Pettit MD			Dat	e of F	Receipt							
	Mailing Address 2260 Harlan Rd					/ 29		2014	Y				
	City	State	Zip Code	Transaction ID : 6301171									
	Columbia	TN	Amo	ount o	of Each I	Receipt t	his Perio	d					
	FEC ID number of contributing federal political committee.	С				7	7	50	0.00				
	Name of Employer	Occupation		_									
	Mid Tennessee Bone & Joint Clinic	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
<u></u> .	Full Name (Last, First, Middle Initial) Peter R Seipel MD			Dat	e of F	Receipt							
	Mailing Address 10524 E Laurel Ln				м)7	/ 29		2014	Y				
	City	State	Zip Code	Tr	ansad	ction ID	: 630117	2					
	Scottsdale	AZ	85259	Amo	ount o	of Each I	Receipt t	his Perio	d				
	FEC ID number of contributing federal political committee.	С				7		25	50.00				
	Name of Employer	Occupation											
	Western Arizona Ortho & Sports	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		250.00										
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Ar	ny information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	Ay not be sold or used by any pe ddress of any political committee	erson for t	the pu	irpose of	15 f soliciting from suc	g contrib	utions ittee.	17			
	NAME OF COMMITTEE (In Full)												
\rangle	Political Action Committee of th	e America	an Association of Ortho	opaedio	c Su	rgeon	sPA	C of A	AOS	3			
Α.	Full Name (Last, First, Middle Initial) Pamela L Jones MD			Date	e of F	Receipt							
	Mailing Address 303 Columbus Ave #903			07 29 2014									
	City	State	Zip Code				6301174						
	Boston	MA	02116	Amo	ount o	f Each F	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С				7		50	0.00				
	Name of Employer	Occupation	1	_									
	Associates in Orthopaedics	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		700.00										
в.	Full Name (Last, First, Middle Initial) Cary T Tanamachi MD			Date	e of F	leceipt							
	Mailing Address 4821 St James Ct)7	/ D 1		2014	Y				
	City	State				6301180							
	Mesquite	ТХ	75150	Amo	ount o	f Each F	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			7		25	0.00					
	Name of Employer	Occupation		_									
	Self Employed	Orthopaedic	c Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
с.	Full Name (Last, First, Middle Initial) John Marcus Dickason MD			Date	e of F	Receipt							
	Mailing Address 1224 Calle Lago Dr				™ 07	/ D 28		ү ү 2014	Y				
	City	State TX	Zip Code				6301210						
	El Paso		79912	Amo	ount o	f Each F	Receipt th	nis Perio	d	_			
	FEC ID number of contributing federal political committee.	С						35	50.00				
	Name of Employer	Occupation											
	El Paso Orthopaedic Surg Group	Orthopaedi	•	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		350.00										
s	UBTOTAL of Receipts This Page (optional)					7		110	0.00				

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14 15 16 17				
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements may not be sold or used by any pe ame 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	American Association of Ortho	ppaedic SurgeonsPAC of AAOS				
A. Scott A Protzman MD Mailing Address 5868 Via Cuesta Dr	ott A Protzman MD					
City El Paso	StateZip CodeTX79912	07 28 2014 Transaction ID : 6301217 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
El Paso Orthopaedic Surg Group	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00					
B. Full Name (Last, First, Middle Initial) Mailing Address 331 Crown Point Dr		Date of Receipt				
City	State Zip Code	07 28 2014 Transaction ID : 6301218				
El Paso FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
El Doop Orthonoadio Sura Croup	Occupation Drthopaedic Surgeon	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) C. Robert Randolph Bell MD		Date of Receipt				
Mailing Address 1700 Murchison Dr.		07 28 2014				
City El Paso	StateZip CodeTX79902-2931	Transaction ID : 6301219 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
	Occupation					
Boogint For:	Orthopaedic Surgeon	_				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional)	•	900.00				

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only X 11a 13	y one) 11b 14	11c 12 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	n Association of Ortho	paedic S	Surgeons	PAC of AAOS						
A. Luis H Urrea II, MD			Date of	Receipt							
Mailing Address 5009 Vista Del Monte			м м 07	07 28 2014							
City El Paso	State TX	Zip Code 79922		action ID: 6	301220 ceipt this Period						
FEC ID number of contributing federal political committee.	С				300.00						
Name of Employer El Paso Orthopaedic Surg Group Receipt For:	Occupation Orthopaedic	0									
Primary General Other (specify) ▼	Aggregate Y	⁄ear-to-Date ▼ 300.00									
Full Name (Last, First, Middle Initial) B. Michael A Fallon MD			Date of	Receipt							
Mailing Address 6211 Franklin Hawk Dr			07	/ D D 28	2014						
City	State TX		action ID : 6								
El Paso FEC ID number of contributing		79912	Amount	t of Each Re	ceipt this Period						
federal political committee.	C				300.00						
Name of Employer El Paso Orthopaedic Surg Group	Occupation Orthopaedic	Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00									
Full Name (Last, First, Middle Initial) C. Johan J Penninck MD			Date of	Receipt							
Mailing Address 1720 Murchison Drive			м м 07	/ D D 28	2014 <u>2014</u>						
City El Paso	State TX	Zip Code 79902		action ID : 6	301222 ceipt this Period						
FEC ID number of contributing federal political committee.	С				300.00						
Name of Employer	Occupation		_								
		Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate Y	⁄ear-to-Date ▼ 300.00									
SUBTOTAL of Receipts This Page (optional)		•			900.00						

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)

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			Detailed Summary Page		〈 11a		11b	11c	12						
					13		14	15	16	17					
			ay not be sold or used by any p ddress of any political committee												
	COMMITTEE (In Full)														
Politica	I Action Committee o	f the Americ	an Association of Ortho	opae	edic S	Sur	geor	sPA	C of A	AOS					
	(Last, First, Middle Initial) Jackson DO				Date o	f Re	ceipt								
Mailing Ad	dress 741 Gary Ln			M M / D D / Y Y Y Y Y 07 28 2014											
City		State	Zip Code	_	07 28 2014 Transaction ID : 6301225 Amount of Each Receipt this Period										
El Paso		TX	79922-2205												
	imber of contributing itical committee.	С			Amount of Each Receipt this Period										
Name of E	mployer	Occupation	1												
	thopaedic Surg Group														
Receipt Fo		Aggregate	Year-to-Date V												
Prim Othe	ary General rr (specify) v		300.00												
	(Last, First, Middle Initial) Mansfield MD				Date o	f Re	ceipt								
Mailing Ad	dress 5550 Cory Dr				м м 07	/	28		2014	Y					
City		State TX	Zip Code		Trans	acti	on ID :	6301226	i	_					
El Paso		79932-3010		Amoun	t of	Each I	Receipt th	nis Period	l						
	FEC ID number of contributing federal political committee.								300	0.00					
Name of E El Paso Or	Employer thopaedic Surg Group	Occupation Orthopaedic													
Receipt Fo		Aggregate	Year-to-Date ▼ 725.00]											
	(Last, First, Middle Initial) harles Kofoed MD				Date o	f Re	ceipt								
Mailing Ad	dress 2619 Seminole Ct				м м 07	/	28		y y 2014	Y					
City Fairfield		State CA	Zip Code 94534-7871					: 6301229 Receipt_th	9 nis Period						
	imber of contributing itical committee.	С					7			4.00					
Name of E	Employer	Occupation	1												
Sutter Med		Orthopaedi	c Surgeon												
Receipt Fo		Aggregate	Year-to-Date ▼												
Prim	,		500.00	11											
Othe	r (specify) 🔻		580.00												
SUBTOTAL	of Receipts This Page (optiona	l)		•			,		684	.00					
TOTAL This	Period (last page this line num	ber only)		•			,	- 7							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		X 11a		11b	11c	12						
_					13		14	15	16		17				
	y information copied from such Reports and S for commercial purposes, other than using the														
\setminus	NAME OF COMMITTEE (In Full)														
	Political Action Committee of th	e America	an Association of Ortho	opa	edic S	Sur	geon	sPA	C of <i>i</i>	٩A	OS				
Α.	Full Name (Last, First, Middle Initial) Mark Kuehner Robinson MD				Date o	f Re	eceipt								
	Mailing Address P.O. Box 1267			M m / D m / Y m </th											
	City	State	Zip Code												
	Bishop	CA	93515-1267												
	FEC ID number of contributing federal political committee.	С					7	7	10	00.0	00				
	Name of Employer	ame of Employer Occupation													
	Self Employed	Orthopaedi	c Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		4000.00												
	Other (specify)	L	1000.00												
В.	Full Name (Last, First, Middle Initial) Thomas E Nelson MD		Date o	f Re	eceipt										
	Mailing Address 6435 Virginia Drive				M M		D		Y						
				07 28 2014											
	City	State	Zip Code		Trans	act		6301231	-						
	Excelsior	MN	55331		Amoun	t of	Each F	Receipt th	nis Peri	od					
	FEC ID number of contributing federal political committee.								1000.00						
	Name of Employer	Occupation	I												
	Twin Cities Orthopaedics	Orthopaedie	c Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	, iggi oguto													
	Other (specify)		1000.00												
с.	Full Name (Last, First, Middle Initial) Frank Kenneth Noojin III, MD				Date o	f Re	eceipt								
	Mailing Address 417 Alexander Circle				07	1	28		2014						
	City	State	Zip Code		Trans	sact	tion ID	: 6301238	3						
	Columbia	SC	29206		Amoun	t of	Each F	Receipt th	nis Peri	od					
	FEC ID number of contributing federal political committee.	С					7		2	250.0)0				
	Name of Employer	Occupation	I	\neg											
	Moore Clinic	Orthopaedi	c Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 3													
	Other (specify)		250.00												
s	UBTOTAL of Receipts This Page (optional)						7		22	50.0	0				

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Julie D Grosvenor MD Mailing Address, 205 Options Hill Dd			Date of Receipt
Mailing Address 365 Ossipee Hill Rd			07 28 2014
City East Waterboro	State ME	Zip Code 04030	Transaction ID : 6301239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Southern Maine Health Care	Orthopaedic	Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00]
Full Name (Last, First, Middle Initial) B. Louis E Murdock MD			Date of Receipt
Mailing Address 5012 N Quail Summit Wa	ay		07 28 2014
City	State	Zip Code	Transaction ID : 6301241
Boise	ID	83703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St. Luke's Regional Medical Center	Occupation Orthopaedic	Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 250.00	
Full Name (Last, First, Middle Initial) C. Scott Edward Porter MD			Date of Receipt
Mailing Address Dept of Ortho, Acad Ser 701 Grove Rd 2nd FI Su			08 03 2014
City Greenville	State SC	Zip Code 29605-4210	Transaction ID : 6305972
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 84.00
Name of Employer	Occupation		_
Greenville Hospital System	Orthopaedic	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		920.00	1
SUBTOTAL of Receipts This Page (option	al)		584.00
TOTAL This Period (last page this line nur	mber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		(11a		11b	11c	12							
				13		14	15	16	17						
Any information copied from such Reports or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full)															
Political Action Committee of	of the Americ	an Association of Orthe	opae	dic S	Sur	geon	sPA(C of AA	AOS						
Full Name (Last, First, Middle Initial) A. Kyle David Stuart MD				Date o	of Re	eceipt									
Mailing Address 5532 Matalee			M = M / D = D / Y = Y = Y = Y												
City	State	Zip Code			sact		6305975	2014 5							
Dallas	ТХ	75206				-		nis Period							
FEC ID number of contributing federal political committee.	С					7		250	.00						
Name of Employer	Occupatior														
Self Employed	Orthopaedi	c Surgeon													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		250.00]												
Full Name (Last, First, Middle Initial) B. David J Mansfield MD	I			Date o	of Re	eceipt									
Mailing Address 5550 Cory Dr			08 05 2014												
City	State	Zip Code	Transaction ID : 6307584												
El Paso	ТХ	79932-3010	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		85.00												
Name of Employer	Occupation	1													
El Paso Orthopaedic Surg Group	Orthopaedi	c Surgeon													
Receipt For:	· ··	Year-to-Date ▼													
Primary General	Aggregate		- L -												
Other (specify)	_ L	810.00	4												
Full Name (Last, First, Middle Initial) C. Neal D Lintecum MD				Date o	f Re	eceipt									
Mailing Address 789 N 1500 Rd				м м 08	/	05		у у 2014	Y						
City	State	Zip Code		Trans	sact	ion ID :	6309922	2							
Lawrence	KS	66049-9194		Amoun	t of	Each F	Receipt th	nis Period							
FEC ID number of contributing federal political committee.	С					3		100	0.00						
Name of Employer	Occupation	1													
Ortho Kansas	Orthopaedi	c Surgeon													
Receipt For:	Agareaate	Year-to-Date ▼													
Primary General	7.99109410														
Other (specify)		350.00													
SUBTOTAL of Receipts This Page (option	al)					7		435	.00						

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

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SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(check o	nly one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17						
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any p ddress of any political committee	erson for the	e purpose o	f soliciting	contribu	tions						
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of th	e America	an Association of Ortho	opaedic	Surgeon	nsPAC	C of A	AOS						
Α.	Full Name (Last, First, Middle Initial) Billy Keith Parsley MD			Date of Receipt										
	Mailing Address 1219 Barnsley Place													
	City Kingsport	State TN	Zip Code 37660	Transaction ID : 6309924 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					500	.00						
	Name of Employer Self Employed	Occupation Orthopaedi												
	Receipt For:		-											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
<u> </u>	Full Name (Last, First, Middle Initial) Chad A Krueger MD			Date	of Receipt									
	Mailing Address 14827 Forward Pass			M 08			2014	Y						
	City	State	Zip Code	Trar	saction ID :	6309927								
	San Antonio	ТХ	78248-0974	Amou	nt of Each I	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С				- 7	30	.00						
	Name of Employer	Occupation												
	U.S. Army	Orthopaedie	c Surgeon											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		240.00											
с.	Full Name (Last, First, Middle Initial) Jeffrey H Charen MD			Date	of Receipt									
	Mailing Address 205 May St Ste 202			08			ү 2014	Y						
	City	State	Zip Code	Trai	nsaction ID	: 6317619)	_						
	Edison	NJ	08837	Amou	nt of Each I	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С					1000	0.00						
	Name of Employer	Occupation												
	Ortho. Assoc. of Central Jersey	Orthopaedi	c Surgeon	_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify)		1000.00											
s	UBTOTAL of Receipts This Page (optional)						1530	.00						

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

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions									
or for commercial purposes, other than using the	he name and a	address of any political committee	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS									
Full Name (Last, First, Middle Initial) A. Mitchell Forest Reiter MD			Date of Receipt									
Mailing Address 120 Ravine Lake Rd			08 01 / Y Y Y Y Y 08 01 _ 2014 _									
City Bernardsville	State NJ	Zip Code 07924-1408	Transaction ID : 6317620 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer	Occupation	1	_									
Self Employed	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00]									
Full Name (Last, First, Middle Initial) B. Gaia Georgopoulos MD			Date of Receipt									
Mailing Address 7294 S Uravan Ct			08 01 2014									
City	State	Zip Code	Transaction ID : 6317622									
Foxfield	CO	80016	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		1000.00									
Name of Employer UC Denver	Occupation											
Receipt For:	Orthopaedi	5	_									
Primary General	Aggregate	Year-to-Date ▼	1									
Other (specify) v		1000.00										
Full Name (Last, First, Middle Initial) C. Beth E Shubin Stein MD			Date of Receipt									
Mailing Address 450 W 17th St Apt 1217			08 01 2014									
City New York	State NY	Zip Code 10011	Transaction ID : 6317627									
		10011	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		300.00									
Name of Employer	Occupation											
Self Employed Receipt For:	Orthopaedi	-	_									
Primary General	Aggregate	Year-to-Date ▼ 300.00										
Other (specify)		7 7 7	1									
SUBTOTAL of Receipts This Page (optional)			1550.00									
TOTAL This Period (last page this line number	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	11c	12						
			13		14	15	16	17					
Any information copied from such R or for commercial purposes, other th													
NAME OF COMMITTEE (In Full) Political Action Commi	ttee of the America	an Association of Orthe	opaedic	: Su	irgeor	nsPA(C of A	AOS					
Full Name (Last, First, Middle Ini A. David B Hahn MD	tial)		Date of Receipt										
Mailing Address 5625 S Bellaire	Ct		C	08 01 2014									
City	State	Zip Code	Tra	Transaction ID : 6317628									
Greenwood Village	CO	80121	Amo	unt c	of Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				,		250	0.00					
Name of Employer	Occupation	1											
HCA Physician Services	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
Full Name (Last, First, Middle Ini B. Philip L Schneider MD	tial)		Date	e of F	Receipt								
Mailing Address 10508 Bit and Sp	our Ln		M C	M 8	/ 04		2014	Y					
City	State	Zip Code	Transaction ID : 6317630 Amount of Each Receipt this Period										
Potomac	MD	20854	Amo	unt c	of Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C				7		1000	.00					
Name of Employer Center for Advanced Orthopaedics	Occupation Orthopaedic												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]										
Full Name (Last, First, Middle Ini C. William H Harris MD	tial)		Date	e of F	Receipt								
Mailing Address 1010 Waltham S Apt 8 Fairfield	treet		M C	M 8	/ D 04		у у 2014	Y					
City Lexington	State MA	Zip Code 02421-8061				: 6317632 Receipt th							
FEC ID number of contributing federal political committee.	C				7		250	0.00					
Name of Employer	Occupation												
Massachusetts General Hospital	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		250.00	1										
		1											
SUBTOTAL of Receipts This Page	(optional)				7	- 7	1500	.00					
TOTAL This Period (last page this	line number only)												

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ITEMIZED RECEIPTS	for each categor Detailed Summa	bry of the
		used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association	on of Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Douglas W Pahl MD		Date of Receipt
Mailing Address 6500-1 Green Island Drive		08 04 2014
City Columbus	StateZip CodeGA31904	Transaction ID : 6317633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) B. James J Purtill MD		Date of Receipt
Mailing Address 651 Darby Paoli Rd		08 01 _2014
City Villanova	State Zip Code PA 19085	Transaction ID : 6317637
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Rothman Institute	Occupation	
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) C. William H Warden III, MD		Date of Receipt
Mailing Address 2760 Atlantic Ave		08 01 Y Y Y Y Y 08 01 2014
City Long Beach	StateZip CodeCA90806-2755	Transaction ID : 6317638 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Memorial Ortho Surgical Group Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (optional)		2000.00

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

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Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s) for each category of the				(check only one)							
ITEMIZED RECEIPTS		X 11		11b	11c	12	Г						
	01.1	Detailed Summary Page	13		14	15	16		17				
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
Political Action Committee of the	he Americ	an Association of Ortho	opaedio	: Su	rgeon	sPA	C of <i>i</i>	4A(OS				
Full Name (Last, First, Middle Initial) A. James M Loddengaard MD			Date	e of R	eceipt								
Mailing Address 23456 Hawthorne Blvd Ste 3	300			M)8	/ D 01	۲ / D	2014						
City	State	Zip Code				631763							
Torrance	CA	90505	Amo	ount o	f Each F	Receipt t	his Peri	od					
FEC ID number of contributing federal political committee.	С				7		10	00.0	0				
Name of Employer	Occupation	1											
Self Employed	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		1000.00	1										
Other (specify)		7 7											
Full Name (Last, First, Middle Initial) B. Patrick Alton Dawson MD			Date	e of R	eceipt								
Mailing Address 1705 Edgecliff Terrace			M	M	/ D	о / с	Y	Y Y					
-			C	8	01	_ L	2014						
City	State	Zip Code				631764							
Lake Oswego	OR	97034	Amo	ount o	f Each F	Receipt t	his Peri	od					
FEC ID number of contributing federal political committee.	С				7		2	50.00	0				
Name of Employer	Occupation	I											
Self Employed	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
Full Name (Last, First, Middle Initial) C. William C McMaster MD			Date	a of B	eceipt								
Mailing Address 3032 Capri Lane			_		/		Y	V V					
)8	01		2014						
City	State	Zip Code	Tr	ansac	tion ID	631764	1						
Costa Mesa	CA	92626	Amo	ount o	f Each F	Receipt t	his Peri	od					
FEC ID number of contributing federal political committee.	С				7	7	2	250.0	0				
Name of Employer	Occupation	1											
Self Employed	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		250.00											

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 Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Peter J Stern MD			Date of Receipt
Mailing Address 5780 Drewry Farm Lane			08 01 2014
City Cincinnati	State OH	Zip Code 45267	Transaction ID : 6317642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer UC Health	Occupation Orthopaed		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) B. Mark A Rieger MD			Date of Receipt
Mailing Address 218 Ridgedale Ave Ste 104	1		08 04 _2014 _
City	State NJ	Zip Code	Transaction ID : 6317660
Cedar Knolls FEC ID number of contributing federal political committee.	C	07927-2109	Amount of Each Receipt this Period
Name of Employer Advocare The Orthopedic Center	Occupation Orthopaedi		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Steven Braxton Morgan MD			Date of Receipt
Mailing Address 1222 San Saba Ct			08 04 Y Y Y Y Y 08 04 2014
City Allen	State TX	Zip Code 75013	Transaction ID : 6317661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
OrthoTexas Receipt For:	·	ic Surgeon	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

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

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and	d Statements m	ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions									
or for commercial purposes, other than using	the name and a	address of any political committee	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS									
Full Name (Last, First, Middle Initial) A. Shelden L Martin MD			Date of Receipt									
Mailing Address 10720 E Cholla Ln			M = M / D = D / Y = Y = Y = Y Y 08 04 2014									
City Scottsdale	State AZ	Zip Code 85259-3861	Transaction ID : 6317664 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer	Occupation											
OrthoArizona Receipt For:	Orthopaedi	0										
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) B. Marc J Michaud MD	·		Date of Receipt									
Mailing Address 11 Cherry Ln			08 04 2014									
City	State	Zip Code	Transaction ID : 6317671									
Bedford	NH	03110	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer NH Orthopaedic Center	Occupation											
Receipt For:	Orthopaedi	5	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		500.00]									
Full Name (Last, First, Middle Initial) C. Christian P Christensen MD			Date of Receipt									
Mailing Address 1700 Lakewood Ln			08 04 _2014 _									
City	State	Zip Code	Transaction ID : 6317672									
Lexington	KY	40502	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		1000.00									
Name of Employer	Occupation	1										
Lexington Clinic	Orthopaedi	ic Surgeon	_									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		1000.00]									
SUBTOTAL of Receipts This Page (optional)			1750.00									
TOTAL This Period (last page this line numb	er only)											

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	v one)							
11			for each category of the Detailed Summary Page		-	11b	11c	12					
A	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	A not be sold or used by any poly	erson f	13 or the	0 14 purpose o	of solicitin	g contribu	utions				
	NAME OF COMMITTEE (In Full)		duress of any pointear committee	10 50			i nom suc		liee.				
	Political Action Committee of t	he Americ	an Association of Ortho	opae	dic S	urgeoi	nsPA	C of A	AOS				
А.	Full Name (Last, First, Middle Initial) Kenneth E Teter MD			[Date of	Receipt							
	Mailing Address 3609 SW Kings Forest Rd			M m m / D m m / Y m y m y m 08 05 / 2014 Transaction ID : 6318154 Amount of Each Receipt this Period									
	City Topeka	State KS	Zip Code 66610										
	FEC ID number of contributing federal political committee.	С						25	0.00				
	Name of Employer Tallgrass Orthopaedics and Sports Medi	Occupation Orthopaedi											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
В.	Full Name (Last, First, Middle Initial) Laith A Farjo MD			[Date of	Receipt							
	Mailing Address 1808 Hermitage				M M 08	/ D 0		ү ү 2014	Y				
	City	State	Zip Code				: 631815						
	Ann Arbor	MI	48104		Amount	of Each	Receipt t	nis Perioo	ł				
	FEC ID number of contributing federal political committee.	С						750	0.00				
	Name of Employer Advanced Orthopaedic Specialists	Occupation											
		Orthopaedi		_									
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Other (specify) ▼		, 750.00										
C.	Full Name (Last, First, Middle Initial) Stephen Edward Faust MD			[Date of	Receipt							
	Mailing Address 1 Presidents Point Drive U	nit A3			м м 08	/ D 0	D / Y 5	ү ү 2014	Y				
	City	State MD	Zip Code				: 631818						
	Annapolis	IVID	21403-1465	4	Amount	of Each	Receipt t	nis Perioo	b				
	FEC ID number of contributing federal political committee.	С					- 7	50	0.00				
	Name of Employer	Occupation	1										
	The Orthopaedic & Sports Medic	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
5	UBTOTAL of Receipts This Page (optional).						7	1500	0.00				
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Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	ay not be sold or used by any pe ddress of any political committee	e to s	13 1 for the solicit co	purp ntrib	14 Dose of utions	15 f soliciting from suc	g con	16 tributic nmittee	17 ons e.				
	NAME OF COMMITTEE (In Full)														
	Political Action Committee of th	e America	an Association of Ortho	ра	edic S	Sur	geon	sPA	C of	f AA	OS				
Α.	Full Name (Last, First, Middle Initial) John A Papa MD				Date o	f Re	ceipt								
	Mailing Address 1440 Hibiscus Ave				м м 08	/	05	D / Y	20 ⁻	ү 14					
	City Winter Park	State FL	Zip Code 32789	Transaction ID : 6318181 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7			300.0	0				
	Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedi													
	Receipt For:		Year-to-Date ▼	-											
	Primary General	Ayyreyale													
	Other (specify)	L	300.00												
в.	Full Name (Last, First, Middle Initial) Jeffrey H Berg MD				Date o	f Re	ceipt								
	Mailing Address 1860 Town Center Dr Ste 300)			м м 08	/	05	D / Y	201	ү 14					
	City	State	Zip Code				-	6318182							
	Reston	VA	20190	_	Amoun	t of	Each F	Receipt tl	his Pe	eriod					
	FEC ID number of contributing federal political committee.	С					9	7		250.0	0				
	Name of Employer	Occupation	I												
	Town Center Ortho Associates	Orthopaedic	c Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
— c.	Full Name (Last, First, Middle Initial) Eugene Michael Wolf MD			+	Date o	f Re	ceipt								
	Mailing Address 3000 California St 3rd Fl				08	/	05		_201	Y 1					
	City	State	Zip Code		Trans	sacti		: 631818:	_						
	San Francisco	CA	94115-2411		Amoun	t of	Each F	Receipt tl	his Pe	eriod					
	FEC ID number of contributing federal political committee.	С					9			1000.0	00				
	Name of Employer	Occupation													
	Sportsmed Ortho Group	Orthopaedi	c Surgeon												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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			Detailed Summary Page		K 11a		11b	11c	12							
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	y information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)				_			~ ~ ^								
	Political Action Committee of the	e Americ	an Association of Ortho	pae	.) of A	AOS										
Α.	Full Name (Last, First, Middle Initial) Thomas David Greider MD				Date o	of R	eceipt									
	Mailing Address 5210 Brae Burn				M N 08	1	05		2014	Y						
	City	State	Zip Code	Transaction ID : 6318184												
	Bellaire	TX	77401	_	Amour	nt of	Each I	Receipt th	is Perio	d						
	FEC ID number of contributing federal political committee.	С					7		30	0.00						
	Name of Employer	Occupation	1													
	Self Employed	Orthopaedi	c Surgeon													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		600.00													
			/y /y /x	_												
В.	Full Name (Last, First, Middle Initial) Michael R Ugino MD				Date o	of R	eceipt									
	Mailing Address 1910 Blanding St				M		/ D	D / Y	Y Y	Y						
					08		05		2014	_						
	City	State SC	Zip Code					6318185								
	Columbia	30	29201-3520	-	Amour	nt of	Each I	Receipt th	is Perio	b						
	FEC ID number of contributing federal political committee.	С					7	7	25	0.00						
	Name of Employer	Occupation	1													
	Midlands Orthopaedics	Orthopaedi	c Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		050.00													
	Other (specify)		250.00													
_	Full Name (Last, First, Middle Initial) Christopher William Peer MD, MS				Date of	of P	eceint									
0.	Mailing Address 744 W Water St				08		05		_ 2014	Y						
	City	State	Zip Code		the second se	sac		: 6318186								
	Hancock	MI	49930-1941					Receipt th		d						
	FEC ID number of contributing	0														
	federal political committee.	С			L.	-	7	J	25	0.00						
	Name of Employer	Occupation	1													
	Portage Health	Orthopaedi	ic Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		250.00													
	Other (specify)	L	250.00													
Γ						-			201	0.00						
s	UBTOTAL of Receipts This Page (optional)		•	-			7	7	000	5.00						
_	OTAL This Davied (last page this line number)															
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IT.			(c	heck on	(check only one)										
11			for each category of the Detailed Summary Page		X 11a		11b	11c		12					
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe	ersor	13 1 for the	pur	14 pose of	f solicitin	g con	16 htributio	17 ons				
	NAME OF COMMITTEE (In Full)			10 3	SUIICIT CO		utions	ITOITI SUC		mmue	e.				
	Political Action Committee of th	e America	an Association of Ortho	opa	edic S	Sur	geon	isPA	Co	f AA	OS				
Α.	Full Name (Last, First, Middle Initial) James R McCoy MD			Date of Receipt											
	Mailing Address #31 Montagne Ct			08 05 2014 Transaction ID : 6318188 Amount of Each Receipt this Period											
	City Little Rock	State AR	Zip Code 72223												
	FEC ID number of contributing federal political committee.	С					,			500.0	0				
	Name of Employer VA Hospital	Occupation Orthopaedic													
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		500.00												
В.	Full Name (Last, First, Middle Initial) Joseph C DiRaimondo MD				Date o	of Re	eceipt								
	Mailing Address 1636 Miriam Rd				08	/	05	D / Y	20	Y 14					
	City	State	Zip Code				-	631818	-						
	Manitowoc	WI	54220-4039	_	Amoun	nt of	Each F	Receipt t	his Pe	eriod	_				
	FEC ID number of contributing federal political committee.	С			L		7			1000.0	0				
	Name of Employer Self Employed	Occupation													
	Receipt For:	Orthopaedic		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) William P Barrett MD				Date o	of Re	eceipt								
	Mailing Address 4011 Talbot Rd S Ste 300				M M 08	/	04		20	ү 14					
	City Renton	State WA	Zip Code 98055-5791	_				: 631821 Receipt t		eriod					
	FEC ID number of contributing federal political committee.	С					7			1000.0	00				
	Name of Employer	Occupation													
	Proliance Surgeons	Orthopaedi	c Surgeon												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00												
s	UBTOTAL of Receipts This Page (optional)		•	•			7	7	2	2500.0	0				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and s or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) Political Action Committee of th	he American Association of Orth	opaedic SurgeonsPAC of AAOS					
A. Jay M Minorik MD Mailing Address 4924 Silentwind Way		Date of Receipt					
City Appleton	State Zip Code WI 54913	08 04 2014 Transaction ID : 6318214 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer Valley Orthopaedic Clinic Receipt For: Primary General Other (specify) v	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]					
B. Full Name (Last, First, Middle Initial) John A Repicci MD Mailing Address 4510 Main St	Date of Receipt						
City Buffalo FEC ID number of contributing	State Zip Code NY 14226-3800	08 04 2014 Transaction ID : 6318215 Amount of Each Receipt this Period					
federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼						
Other (specify)	500.00]					
C. Full Name (Last, First, Middle Initial) Lawrence Joseph Kusior MD Mailing Address 10 Trinity Way		Date of Receipt					
City Lagrangeville	StateZip CodeNY12540	08 04 2014 Transaction ID : 6318216 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer Orthopedic Associates of Dutchess Coun Receipt For:	Occupation Orthopaedic Surgeon						
Primary General Other (specify)	Aggregate Year-to-Date ▼ 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. 02/2003

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 12 11c **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 (Last, First, Middle Initial) Jeffrey T Adams MD Α. Date of Receipt Mailing Address 1050 N James Campbell Blvd Ste 200 M M / 04 2014 08 City Zip Code State Transaction ID: 6318223 ΤN Columbia 38401-2754 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Mid Tennessee Bone & Joint Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Leigh Brezenoff MD Date of Receipt Mailing Address 9 Ventres Way 08 2014 04 City State Zip Code Transaction ID: 6318224 СТ Burlington 06013 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Litchfield Hills Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Keith R Pitchford DO Date of Receipt Mailing Address 852 Royal Dublin Ln M = M 2014 08 04 City State Zip Code Transaction ID: 6318225 IN Dyer 46311 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Great Lakes Ortho & Sports Med Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)				FOR LINE N	-
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			Detailed Summary Page	X 11a	11b 11c 12 14 15 16 17
	y information copied from such Reports and S			erson for the p	urpose of soliciting contributions
or	for commercial purposes, other than using the	e name and a	address of any political committee	e to solicit contr	ributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	opaedic Su	urgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Robert C Suga MD			Date of F	Receipt
	Mailing Address 215 E 21 St	08	/ D D / Y Y Y Y 04 2014		
	City Sioux Falls	State SD	Zip Code 57105		ction ID : 6318226
		_		Amount o	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			600.00
	Name of Employer	Occupation			
	Orthopaedic Institute Sioux Falls SD Receipt For:	Orthopaedi		_	
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		600.00		
В.	Full Name (Last, First, Middle Initial) David A Fisher MD			Date of F	Receipt
	Mailing Address 351 Breakwater Dr			M M	/ D D / Y Y Y Y
	<u></u>	State	Zip Code	08	04 2014
	City Fishers	IN	46037		ction ID : 6318227 of Each Receipt this Period
	FEC ID number of contributing	С			1000.00
	federal political committee.	U			1 1
	Name of Employer	Occupation	1		
	Orthopaedics Indianapolis	Orthopaedi	c Surgeon	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		, 1000.00		
<u>с</u>	Full Name (Last, First, Middle Initial)			Date of F	Receipt
•	Mailing Address 1454 Yale Ave				/ D D / Y Y Y Y Y 01 _ 2014 _
	City	State	Zip Code		ction ID : 6318568
	Salt Lake Cty	UT	84105-1615	Amount o	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer	_			
	University Orthopaedic Center	Orthopaedi	ic Surgeon		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1	
s	UBTOTAL of Receipts This Page (optional)		••••••		1850.00

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

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	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	and Statements may not be sold or used by any p g the name and address of any political committe							
NAME OF COMMITTEE (In Full)								
	f the American Association of Orth	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Michael Leathers MD		Date of Receipt						
Mailing Address 2801 K St Ste 330		08 01 2014						
City	State Zip Code	Transaction ID : 6318570						
Sacramento	CA 95816-5119	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	438.00						
Name of Employer	Occupation							
Self Employed	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) ▼	438.00							
Full Name (Last, First, Middle Initial) B. Richard E Grant MD	Date of Receipt							
Mailing Address 5 Bayberry Circle	08 01 _2014 _							
City								
Ambler	PA 19002-1145	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	150.00						
Name of Employer Self Employed	Occupation							
Receipt For:	Orthopaedic Surgeon							
Primary General	Aggregate Year-to-Date ▼							
Other (specify)	300.00							
Full Name (Last, First, Middle Initial) C. Joseph W Dryer MD		Date of Receipt						
Mailing Address 77 Huron Dr		08 01 2014						
City	State Zip Code NJ 07928-1205	Transaction ID : 6318573						
Chatham	NJ 07928-1205	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation							
Spine Care, Inc Receipt For:	Orthopaedic Surgeon							
Primary General	Aggregate Year-to-Date ▼							
Other (specify)	250.00							
SUBTOTAL of Receipts This Page (optional	al)	838.00						
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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma	l ay not be sold or used by any p ddress of any political committer	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	<u> </u>								
	of the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. James D McKinney MD			Date of Receipt						
Mailing Address 3131 Brown's Mill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID : 6319355						
Cookeville	TN	38506	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation	1	-						
Tier One	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify)		500.00	1						
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1						
Full Name (Last, First, Middle Initial) B. William A Leone MD			Date of Receipt						
Mailing Address 3111 NE 27th Ave			08 01 2014						
City	State	Zip Code	Transaction ID : 6319787						
Lighthouse Point	FL	33064-8107	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation	I	—						
Holy Cross Hospital	Orthopaedic	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		500.00]						
Full Name (Last, First, Middle Initial) C. Jeffrey R Cusmariu MD	1		Date of Receipt						
Mailing Address 494 Lake Colony Way			08 01 2014						
City	State	Zip Code	Transaction ID : 6319789						
Birmingham	AL	35242	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation		-						
Ortho Sports Associates	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		500.00	1						
	4								
SUBTOTAL of Receipts This Page (option	nal)		1500.00						
TOTAL This Period (last page this line nu	umber only)								

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IT.			Use separate schedule(s)	(C	heck on	ly or	ne)		-			
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12	□ ₄-	7
Ar	ny information copied from such Reports and	Statements ma	ay not be sold or used by any pe	ersor	13 1 for the	pur	14 pose of	15 solicitin	g cor	16 htributi	0ns	
or	for commercial purposes, other than using th	e name and a	doress of any political committee	9 10 9	SONCIT CO	ontrip	utions 1	from suc	n cor	mmitte	e.	
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	opa	edic S	Sur	geon	sPA	Co	f AA	os	
Α.	Full Name (Last, First, Middle Initial) Peter D Wood MD			Date of Receipt								
	Mailing Address 2404 Mallard Cir				M = M / D = D / Y = Y = Y = Y Y O8 O1 2014 Image: 2014 <th< td=""></th<>							
	City Longmont		Transaction ID : 6319795 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C								500.0	00	
	Name of Employer Longmont Clinic	Occupation Orthopaedi										
	Receipt For:	· · ·	Year-to-Date ▼									
	Primary General Other (specify) ▼	Aggregate	500.00									
в.	Full Name (Last, First, Middle Initial) Richard Neal Wulff MD				Date o	of Re	ceipt					
	Mailing Address 305 Bayswater Ct						01) / Y		Y 14	Y	
	City	State	Zip Code					6319796			_	
	Las Vegas	NV	89145	_	Amoun	nt of	Each R	Receipt tl	his P	eriod		
	FEC ID number of contributing federal political committee.	С					J		_	250.0	00	
	Name of Employer Self Employed	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u> </u>	Full Name (Last, First, Middle Initial) Paul Strawn Sherbondy MD				Date o	of Re	ceipt					
	Mailing Address 507 Beaumont Drive				08	/	09) / Y		14	Y	
	City State College	State PA	Zip Code 16801-8311					632429 Receipt tl		eriod		
	FEC ID number of contributing federal political committee.	C					7		_	84.	00	
	Name of Employer	Occupation	 									
	Penn State Hershey	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
_	Other (specify)		672.00									
s	SUBTOTAL of Receipts This Page (optional)		•	•			7		-	834.0	0	

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

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FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
		ay not be sold or used by any p	erson for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) Russell A Wagner MD			Date of Receipt						
Mailing Address 4059 Riveridge Ct			M M / D D / Y Y Y Y Y 08 09 2014						
City	State	Zip Code	Transaction ID : 6324299						
Fort Worth	ТХ	76109-4620	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer	Occupation		—						
University of North Texas	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		585.00]						
Full Name (Last, First, Middle Initial) B. William M Strassberg MD			Date of Receipt						
Mailing Address 36 Sailors Bluff			08 11 2014						
City	State	Zip Code	Transaction ID : 6324307						
Northport	ME	04849	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer Mount Desert Island Hospital	Occupation								
Receipt For:	Orthopaedic	0	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		750.00							
Full Name (Last, First, Middle Initial) C. Martin Boublik MD	·		Date of Receipt						
Mailing Address 8200 E Belleview Ave Ste 6	615E		08 11 2014						
City	State	Zip Code	Transaction ID : 6327036						
Greenwood Village	CO	80111-2898	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer	Occupation	I							
Steadman Hawkins Clinic	Orthopaedi	c Surgeon	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00]						
SUBTOTAL of Receipts This Page (optional).			835.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			Detailed Summary Pag	X	11a		11b	Γ	11c		12					
			Letanea caninary r ag	~		13		14		15		16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of	Ortho	pae	dic S	Sur	geo	ons	sPA	Сo	of AA	OS			
A.	Full Name (Last, First, Middle Initial) James T Howell MD	Date of Receipt														
	Mailing Address 4800 Quarry Dr		M M / D D / Y Y Y Y													
						08			11	L	20	014				
	City	State AR	Zip Code					-	-	6327048	-					
	Conway	AR	72034-7593		_	Amount	t of	Each	Re	eceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С					_	7	_	7		250.	00			
	Name of Employer	Occupation														
	Conway Ortho Sports Med Clinic	Orthopaedic	: Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) ▼		, 250.	.00												
B.	Full Name (Last, First, Middle Initial) Douglas S Musgrave MD					Date of	Re	ceint								
	Mailing Address 15800 NW Fair Acres Dr					M = M			D	/ Y	Y	Y	Y			
							08 12 2014									
	City	State	Zip Code			Trans	acti	ion ID):6	6328774	,					
	Vancouver	WA	98685		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C						500.00								
	Name of Employer	Occupation			-											
	Northwest Surgical Specialists	Orthopaedic	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		500.	00												
	Other (specify) v		,	.00												
C.	Full Name (Last, First, Middle Initial) Eric Louis Smith MD					Date of	Re	eceipt								
	Mailing Address 1573 Beacon St		7.0.1			м м 08	/		D 13	J L	20)14	Υ			
	City Waban	State MA	Zip Code 02468-1507							6329706						
		19173	02400-1307	1	A	Amount	t of	Each	Re	eceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С				_	_	7	_			84	00			
	Name of Employer	Occupation														
	Tufts Medical Center	Orthopaedic	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		284	.00												
s	UBTOTAL of Receipts This Page (optional)			····· •				7				834.	00			
													_			

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

FOR LINE NUMBER:

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17			Use separate schedule(s)	(check	only	one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17					
A	ny information copied from such Reports and s	Statements ma	l ay not be sold or used by any pe ddress of any political committee	erson for	the p	ourpose o	15 of soliciting from suc	g contribut d commini	17 utions ttee.					
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of th	e America	an Association of Ortho	opaedi	ic S	urgeor	ารPA	C of A	AOS					
Α.	Full Name (Last, First, Middle Initial) Todd A Schmidt MD			Da	te of	Receipt								
	Mailing Address 2865 Lake Park Drive			M	08 14 2014									
	City Jonesboro	State GA	Zip Code 30236-4133				: 632973 Receipt tl	5	d					
	FEC ID number of contributing federal political committee.	С				7			4.00					
	Name of Employer Southern Orthopaedic Specialists	Occupation Orthopaedi												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		504.00											
В.	Full Name (Last, First, Middle Initial) Ronald W B Wyatt MD			Da	te of	Receipt								
	Mailing Address 533 Carleton Way					08 14 2014								
	City	State	Zip Code				: 6329736							
	Alamo	CA	94507-2863	Am	nount	of Each	Receipt th	nis Period	d					
	FEC ID number of contributing federal political committee.	С						10	0.00					
	Name of Employer	Occupation												
	Self Employed	Orthopaedic	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		, 600.00											
с.	Full Name (Last, First, Middle Initial) David R Chandler MD			Da	te of	Receipt								
	Mailing Address 165 Middle Plantation Ln			M	08	/ D 1		у у 2014	Y					
	City Gulf Breeze	State FL	Zip Code				: 632973							
		ΓL	32561-4899	Am	nount	of Each	Receipt th	nis Perio	b					
	FEC ID number of contributing federal political committee.	С						8	5.00					
	Name of Employer	Occupation												
	Self Employed	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) V		510.00											
5	SUBTOTAL of Receipts This Page (optional)		•	•		-,	- 7	269	9.00					

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 Detailed Summary Page FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Page		X 11a		11b	11c	12					
_					13		14	15	16	17				
	ny information copied from such Reports and s for commercial purposes, other than using th													
$\left[\right]$	NAME OF COMMITTEE (In Full)													
	Political Action Committee of th	ne Americ	an Association of Ortho	opae	edic S	Sur	geon	sPAC	C of AA	NOS				
Α.	Full Name (Last, First, Middle Initial) James Michael Grimes MD				Date o	f Re	ceipt							
	Mailing Address 1 Orthopaedic PI				08 11 2014									
	City	State FL	Zip Code 32086-4202		Trans	sacti	on ID :	6332329						
	Saint Augustine	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					,		500	.00				
	Name of Employer	Occupation	1											
	Orthopaedic Associates of St Augustine	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		500.00											
– R	Full Name (Last, First, Middle Initial) Eeric Truumees MD		Date o	f Re	ceint									
0.	Mailing Address 1508 Windsor Rd													
	Maning Address 1508 Wildsof Ru				08	/	11		2014	,				
	City	State	Zip Code			acti		6332330						
	Austin	ТΧ	78703-4116	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			1000.00									
	Name of Employer	Occupatior	1											
	Seton Medical Center	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		1000.00											
C.					Date of	f Re	ceipt	_	_	_				
	Mailing Address 1605 Brandon Hall Drive				м м 08	/	D 11		у у 2014	Y				
	City	State	Zip Code		Trans	sacti	on ID	: 6332331						
	Atlanta	GA	30350		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7		380	.00				
	Name of Employer													
	Resurgens Orthopaedics													
	Receipt For:													
	Primary General													
	Other (specify)		380.00											
s	SUBTOTAL of Receipts This Page (optional)		•	• •			7		1880.	00				

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

FOR LINE NUMBER:

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			Use separate schedule(s)	(checł	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a	11b	11c	12	<u> </u>		
A	ny information copied from such Reports and S	tatements ma	av not be sold or used by any pe		the p	14 urpose d	15 f solicitin	a contribu	utions		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solic	it con	tributions	from suc	h commi	ttee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		an Acception of Ortho	م م م م					100		
	Political Action Committee of the	e America	an Association of Ortho	spaeu	0.21	ligeor	IS-PA		AU5		
<u> </u>	Full Name (Last, First, Middle Initial)										
Α.	,		Date of Receipt								
	Mailing Address 57 Leach Ave			TV	08	/ D		2014	Y		
	City	State	Zip Code	T			: 633233				
	Park Ridge	NJ	07656	Am	nount	of Each	Receipt t	his Period	b		
	FEC ID number of contributing	С						100'	0.00		
	federal political committee.	U			-	7					
	Name of Employer	Occupation									
	Garden State Orthopaedics	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
				<u> </u>							
В.	Full Name (Last, First, Middle Initial) Edward F W Swan MD			Da	te of	Receipt					
	Mailing Address 257 Harmony Lane			_	M	/ D	D / Y	Y Y	Y		
				_ L	08	12	2	2014			
	City Titusville	State FL	Zip Code 32780				: 6332338				
			32760	An	nount	of Each	Receipt t	his Perioo	1		
	FEC ID number of contributing federal political committee.	С				7	7	1000	0.00		
	Name of Employer Retired	Occupation									
	Receipt For:	Orthopaedic									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
<u>с</u>	Full Name (Last, First, Middle Initial) Willard B E Wong MD			Da	ite of	Receipt					
2.	Mailing Address 12322 Maravilla Dr				M	/ D	D / Y	Y Y	Y		
				_ L	08	12	2	2014	_		
	City Salinas	State CA	Zip Code 93908-8960				: 633233		-1		
	FEC ID number of contributing	_		An	iount	or Each	Receipt t	his Perioo			
	federal political committee.	С						40	0.00		
	Name of Employer	Occupation	1								
	Precision Orthopaedics	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		400.00								
_											
s	UBTOTAL of Receipts This Page (optional)							2400	0.00		
\vdash				- 6	-	7	7				
ד	COTAL This Period (last page this line number	only)		• L							

SCHEDULE A (FEC Form 3X) FMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TIEWIZED RECEIPTS	Detailed Summary Page							
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by a ng the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American Association of O	orthopaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Lana Kang MD		Date of Receipt						
Mailing Address 520 E 76th St Apt 12B		08 12 2014						
City	State Zip Code	Transaction ID : 6332340						
New York	NY 10021-3169	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer	Occupation							
Self Employed	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify)	500.00	0						
Full Name (Last, First, Middle Initial) B. Gregory A Hoffman MD	Date of Receipt							
Mailing Address 2925 Chichester Ln								
		08 12 2014						
City	State Zip Code	Transaction ID : 6332341						
Fort Wayne	IN 46815	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer	Occupation							
Orthopaedics Northeast	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify) ▼	500.00)						
Full Name (Last, First, Middle Initial) C. David A Abrutyn MD		Date of Receipt						
Mailing Address 20 Pitney Court		08 12 _2014 _						
City	State Zip Code	Transaction ID : 6332348						
Basking Ridge	NJ 07920	Amount of Each Receipt this Period						
FEC ID number of contributing								
federal political committee.	C	1000.00						
Name of Employer	lame of Employer Occupation							
Summit Medical Group	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) ▼	2000.0	0						
SUBTOTAL of Receipts This Page (option	al)	> 2000.00						
I								

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

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FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports and S	Statements ma	ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions a to collicit contributions from such committee
or for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David L Coran MD			Date of Receipt
Mailing Address 10124 N Vintage Ct			M = M / D = D / Y = Y = Y Y 08 08 2014
City Mequon	State WI	Zip Code 53092-6194	Transaction ID : 6332380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		_
Sports Medicine and Orthopaedic Center	Orthopaedic	c Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		, 500.00]
Full Name (Last, First, Middle Initial) B. Jon Michael Maxwell MD			Date of Receipt
Mailing Address 227 Riverside Ave			08 08 2014
City	State	Zip Code	Transaction ID : 6332382
Adrian	MI	49221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation		
Receipt For:	Orthopaedic	Year-to-Date ▼	
Primary General	Aggregate		
Other (specify)		, 250.00	
Full Name (Last, First, Middle Initial) C. J Wesley Mesko MD			Date of Receipt
Mailing Address 2815 S Pennsylvania Ave Ste 204			M = M / D = D / Y = Y = Y = Y Y 08 08 2014 14
City Lansing	State MI	Zip Code 48910	Transaction ID : 6332407
	_	+0010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		
Self Employed Receipt For:	Orthopaedic		_
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
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 onl X 11a 13	y one) 11b 14	11c	12 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaedic S	Surgeor	isPA	C of AAOS					
Α.	Full Name (Last, First, Middle Initial) Roger A Klein MD			Date of Receipt								
	Mailing Address 1111 Sonoma Ave Ste 106			М М 08	/ D 08		2014					
	City Santa Rosa	State CA	Zip Code 95405-4813	Trans	action ID	: 633240	8					
	FEC ID number of contributing federal political committee.	C		Amoun	t of Each	Receipt t	his Period 1000.00					
	Name of Employer Self Employed	Occupation Orthopaedi										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
в.	Full Name (Last, First, Middle Initial) Robert H Harrington MD				f Receipt							
	Mailing Address 7 Marsh Brook Dr Ste 205			М М 08	/ D 08		2014					
	City	State	Zip Code		action ID							
	Somersworth	NH	03878	Amoun	t of Each	Receipt t	his Period					
	FEC ID number of contributing federal political committee.	С			7	7	500.00					
	Name of Employer Seacoast Ortho & Sports Medicine	Occupation Orthopaedic										
	Receipt For:		Year-to-Date ▼	_								
	Primary General Other (specify) ▼		500.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert P Good MD			Date o	f Receipt							
	Mailing Address 8 Steeplechase Ln			М М 08	/ D 08		2014					
	City	State PA	Zip Code		action ID							
	FEC ID number of contributing	С	19355	Amoun	t of Each	Receipt t	his Period 1000.00					
	federal political committee.	C			J	J	1000.00					
	Name of Employer	Occupation										
	Rothman Institute Receipt For:	Orthopaedi	0	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
5	UBTOTAL of Receipts This Page (optional)		•••••				2500.00					

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

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IT.			Use separate schedule(s)			(check only one)							
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c	12	17			
Ar	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	Ay not be sold or used by any pe ddress of any political committee	ersor	n for the	purp ptribi	ose of	15 soliciting	g contribu	17 itions tee			
	NAME OF COMMITTEE (In Full)		darees of any pointear commute										
	Political Action Committee of t	he Americ	an Association of Ortho	ора	edic S	Surg	geon	sPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Todd M Lipschultz MD				Date o	f Red	ceipt						
	Mailing Address 20 Fairway Drive				м – м 08	/	08	D / Y	ү ү 2014	Y			
	City Voorhees	State NJ	Zip Code 08043					6332412 Receipt th	2 his Period				
	FEC ID number of contributing federal political committee.	C					,	7	1000	0.00			
	Name of Employer Self Employed	Occupation Orthopaedi											
	Receipt For:		Year-to-Date ▼										
	Primary General	Aggregate		ı İ.									
	Other (specify)		1000.00										
в.	Full Name (Last, First, Middle Initial) Edward R Sweetser MD				Date o	f Red	ceipt						
	Mailing Address 5020 Creosote Run Rd				08	/	D I I 06) / Y	2014	Y			
	City	State	Zip Code					6332440					
	Las Cruces	NM	88011-2541	_	Amoun	t of I	Each F	Receipt th	his Period				
	FEC ID number of contributing federal political committee.	С			Ľ		, .		250	.00			
	Name of Employer	Occupation											
	Mountainview Regional Medical Center Receipt For:	Orthopaedi	3										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Bruce T Faure MD				Date o	f Red	ceipt						
	Mailing Address 6849 W Ridgeview Dr				м м 08	/	06		2014	Y			
	City	State	Zip Code		Trans	sacti	on ID :	6332441	1				
	Mequon	WI	53092		Amoun	t of I	Each F	Receipt th	his Period				
	FEC ID number of contributing federal political committee.	С					,		500	0.00			
	Name of Employer	Occupation											
	Self Employed	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
			7 7										
s	SUBTOTAL of Receipts This Page (optional).			• •	_		,	- 7	1750	.00			

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

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17			Use separate schedule(s)	(check only	one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 11							
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any po ddress of any political committee	erson for the pr	14 15 urpose of solici	ting contribut	lions					
	NAME OF COMMITTEE (In Full)		darees of any pointear commute									
	Political Action Committee of th	ne America	an Association of Ortho	paedic Su	irgeonsP	AC of AA	AOS					
Α.	Full Name (Last, First, Middle Initial) John Robert Ayres MD			Date of F	Date of Receipt							
	Mailing Address 400 Beach Dr NE Unit 903			М – М 08	/ D D / 06	Y Y Y 2014	Y					
	City St Petersburg	State FL	Zip Code 33701-3065		ction ID : 6332 of Each Receip							
	FEC ID number of contributing federal political committee.	С				500	.00					
	Name of Employer	Occupation		_								
	Coastal Orthopaedics & Sports Medicine	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00									
	Other (specify)		1 1 1									
В.	Full Name (Last, First, Middle Initial) Richard E Grant MD			Date of F	Receipt							
	Mailing Address 5 Bayberry Circle			08	/ D D / 06	2014	Y					
	City	State	Zip Code		ction ID : 63324							
	Ambler	PA	19002-1145		of Each Receip							
	FEC ID number of contributing federal political committee.	С				150.	.00					
	Name of Employer Self Employed	Occupation Orthopaedic		_								
	Receipt For:		-									
	Primary General	Ayyreyale	Year-to-Date ▼									
	Other (specify) ▼		450.00									
с.	Full Name (Last, First, Middle Initial) Kurt F Konkel MD			Date of F	Receipt							
	Mailing Address N 84 W 16889 Menomonee	Ave		08	/ D D / 08	2014	Y					
	City	State	Zip Code	Transa	ction ID : 6332	462						
	Menomonee Falls	WI	53051	Amount o	of Each Receip	t this Period						
	FEC ID number of contributing federal political committee.	С				250	.00					
	Name of Employer	Occupation										
	FMG	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00									
	Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
┢	UBTOTAL of Receipts This Page (optional)				3	900.	00					

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Δ	y information copied from such Reports and S	atomonto	w not be cold or wood by growing		13		14	15 f. oolioitin	16	17 tiono
	for commercial purposes, other than using the									
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the	e America	an Association of Ortho	pae	edic S	Sur	geon	ISPA	C of AA	AOS
Α.	Full Name (Last, First, Middle Initial) Mark Shannon Lawler MD				Date o	of Re	eceipt			
	Mailing Address 324 Carrera Dr				M N	/	D	D / Y	Y Y	Y
	<u></u>	Chata	Zin Code		08		08		2014	
	City Mill Valley	State CA	Zip Code 94941				-	: 6332463	-	
	i			_	Amour	η οι	Each I	Receipt tr	his Period	_
	FEC ID number of contributing federal political committee.	C			L.		7		500	0.00
	Name of Employer	Occupation								
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
			7 7							
_	Full Name (Last, First, Middle Initial) Mark E Werner MD									
в.				_	Date o	of Re				
	Mailing Address 11310 Carmel Ave NE				08	/	08		2014	Y
	City	State	Zip Code	_		sact		, 6332464		
	Albuquerque	NM	87122-1543						his Period	
	FEC ID number of contributing federal political committee.	С					7		500	.00
	Name of Employer	Occupation	 							
	Alburquerque Health Partners	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		500.00							
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
с.	Full Name (Last, First, Middle Initial) Eric R Benson MD				Date of	of Re	eceipt			
	Mailing Address 78 Tirrell Rd				08	/	08		2014	Y
	City	State	Zip Code		Tran	sact	ion ID	: 633246	5	
	Bedford	NH	03110	_	Amour	nt of	Each I	Receipt th	his Period	
	FEC ID number of contributing federal political committee.	С					7		1000	0.00
	Name of Employer	Occupation								
	New Hampshire Orthopaedic Center	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
			7 7 7							
s	UBTOTAL of Receipts This Page (optional)		•	 -		-	л.	- 7	2000	.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		X 11a		11b	11c	12							
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Any information copied from such Reports a or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full)															
> Political Action Committee of	f the Americ	an Association of Ortho	opae	edic S	Sur	geon	sPA(C of AA	łOS						
Full Name (Last, First, Middle Initial) A. David W Shenton Jr, MD				Date o	f Re	ceipt									
Mailing Address 3134 Sycamore Ln				08 08 _ 2014 _											
City	State	Zip Code			sacti		6332466								
Billings	MT	59102-0524		Amoun	t of	Each F	Receipt th	is Period							
FEC ID number of contributing federal political committee.	C					,		1000	.00						
Name of Employer	Occupation														
Ortho Montana Receipt For:	Orthopaedi	•	_												
Primary General	Aggregate	Year-to-Date ▼	_												
Other (specify) ▼		1000.00													
Full Name (Last, First, Middle Initial) B. Steven Douglas Sides MD				Date o	f Re	ceipt									
Mailing Address 5321 West B St			M = M / D = D / Y = Y = Y = Y Y 08 08												
City	State	Zip Code		Trans	sactio	on ID :	6332467								
Greeley	СО	80634		Amoun	t of	Each F	Receipt th	is Period							
FEC ID number of contributing federal political committee.	C					7		250	.00						
Name of Employer	Occupation	1	_												
Banner Health	Orthopaedi	c Surgeon													
Receipt For:	·	Year-to-Date ▼													
Primary General	, iggi oguto		11.												
Other (specify)	_ L	250.00	4												
Full Name (Last, First, Middle Initial) C. J Spence Reid MD				Date o	f Re	ceipt									
Mailing Address 433 Drayer Drive				м м 08	/	11		y y 2014	Y						
City	State	Zip Code		Trans	sacti	ion ID :	6332486	;	_						
Hummelstown	PA	17036		Amoun	t of	Each F	Receipt th	is Period							
FEC ID number of contributing federal political committee.	С					7		1000	.00						
Name of Employer	Occupation	l													
Hershey Medical Center	Orthopaed	c Surgeon													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General															
Other (specify)		2000.00													
SUBTOTAL of Receipts This Page (optional	l)		<u> </u>			,	- 7	2250	.00						

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Timothy M Risko MD			Date of Receipt
Mailing Address 7600 Continental Pkwy			08 11 2014
City Amarillo	State TX	Zip Code 79119-6579	Transaction ID : 6332487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation	1	_
Self Employed	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		1000.00]
Full Name (Last, First, Middle Initial) B. Joseph W Carlson MD			Date of Receipt
Mailing Address 9515 Sibley Dr			08 11 2014
City	State	Zip Code	Transaction ID : 6332488
Bismarck	ND	58504-3073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Bone and Joint Center	Occupation		
Receipt For:	Orthopaedi	6	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	L	1000.00	
Full Name (Last, First, Middle Initial) C. Kenneth A Martin MD			Date of Receipt
Mailing Address # 5 Platt Ct			08 12 2014
City	State	Zip Code	Transaction ID : 6332491
Maumelle	AR	72113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Martin Bowen Hefley Orthopaedi Receipt For:	Orthopaedi	-	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
TOTAL This Period (last page this line number	only)		

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ITEMIZED RECEIPTS	for each categ Detailed Sumr	gory of the	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Associati	on of Orthop	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Donnis K Harrison MD Mailing Address 1720A Medical Park Drive Suite 220 City	State Zip Code		Date of Receipt
Biloxi FEC ID number of contributing federal political committee.	MS 39532		Amount of Each Receipt this Period
Name of Employer Bienville Orthopaedic Specialists Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	1000.00	
B. Full Name (Last, First, Middle Initial) Mark W Hollmann MD Mailing Address 3865 Bird Dog Lane			Date of Receipt
City Deland	State Zip Code FL 32724		08 12 2014 Transaction ID : 6332494 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Florida Orthopaedic Associates	Occupation Orthopaedic Surgeon		-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) C. William W Bohn MD	1		Date of Receipt
Mailing Address 6720 Willow Lane	Stoto Zin Codo		08 / 12 / Y Y Y Y 2014
City Mission Hills	State Zip Code KS 66208		Transaction ID : 6332497 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		_
Olathe Health Systems Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼	1000.00	-
SUBTOTAL of Receipts This Page (optional).			2250.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Andrew D Bries MD			Date of Receipt
Mailing Address 3126 Westminster Rd			M M / D D / Y
City Bettendorf	State IA	Zip Code 52722-4792	Transaction ID : 6332597 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Orthopaedi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Jeffery P Beckenbaugh DO			Date of Receipt
Mailing Address 1302 Lecy Lane NE			08 18 / Y Y Y Y Y
City Stewartville	State MN	Zip Code 55976-2500	Transaction ID : 6336752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Olmsted Medical Center	Occupation Orthopaedic		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Wayne Anthony Johnson MD			Date of Receipt
Mailing Address 8212 NW Stonebridge Ct			08 15 2014
City Lawton	State OK	Zip Code 73505	Transaction ID : 6339405 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Premier Orthopaedics Receipt For:	Orthopaedi	c Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1000.00	
SUBTOTAL of Receipts This Page (optional))		850.00

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

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NAME OF COMMITTEE (In Full)									
Political Action Committee	of the Americ	an Association of Ortho	opae	edic S	Surg	eon	sPA(C of AA	łos
Full Name (Last, First, Middle Initial) A. Robert Louis Pierron MD				Date of	f Rece	eipt			
Mailing Address 6005 W 124th Terrace				M M	/	D	D / Y	Y Y	Y
City	State	Zip Code	_	08	ا ا	15		2014	
Overland Park	KS	66209					6339406 Receipt th		
FEC ID number of contributing				Amoun			ieceipt in	is renou	_
federal political committee.	C			L.			7	250	.00
Name of Employer	Occupatior	1							
College Park Family Care	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		1250.00	11						
		1							
Full Name (Last, First, Middle Initial) B. Nicholas Rajacich MD				Data at	(·			
				Date of		· .			
Mailing Address 619 North I Street				08	1	15		2014	Y
City	State	Zip Code			actio		6339408		
Tacoma	WA	98403					Receipt th		
FEC ID number of contributing federal political committee.	C							250	.00
Name of Employer	Occupation	1							
Multicare Health Systems	Orthopaedi	c Surgeon							
Receipt For:		Year-to-Date ▼							
Primary General			11.						
Other (specify)		250.00							
Full Name (Last, First, Middle Initial) C. Geoffrey M McCullen MD	1			Date of	f Rece	eipt			
Mailing Address 2828 Stratford Ave				м м 08	/	D 15		2014	Y
City	State	Zip Code		Trans	sactio	n ID :	6339409		
Lincoln	NE	68502-4249		Amount	t of E	ach F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С				,			500	0.00
Name of Employer	Occupation	1	_						
Lincoln Orthopaedic Center	Orthopaed	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	11.						
Other (specify)		500.00							
SUBTOTAL of Receipts This Page (optio	nal)		▶		. ,	_		1000.	.00

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(check only one) X 11a 11b 12 11c **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 (Last, First, Middle Initial) Stephen M McCollam MD Α. Date of Receipt Mailing Address 2001 Peachtree Rd NE Ste 705 M M / 2014 08 15 City Zip Code State Transaction ID: 6339452 30309-1476 GA Atlanta Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Orthopaedic Surgeon Peachtree Orthopaedics Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark W Diehl MD Date of Receipt Mailing Address 1110 Hazeltine Ln Μ 08 2014 15 City State Zip Code Transaction ID: 6339453 GA Kennesaw 30152 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation **Pinnacle Orthopaedics** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Parker Vail MD Date of Receipt Mailing Address 3474 Clay Street M = M / D 2014 08 15 City State Zip Code Transaction ID: 6339456 CA San Francisco 94118 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation UCSF Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L		7		7	_	175	50.00)
		1.1	 	 		-		-	- T
TOTAL This Period (last page this line number only)	_		 7	 	- 7	_	_		

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177			Use separate schedule(s)	(check or	nly one)	L								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>						
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit co	ontributions f	rom such	committ	ee.						
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaedic S	Surgeon	sPAC	C of AA	NOS						
Α.	Full Name (Last, First, Middle Initial) Steven Tradonsky MD			Date of Receipt										
	Mailing Address 7485 Mission Valley Rd Suite 104			08	M = M / D = D / Y = Y = Y = Y Y 08 19 2014									
	City San Diego	State CA	Zip Code 92108-4422		saction ID : nt of Each R		s Period							
	FEC ID number of contributing federal political committee.	С					500	.00						
	Name of Employer California Orthopaedic Institute	Occupation Orthopaedi												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	L	500.00											
В.	Full Name (Last, First, Middle Initial) Paul Grutter MD			Date of	of Receipt									
	Mailing Address 1374 Rozella Way			08	M / D D 19	/ Y	y y 2014	Y						
	City	State	Zip Code		saction ID :									
	Gallatin	TN	37066-7571	Amour	nt of Each R	leceipt thi	s Period							
	FEC ID number of contributing federal political committee.	С		L			400	.00						
	Name of Employer	Occupation												
	Self Employed	Orthopaedic	: Surgeon											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		700.00											
с.	Full Name (Last, First, Middle Initial) Kevin E Coates MD			Date of	of Receipt									
	Mailing Address 9344 Ingleside Farm N			08			ү ү 2014	Y						
	City Germantown	State TN	Zip Code 38139-6713		nsaction ID : nt of Each R		s Period							
	FEC ID number of contributing federal political committee.	С					800	.00						
	Name of Employer	Occupation												
	Memphis Orthopaedic Group	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1000.00											
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Political Action Committee	of the America	an Association of Ortho	opaedic S	Surgeons	sPAC	of AA	NOS
Full Name (Last, First, Middle Initial) A. Joseph A Wieck MD			Date of	f Receipt			
Mailing Address 394 Harding PI Ste 200)		M M	/ D D	/ Y	YYY	Y
City	State	Zip Code	08 Trans	19 action ID : 6	6340641	2014	_
Nashville	TN	37211-8026		t of Each Re		Period	
FEC ID number of contributing federal political committee.	С			3		1000.	00
Name of Employer	Occupation						
Premier Orthopaedics	Orthopaedie	c Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		1000.00]				
Full Name (Last, First, Middle Initial) B. David W Edelstein MD			Date of	f Receipt			
Mailing Address 6504 Pickens St.			М М 08	/ D D 19		у у 2014	Y
City	State	Zip Code		action ID : 6		2014	
Houston	ТХ	77007	Amount	t of Each Re	eceipt this	Period	
FEC ID number of contributing federal political committee.	С			7		1000.	00
Name of Employer	Occupation						
Kelsey Seybold Clinic	Orthopaedic	Surgeon					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]				
Full Name (Last, First, Middle Initial) C. Stephen W Shick MD			Date of	f Receipt			
Mailing Address 14577 Faucet Ln			M M M	/ D D 19		y y y 2014	Y
City	State	Zip Code	Trans	saction ID : 6	6340643		
Fishers	IN	46040-9476	Amount	t of Each Re	eceipt this	Period	
FEC ID number of contributing federal political committee.	С			7		1000	.00
Name of Employer	Occupation		_				
Central Indiana Ortho	Orthopaedi	c Surgeon					
	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		1000.00					
SUBTOTAL of Receipts This Page (optio	nal)			7		3000.	00

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ITEMIZED RECEIPTS			Detailed Summary Page		< 11a		11b	11c	12	
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\square	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the	e America	an Association of Ortho	pae	edic S	Sur	geor	ISPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Norman Verhoog MD				Date o	f Re	eceipt			
	Mailing Address 3389 Harlan Dr				M M	/	D	D / Y	Y Y	Y
					08		19)	2014	_
	City	State CA	Zip Code 96003-3318					: 6340676		
	Redding	ŪA.	90003-3318	_	Amoun	t of	Each I	Receipt th	is Period	t de la companya de l
	FEC ID number of contributing federal political committee.	С					7		10	0.00
	Name of Employer	Occupation	I							
	Self Employed	Orthopaedie	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		300.00							
	Other (specify)		1 1							
	Full Name (Last, First, Middle Initial)									
В.	Raymond M P Sherman MD				Date o	f Re	eceipt			
	Mailing Address 865 East Sawgrass Trail				M M	/	D	D / Y	Y Y	Y
	0:4	Chata	Zin Code	_	08		19		2014	_
	City Dakota Dunes	State SD	Zip Code 57049	-				: 6340677		J
		00	57045		Amoun	τοι	Each	Receipt th	lis Period	1
	FEC ID number of contributing federal political committee.	C					7		500	0.00
	Name of Employer	Occupation								
	CNOS	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
			, , ,							
<u>с</u> .	Full Name (Last, First, Middle Initial) John Alexander Abraham MD				Date o	f Re	eceipt			
	Mailing Address 43 Righters Mill Road				M M	_	D	D / Y	Y Y	Y
					08		19)	2014	_
	City	State	Zip Code		Trans	sact	ion ID	: 6340678	3	
	Gladwyne	PA	19035		Amoun	t of	Each I	Receipt th	nis Perioo	t k
	FEC ID number of contributing	С							50	0.00
	federal political committee.	•			_		7	7		<u> </u>
	Name of Employer	Occupation								
	Rothman Institute	Orthopaedi	c Surgeon							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
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	for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the	e America	an Association of Ortho	pae	dic S	Sur	geor	sPA	C of AA	AOS
Α.	Full Name (Last, First, Middle Initial) Marc Wilson Hungerford MD				Date of	Re	ceipt			
	Mailing Address 3 Hillsyde Ct				м м 08	/	D 19		2014	Y
	City	State	Zip Code		Trans	acti	on ID	: 6340680		
	Cockeysville	MD	21030-1751	A	mount	of	Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,	9	535	.00
	Name of Employer	Occupation	1	-						
	Mercy Medical Center	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		505.00							
	Other (specify)		535.00							
_	Full Name (Last, First, Middle Initial)			_ ,	Date of		aaint			
D.	Mailing Address 4335 Woodleigh Lane					ne				X
	Walling Address 4335 Woodleign Lane				M M	1	19		2014	Y
	City	State	Zip Code			acti		, : 6340682		
	La Canada	CA	91011	A				Receipt th		
	FEC ID number of contributing federal political committee.	С					7		1000.	.00
	Name of Employer	Occupation		_						
	Self Employed	Orthopaedie	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0								
	Other (specify)		1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Steven L Buckley MD				Date of	Re	ceipt			
	Mailing Address 416 Locust Ave SE				м м 08	/	D 15		2014	Y
	City	State	Zip Code		Trans	acti	on ID	: 6340822	2	
	Huntsville	AL	35801	A	mount	of	Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,	5	100	.00
	Name of Employer	Occupation	I	-						
	тос	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General									
	Other (specify)		350.00							
s	UBTOTAL of Receipts This Page (optional)		•				7	7	1635.	00

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	VA Inst for Sports Medicine	State VA C Occupation Orthopaedia Aggregate		Date of Receipt
В.	Alpine Orthopedic Medical Group	State CA C Occupation Orthopaedia Aggregate		Date of Receipt
C.	Self Employed	State CA Occupation Orthopaedi Aggregate		Date of Receipt M M / D D / Y Y Y Y 08 15 2014 Transaction ID : 6340826 Amount of Each Receipt this Period 1000.00 1000.00
	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number on	ly)	▶	

Use separate schedule(s) for each category of the

FOR LINE NUMBER: PAGE 89 OF 237 (check only one) X 11a 11b 12 11c **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 (Last, First, Middle Initial) Maureen A Finnegan MD Α. Date of Receipt Mailing Address 1801 Inwood Rd Ste WA4.332 M M / 2014 08 15 City State Zip Code Transaction ID : 6341126 ТΧ 75390-8883 Dallas Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation UT Southwestern Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard E Grant MD Date of Receipt Mailing Address 5 Bayberry Circle Μ 08 2014 15 City State Zip Code Transaction ID: 6341129 PA Ambler 19002-1145 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Josef Karl Eichinger MD Date of Receipt Mailing Address 1225 North Sunset Drive M = M D 08 15 2014 City Zip Code State Transaction ID: 6341130 WA Tacoma 98406 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation US Army Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L		7			_	9	00.00)
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Image# 14978070315

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(c	heck on	ly or	ne)	·		-		
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\square	NAME OF COMMITTEE (In Full)											
	Political Action Committee of th	ne America	an Association of Ortho	рра	edic S	Sur	geon	sPA	Сс	of AA	05	;
Α.	Full Name (Last, First, Middle Initial) David G Lewallen MD				Date o	of Re	eceipt					
	Mailing Address 1220 7th St SW				м м 08	/	D 15			014	Y	
	City Rochester	State MN	Zip Code 55902					634113 Receipt t		Period		
	FEC ID number of contributing federal political committee.	C			[.		,		_	1000.	00	
	Name of Employer Mayo Clinic	Occupation Orthopaedi										
	Receipt For:	· · ·	0	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
В.	Full Name (Last, First, Middle Initial) John C Richmond MD				Date o	of Re	eceipt					
	Mailing Address 20 Malcolm Street				08	/	15	Y / Y		014	Y	
	City	State	Zip Code		Trans	sacti	on ID :	634113	2			
	Hingham	MA	02043		Amoun	nt of	Each F	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					7	7	_	1000.0	00	
	Name of Employer Boston Sports & Shoulder Center	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert James Carangelo MD				Date o	of Re	eceipt					
	Mailing Address 103 Balfour Dr				08	/	22			014	Y	
	City West Hartford	State CT	Zip Code 06117-2902	_				636481 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					,		_	250.	00	
	Name of Employer	Occupation		_								
	Orthopaedic Association of Hartford	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
5	SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	- -			5		-	2250.0	00]

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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee
or for commercial purposes, other than using	the name and a	ddress of any political committee	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 (Last, First, Middle Initial)			Date of Receipt
Mailing Address P.O. Box 17290			
			08 22 2014
City Solt Loke City	State UT	Zip Code 84117-0290	Transaction ID : 6364820
Salt Lake City	01	84117-0290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
JASIS	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00]
Full Name (Last, First, Middle Initial) B. Nicholas V Polifroni MD			Date of Receipt
Mailing Address 40 Cross St Ste 300			08 22 _2014 _
City	State	Zip Code	Transaction ID : 6364821
Norwalk	СТ	06851-4661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	l	
Coastal Orthopaedics	Orthopaedie	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 500.00]
Full Name (Last, First, Middle Initial) C. Barry J Snyder MD			Date of Receipt
Mailing Address 497 Long Ln			08 22 2014
City	State	Zip Code	Transaction ID : 6364822
Huntingdon Valley	PA	19006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	—
Self Employed	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00]
SUBTOTAL of Receipts This Page (optional)			1500.00

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FEC Schedule A (Form 3X) Rev. 02/2003

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)			ly or	ne)						
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16		17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	ersor	for the	pur	pose of	solicitin	g co ch co	ontributi	ons	17
\square	NAME OF COMMITTEE (In Full)											
	Political Action Committee of th	e America	an Association of Ortho	рра	edic S	Sur	geon	sPA	C c	of AA	05	;
Α.	Full Name (Last, First, Middle Initial) Peter D Vizzi MD				Date c	of Re	eceipt					
	Mailing Address 318 Beverly Drive				M N 08	1 /	22			2014	Y	
	City Lafayette	State LA	Zip Code 70503					636482 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					,			500.0	00	
	Name of Employer Self Employed	Occupation Orthopaedi										
	Receipt For:	· ·	0									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Edward Akelman MD				Date c	of Re	eceipt					
	Mailing Address 5 Pheasant Ln				M N 08	/	22) / Y		014	Y	
	City	State	Zip Code		Trans	sacti	on ID :	6364824	4			
	Barrington	RI	02806-4930		Amour	nt of	Each F	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					7		_	500.0	00	
	Name of Employer	Occupation										
	University Orthopaedics	Orthopaedic	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Eric W Fulkerson MD				Date c	of Re	eceipt					
	Mailing Address 1150 Bancroft Rd				M N 08	/	22			014	Y	
	City	State	Zip Code		Tran	sact	ion ID :	636482	5			
	Walnut Creek	CA	94598-2358		Amour	nt of	Each F	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					,			1000.	00	
	Name of Employer	Occupation										
	Muir Orthopaedic Specialists	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
s	SUBTOTAL of Receipts This Page (optional)		•••••				,	7	-	2000.0	00]

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	-	_
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or for commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit cor	ntrib	utions	from suc	h comm	nittee).
NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opa	edic S	Surę	geon	sPA	C of A	4A(SS
Full Name (Last, First, Middle Initial) A. John Robert Ayres MD				Date of	Re	ceipt				
Mailing Address 400 Beach Dr NE Unit 903				м = м 08	/	22		2014		1
City St Petersburg	State FL	Zip Code 33701-3065					6367758 Receipt th	3		
FEC ID number of contributing federal political committee.	С					,	, iocolpt 1		00.0	0
Name of Employer	Occupation									
Coastal Orthopaedics & Sports Medicine Receipt For:	Orthopaedi	5	_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00								
Full Name (Last, First, Middle Initial) B. Jonathan E Fuller MD		, ,		Date of	Re	ceipt				
Mailing Address 9806 Fieldcrest Dr				M M	/	. 22		2014	Y	1
City	State	Zip Code	Transaction ID : 6367759							
Omaha	NE	68114	_	Amount	of	Each F	Receipt th	nis Perio	bd	_
FEC ID number of contributing federal political committee.	C			L		7		5	00.00)
Name of Employer Self Employed	Occupation									
Receipt For:	Orthopaedi	5	_							
Primary General	Aggregate	Year-to-Date ▼ 1500.00								
Other (specify) v	L	, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial) C. John P Ternes MD				Date of	Re	ceipt				
Mailing Address 3707 Mooreland Farms Rd				м м 08	/	22		2014	Y	1
City Charlotte	State NC	Zip Code 28226-5404	_				6367761			
FEC ID number of contributing federal political committee.	С			Amount	: of	Each F	Receipt th		od 00.0	0
Name of Employer	Occupation	1	_							
Ortho Carolina	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)		•	<u> </u>			,		200	00.00)

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16 17						
	ny information copied from such Reports and for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne Americ	an Association of Ortho	opaedic S	Surgeor	nsPA	C of AAOS						
Α.				Date o	f Receipt								
	Mailing Address 5 Bayberry Circle			08 22 2014									
	City Ambler	State PA	Zip Code 19002-1145		action ID t of Each								
	FEC ID number of contributing federal political committee.	С					150.00						
	Name of Employer Self Employed	Occupation Orthopaedi											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00										
в.	Full Name (Last, First, Middle Initial) Alfred J Coppola MD			Date o	f Receipt								
	Mailing Address 800 Vista Verde Way	·											
	City Bakersfield	sfield CA 2ip Code					5 his Period						
	FEC ID number of contributing federal political committee.	C				- 7	350.00						
	Name of Employer Self Employed	Occupation Orthopaedi											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Jamey Walcott Burrow MD	I		Date o	f Receipt								
	Mailing Address 1325 E. Fortification St			08	2		2014						
	City Jackson	State MS	Zip Code 39202		saction ID t of Each		-						
	FEC ID number of contributing federal political committee.	С				7	500.00						
	Name of Employer	Occupation											
	Mississippi Sports Med & Ortho Ctr Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 500.00										
5	SUBTOTAL of Receipts This Page (optional)	 					1000.00						

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			Detailed Summary Page	\mid \mid	-		11b	11c		2	
٨	w information conied from such Denote and St	atomonto ma	w not be cold or used by any re		13		14	15 f. coliciting		6 ributi	17
	ny information copied from such Reports and St for commercial purposes, other than using the										
$\left\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	pae	dic S	Sur	geon	sPA	C of	AA	OS
A.	Full Name (Last, First, Middle Initial) John H Healey MD, FACS				Date o	f Re	eceipt				
	Mailing Address 1275 York Ave				м м 08	/	D 27	D / Y	y 201		ſ
	City	State	Zip Code		Trans	sacti	ion ID :	6367778	3		
	New York	NY	10065-6007	_ /	Amoun	t of	Each F	Receipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		700.0	00
	Name of Employer	Occupation									
	Memorial Hospital	Orthopaedie	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
B.	Full Name (Last, First, Middle Initial) John Thomas Lynn II, MD				Date o	f Re	eceipt				
	Mailing Address 24 Hillside Dr				м м 08	/	D 1		y 201	4	
	City	State NH	Zip Code					6367779			
	Hollis		03049	-	Amoun	t of	Each F	Receipt th	ns Pe	riod	_
	FEC ID number of contributing federal political committee.	С					7			500.0	0
	Name of Employer	Occupation									
	New Hampshire Orthopaedic Center Receipt For:	Orthopaedic	•	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
С.	Full Name (Last, First, Middle Initial) Michael David Daubs MD				Date o	f Re	eceipt				
	Mailing Address 2040 W. Charleston Blvd. Suite 601				м м 08	1	D 27		y 201	4	
	City	State NV	Zip Code					: 6367780			
	Las Vegas		89102-2245	- /	Amoun	t of	Each F	Receipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С					,			500.0	00
	Name of Employer	Occupation									
	University of Nevada	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and 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) Political Action Committee of t	he American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Gregg D Pike MD Mailing Address 307 Flood Road City Great Falls FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code MT 59404-6402	Date of Receipt M M J D / Y Y Y 08 27 2014 Transaction ID : 6367782 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B. David Victor Mungo MD Mailing Address 11218 Clapsaddle Ave NE		Date of Receipt
City Alliance FEC ID number of contributing federal political committee.	State Zip Code OH 44601-9765	Transaction ID : 6367783 Amount of Each Receipt this Period 650.00
Name of Employer Alliance Medical Foundation	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Michael A Rauh MD Mailing Address 46 Middlebury Rd		Date of Receipt
City Orchard Park	State Zip Code NY 14127-3962	08 28 2014 Transaction ID : 6369108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer University Orthopedic Specialists Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional).		▶ 950.00

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17							
Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma e name and a	ay not be sold or used by any pound any pound by 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 th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS							
Full Name (Last, First, Middle Initial) A. Rafael M Fernandez MD			Date of Receipt							
Mailing Address P.O. Box 800809										
City	State	Zip Code	08 28 2014 Transaction ID : 6369109							
Coto Laurel	PR	00780-0809	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer	Occupation	1								
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
		· · · · · · · · · · · · · · · · · · ·								
Full Name (Last, First, Middle Initial) B. Jeffery D Angel MD			Date of Receipt							
Mailing Address 501 Virginia Dr Ste C										
City	State	Zip Code	08 28 2014							
Batesville	AR	72501-7331	Transaction ID : 6369110 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.00							
Name of Employer	Occupation	1								
Self Employed	Orthopaedic	c Surgeon								
Receipt For: Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		418.00								
		7 7								
Full Name (Last, First, Middle Initial) C. Carl E Becker MD			Date of Receipt							
Mailing Address 9 Southview Lane			08 27 _2014 _							
City	State	Zip Code	Transaction ID : 6371229							
Lititz	PA	17543-8206	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer	Occupation	1								
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1000.00								
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SUBTOTAL of Receipts This Page (optional)			1184.00							
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a	11b	11c	12	Г			
Ar	ny information copied from such Reports and S	statements ma	ay not be sold or used by any pe	erson	13 for the	14 purpose c	15 f soliciting	d contrib	oution	17 ns		
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit cor	ntributions	from suc	h comm	ittee			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opae	edic S	urgeor	nsPA	C of A	AC	DS		
Α.	Full Name (Last, First, Middle Initial) Gary Dean Harter MD				Date of	Receipt						
	Mailing Address 104 Countryside Ln				08 27 2014							
	City	State	Zip Code			action ID						
	Lewisburg	PA	17837	Amount	of Each	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С						25	50.00	0		
	Name of Employer	Occupation										
	Geisinger Medical Center	Orthopaedie	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1250.00									
в.	Full Name (Last, First, Middle Initial) Daniel Alexander Capen MD				Date of	Receipt						
	Mailing Address 3416 The Strand				08 27 2014							
	City	State	Zip Code		Trans	action ID	: 6371231					
	Manhattan Beach	CA	90266-3350		Amount	of Each	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					100	0.00)			
	Name of Employer	Occupation Orthopaedic Surgeon										
	Self Employed											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
с.	Full Name (Last, First, Middle Initial) Gary David Botimer MD				Date of	Receipt						
	Mailing Address 24444 Lawton Ave.				м м 08	/ 2		ү 2014	Y	1		
	City	State	Zip Code		Trans	action ID	: 6371232	2				
	Loma Linda	CA	92354		Amount	of Each	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С				y		100	00.00	0		
	Name of Employer	Occupation										
	Loma Linda University	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		7	- 7	225	0.00			

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			e to solicit contributions from such commi	
		Accession of Orth	anadia Currana DAC at A	4.00
Political Action (committee of the America	an Association of Ortho	opaedic SurgeonsPAC of A	AU5
Full Name (Last, First, A. Douglas R Phillips			Date of Receipt	
Mailing Address 15 Wir				Y
			08 27 2014	
City Martinez	State GA	Zip Code 30907-9141	Transaction ID : 6371233	
		50907-9141	Amount of Each Receipt this Period	1
FEC ID number of cont federal political committ	ŝ.		50	0.00
Name of Employer	Occupation			
Self Employed	Orthopaedic	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary Other (specify) ▼	General	500.00	1	
		7	1	
Full Name (Last, First,	Middle Initial)			
B. Jerome P Zechma			Date of Receipt	
Mailing Address 8545 Is	sland View Ct NE		08 28 2014	Y
City	State	Zip Code	Transaction ID : 6371353	
Olympia	WA	98506-9741	Amount of Each Receipt this Period	b
FEC ID number of cont federal political committ	ŝ.		250	0.00
Name of Employer	Occupation			
Olympia Orthopaedic As Receipt For:	Onnopaedie	0		
Primary	General	Year-to-Date ▼		
Other (specify)		, 250.00		
Full Name (Last, First,	Middle Initial)			
c. Mark Wesley Ha			Date of Receipt	
Mailing Address 1193	Angelo Court		08 29 _2014	Y
City	State	Zip Code	Transaction ID : 6375548	
Atlanta	GA	30319	Amount of Each Receipt this Period	d
FEC ID number of cont federal political committ	ŝ.		100	0.00
Name of Employer	Occupation			
Resurgens Orthopaedic	s Orthopaedic	Surgeon		
Receipt For:	General	Year-to-Date ▼		
Other (specify)		1000.00		
· · · ·		7 7		
SUBTOTAL of Receipts	This Page (optional)		1750).00
TOTAL This Pariod (last	page this line number only)			
		·····		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and s or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. Anthony S Wei MD		Date of Receipt		
Mailing Address 20529 SE Brady Rd		08 30 _ 2014 _		
City Camas	State Zip Code WA 98607	Transaction ID : 6376822 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	1000.00		
Name of Employer Northwest Surgical Specialists	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]		
Full Name (Last, First, Middle Initial) B. Michael R Meisterling MD	Michael R Meisterling MD			
Mailing Address 12550 N 72nd St.	09 02 / Y Y Y Y 2014			
City Stillwater	State Zip Code MN 55082-9322	Transaction ID : 6383035 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer St. Croix Ortho	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]		
Full Name (Last, First, Middle Initial) C. Devon D Goetz MD		Date of Receipt		
Mailing Address 6001 Westown Pky		09 02 2014		
City West Des Moines	State Zip Code IA 50266-7702	Transaction ID : 6383036 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation			
Des Moines Ortho Surgeons Receipt For:	Orthopaedic Surgeon			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]		
SUBTOTAL of Receipts This Page (optional)		1750.00		

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

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	-	Use separate schedule(s)	(ch	eck only	/ one	e)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	,			
Any information copied from such Reports ar	nd Statements ma	ay not be sold or used by any pe	erson	13 for the	purp	14 ose of	15 soliciting	16 contribu	utions	17		
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	olicit cor	ntribu	itions f	rom such	n commi	ttee.			
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opae	edic S	urg	jeon	sPA(C of A	AOS	>		
Full Name (Last, First, Middle Initial) A. Steven B Wertheim MD				Date of	Rec	ceipt						
Mailing Address 70 Old Stratton Chase NV	V			09 02 2014								
City	State	Zip Code		Trans	actio	on ID :	6383038					
Atlanta	GA	30328-3652	_	Amount	of E	Each R	eceipt th	is Perio	t			
FEC ID number of contributing federal political committee.	С					,		50	0.00			
Name of Employer	Occupation	1										
Resurgens Orthopaedics	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		1000.00										
Full Name (Last, First, Middle Initial) B. Michael M Albrecht MD				Date of	Rec	ceipt						
Mailing Address 3201 Three Rivers Dr	Mailing Address 3201 Three Rivers Dr				/	02	/ Y	2014	Y			
City	State	Zip Code		09 Trans	actic		6383040					
Austin	TX	TX 78746-1624				Each R	eceipt th	is Perio	b			
FEC ID number of contributing federal political committee.	C					,		250	0.00			
Name of Employer	Occupation	1										
Southwest Orthopaedics	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		250.00										
Full Name (Last, First, Middle Initial) C. Ayman Ahmad Daouk MD				Date of	Rec	eipt						
Mailing Address 311 W Sabal Palm Pl				м м 09	/	02	/ Y	2014	Y			
City	State	Zip Code			actio		6383041					
Longwood	FL	32779		Amount	ofE	Each R	eceipt th	is Perio	ł			
FEC ID number of contributing federal political committee.	C					,		25	0.00			
Name of Employer	Occupation	1										
Physicians Associates	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.00										
SUBTOTAL of Receipts This Page (optional)	••••••	<u> </u>			7	7	1000	0.00]		
			1									

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
				e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Scott Edward Porter MD Mailing Address Dept of Ortho, Acad Serv 701 Grove Rd 2nd Fl Suprt To	vr		Date of Receipt 09 03 2014
	City Greenville	State SC	Zip Code 29605-4210	Transaction ID : 6384040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Greenville Hospital System Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate		
В.	Full Name (Last, First, Middle Initial) Steven G Wynder MD Mailing Address 5290 W 612 N	Date of Receipt 09 03 2014		
	City Huntington	State IN	Zip Code 46750-8964	Transaction ID : 6384042 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer Parkview Health	Occupatior Orthopaedi		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) David J Mansfield MD			Date of Receipt
	Mailing Address 5550 Cory Dr			09 05 2014
	City El Paso	State TX	Zip Code 79932-3010	Transaction ID : 6390108 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer			
	El Paso Orthopaedic Surg Group Receipt For:	Orthopaed		_
	Primary General Other (specify) v	Year-to-Date ▼ 895.00]	
Г				110.00

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

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and S	Statements ma		13 14 15 16 17 erson for the purpose of soliciting contributions						
or for commercial purposes, other than using the	e name and a	ddress of any political committee	to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Neal D Lintecum MD			Date of Receipt						
Mailing Address 789 N 1500 Rd			09 05 2014						
City Lawrence	State KS	Zip Code 66049-9194	Transaction ID : 6390109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer	Occupation								
Ortho Kansas	Orthopaedic	Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		450.00	1						
Full Name (Last, First, Middle Initial) B. Chad A Krueger MD			Date of Receipt						
Mailing Address 14827 Forward Pass			09 06 2014						
City	State	Zip Code	Transaction ID : 6392925						
San Antonio	TX	78248-0974	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer U.S. Army	Occupation								
Receipt For:	Orthopaedic	6							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		270.00							
Full Name (Last, First, Middle Initial) C. James Stuart Melvin III, MD			Date of Receipt						
Mailing Address 215 N Pine St #4603			09 06 2014						
City	State	Zip Code	Transaction ID : 6392928						
Charlotte	NC	28202	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer	Occupation								
Univ of Penn Health System	Orthopaedic	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		400.00							
SUBTOTAL of Receipts This Page (optional)			330.00						
TOTAL This Period (last page this line number	only)								

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17			Use separate schedule(s)	(check on	y one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>	
A	ny information copied from such Reports and	Statements ma	Ay not be sold or used by any p	erson for the	purpose of	15 soliciting	16 contribu	l 17 tions	
or	for commercial purposes, other than using t	he name and a	ddress of any political committee	e to solicit co	ntributions	from such		tee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	opaedic S	Surgeon	sPA(C of A/	AOS	
Α.	Full Name (Last, First, Middle Initial) Patrick T McCulloch MD			Date o	f Receipt				
	Mailing Address 12 Caley Drive			09	/ D I		2014	Y	
	City Canonsburg	State PA	Zip Code 15317-5990		saction ID : t of Each F				
	FEC ID number of contributing federal political committee.	С				10001011		l.00	
	Name of Employer	Occupation	1						
	Advanced Orthopaedics & Rehabilitation	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		334.00	1					
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
В.	Full Name (Last, First, Middle Initial) Tyler D Goldberg MD	yler D Goldberg MD							
	Mailing Address 2413 Never Bend Cv			09	/ D T		2014	Y	
	City	State	Zip Code	Trans	action ID :				
	Austin	ТХ	78746	Amoun	t of Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:	Orthopaedi							
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		1000.00						
<u>с.</u>	Full Name (Last, First, Middle Initial) Mark A Wolgin MD	-		Date o	f Receipt				
	Mailing Address 1709 Devon Dr			09			2014	Y	
	City	State	Zip Code		saction ID :				
	Albany	GA	31721	Amoun	t of Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С					100	0.00	
	Name of Employer	Occupation	1	_					
	Orthopaedic Associates	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		225.00	1					
	Other (specify)		1						
┢	CUBTOTAL of Receipts This Page (optional).				y 1		1184	.00	
1'	OTAL This Period (last page this line number	- Only)	•••••••••••••••••••••••••••••••••••••••				1		

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SCHEDULE A (FEC Form 3X) DEAEI

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	<u>`</u> _	leck on <☐11a	ily or	ne) 11b	11c	<u> </u>	12		
_					13		14	15		16	17	
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	statements mage name and a	ay not be sold or used by any pe ddress of any political committee	erson e to so	for the	e pur ontrib	pose o outions	f solicitin from suc	ng cont ch con	tribution nmitte	ons e.	
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								-	
$\left \right\rangle$	Political Action Committee of th	e America	an Association of Ortho	pae	edic S	Sur	geon	sPA	C of	f AA	OS	
Α.	Full Name (Last, First, Middle Initial) Warren Jay Krompinger MD				Date o	of Re	eceipt					
	Mailing Address 295 Westmont				09 08 2014							
	City West Hartford	State CT	· ·					: 639478 Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			1000.0	00	
	Name of Employer	Occupation										
	Orthopedic Associates, LLC Receipt For:	Orthopaedi	-	_								
	Primary General	Aggregate										
	Other (specify)											
в.	Full Name (Last, First, Middle Initial) Brett Raymond Grebing MD				Date o	of Re	eceipt					
	Mailing Address 719 Schwarz Rd					M m / D m / Y m						
	City	State	Zip Code					639478			_	
	Edwardsville	IL	62025	_	Amour	nt of	Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С								250.0	0	
	Name of Employer	Occupation										
	Self Employed	Orthopaedic	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		2250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Geoffrey A Wright MD				Date o	of Re	eceipt					
	Mailing Address 4229 Foxxglen Run				09				201		ſ	
	City	State	Zip Code			sact		: 639478				
	Chesapeake	VA	23321		Amour	nt of	Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С					, .			300.0	00	
	Name of Employer											
	U.S. Navy	Orthopaedi	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)											
s	UBTOTAL of Receipts This Page (optional)		•••••		[.		7		1	550.0	0	

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

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 10 & 11b & 11c & 12 \\ \hline 10 & 11b & 11c & 12 \\ \hline 10 & 11c & 11c \\ \hline 10 & 11c \\ \hline 10 & 11c & 11c \\ \hline 10 & 11c$						
Any information copied from such Reports a	and Statements ma	Ay not be sold or used by any p	13 14 15 16 1 erson for the purpose of soliciting contributions						
	ng the name and a	ddress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of	of the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. John K Bradway MD			Date of Receipt						
Mailing Address 10213 N 92nd St Ste 10	1		09 08 2014						
City	State	Zip Code	Transaction ID : 6394786						
Scottsdale	AZ	85258	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation	l							
Ortho Arizona PLLC	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		250.00]						
Full Name (Last, First, Middle Initial) B. Robert Horace Wilson MD			Date of Receipt						
Mailing Address 2412 Norbeck Farm Pl			M M / D D / Y Y Y Y						
City	State	09 08 2014							
Olney	MD	Zip Code 20832-2700	Transaction ID : 6394787 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation	1							
Howard University	Orthopaedi	c Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) C. Frank M Phillips MD			Date of Receipt						
Mailing Address 881 Kimball Rd			09 08 2014						
City	State	Zip Code	Transaction ID : 6394795						
Highland Park	IL	60035-3618	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer	Occupation]							
Midwest Orthopaedics at Rush	Orthopaedi	c Surgeon							
	Aggregate	Year-to-Date ▼							
Other (specify)]								
SUBTOTAL of Receipts This Page (optional	al)		1500.00						

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IТ.			Use separate schedule(s)	(check	k only	one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17		
Aı or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson for	the p	urpose of	soliciting	g contribu	utions		
$\left[\right]$	NAME OF COMMITTEE (In Full)										
	Political Action Committee of th	e America	an Association of Ortho	paed	ic Sı	urgeon	sPA	C of A	AOS		
Α.	Full Name (Last, First, Middle Initial) Paul Strawn Sherbondy MD			Da	ate of	Receipt					
	Mailing Address 507 Beaumont Drive			N	M = M / D = D / Y = Y = Y						
	City	State	Zip Code		09 Transa	09 ction ID :	6307170	2014			
	State College	PA	16801-8311			of Each F			1		
	FEC ID number of contributing federal political committee.	С						84	4.00		
			c Surgeon								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		756.00								
_			A) () ()								
В.	Full Name (Last, First, Middle Initial) Russell A Wagner MD			Da	ate of	Receipt					
	Mailing Address 4059 Riveridge Ct			M	00	/ 0 09) / Y	2014	Y		
Ci	City	State	Zip Code		09 Transa	ction ID :		2014			
	Fort Worth	ТХ	76109-4620			of Each F			ł		
	FEC ID number of contributing federal political committee.	С							5.00		
	Name of Employer	Occupation	I								
	University of North Texas	Orthopaedie	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		670.00								
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,								
с.	Full Name (Last, First, Middle Initial) Lyle J Micheli MD			Da	ate of	Receipt					
	Mailing Address 319 Longwood Ave Ste 24			IV	09	/ D D		ү ү 2014	Y		
	City	State	Zip Code	Т	Transa	ction ID :	6398914	4			
	Boston	MA	02115-5712	Am	nount	of Each F	Receipt th	nis Perioo	1		
	FEC ID number of contributing federal political committee.	С				7	7	50	0.00		
	Name of Employer	Occupation									
	Self Employed	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
Г					_						
5	SUBTOTAL of Receipts This Page (optional)		•					669	0.00		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only X 11a 13	y one) 11b 14	11c	12 16 17				
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Political Action Committee of	opaedic S	aedic SurgeonsPAC of AAOS								
A. Richard E Grant MD Mailing Address 5 Bayberry Circle			M = M	Date of Receipt						
City Ambler	State PA	· · · · · · · · · · · · · · · · · · ·			: 639891					
FEC ID number of contributing federal political committee.	С					150.00				
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate									
Full Name (Last, First, Middle Initial) B. John Charles Kofoed MD Mailing Address 2619 Seminole Ct										
City Fairfield FEC ID number of contributing	State CA	Zip Code 94534-7871								
federal political committee. Name of Employer Sutter Medical Group	Occupation Orthopaedi			-						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00								
Full Name (Last, First, Middle Initial) C. Edward H Saer III, MD			Date of	Receipt						
Mailing Address 600 S McKinley St Ste 400	State	Zip Code	09 / Y Y Y Y 09 02 2014							
Little Rock	AR	72205-5222		action ID of Each I						
FEC ID number of contributing federal political committee.	C					250.00				
Name of Employer Arkansas Specialty Spine Center Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate]							
SUBTOTAL of Receipts This Page (optional)				7	7	484.00				

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

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17							
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pound any pound by any pound by any political committee	erson tor the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
/	e Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS							
Full Name (Last, First, Middle Initial) A. Randolph Copeland MD			Date of Receipt							
Mailing Address 1609 Red Rock Dr			M = M / D = D / Y = Y = Y Y 09 08 2014							
City	State	Zip Code	Transaction ID : 6399596							
Gallup	NM	87301	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		150.00							
Name of Employer	Occupation	1								
Indian Health Service	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		300.00								
		7 7 7								
Full Name (Last, First, Middle Initial) B. William A Jiranek MD			Date of Receipt							
Mailing Address 4066 Old River Tr			M = M / D = D / Y = Y = Y = Y 09 08 2014							
City	State	Zip Code								
Powhatan	VA	23139	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation									
Virginia Commonwealth University Receipt For:	Orthopaedi	5	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		, 1000.00								
Full Name (Last, First, Middle Initial) C. David Victor Mungo MD	I		Date of Receipt							
Mailing Address 11218 Clapsaddle Ave NE										
	Ctot-	Zin Code	09 08 2014							
City Alliance	State OH	Zip Code 44601-9765	Transaction ID : 6399598 Amount of Each Receipt this Period							
FEC ID number of contributing	0									
federal political committee.	С		650.00							
Name of Employer	Occupation									
Alliance Medical Foundation	Orthopaedi	-	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) V		1650.00								
		7 7 7 7 7 7								
SUBTOTAL of Receipts This Page (optional)			1300.00							
TOTAL This Period (last page this line number	only)									

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177			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the 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	y information copied from such Reports and s for commercial purposes, other than using th	Statements management	ay not be sold or used by any pure of any pure of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee						
	NAME OF COMMITTEE (In Full)									
		ne Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS						
Α.				Date of Receipt						
	Mailing Address 506 Van Lears Run			09 08 2014						
	City Villanova	State PA	Zip Code 19085-1023	Transaction ID : 6399599 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation	1							
	Premier Orthopedics	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		250.00							
	Other (specify)		230.00							
в.	Full Name (Last, First, Middle Initial) Kenneth J Kress MD	·		Date of Receipt						
	Mailing Address 655 Blakenham Ct			09 08 2014						
	City	State	Zip Code	Transaction ID : 6399600						
	Alpharetta	GA	30022	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer	Occupation	1	_						
	Resurgens Orthopaedics	Orthopaedi	c Surgeon							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael McNamara MD	I		Date of Receipt						
	Mailing Address 2501 West 100th Ave			09 08 _2014 _						
	City	State	Zip Code	Transaction ID : 6399601						
	Anchorage	AK	99515	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer	Occupation	1							
1, 5			ic Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) V		500.00							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			1750.00						

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaedic S	urgeor	isPA	C of AA	os			
Α.	Full Name (Last, First, Middle Initial) John C Steinmann DO Mailing Address 1517 W. Cypress Ave.	State	Zip Code	09	Date of Receipt 09 08 2014 Transaction ID : 6399602						
	Redlands	CA	92373		of Each						
	FEC ID number of contributing federal political committee.	С					500.0	0			
	Name of Employer Arrowhead Orthopaedics Receipt For:	Occupation Orthopaedic Aggregate									
	Primary General Other (specify) ▼		500.00								
В.	Full Name (Last, First, Middle Initial) Stephen Cunningham Robinson MD Mailing Address 5824 Widewaters Parkway				Date of Receipt						
	Mailing Address 5824 Widewaters Parkway			09	08		2014				
	City East Syracuse	State NY	Zip Code 13057		action ID : of Each I						
	FEC ID number of contributing federal political committee.	С			3	7	250.0	0			
	Name of Employer Syracuse Orthopedic Specialists	Occupation Orthopaedic									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
с.	Full Name (Last, First, Middle Initial) Eric B Arvidson MD			Date of	Receipt						
	Mailing Address 16 Pelham Rd			м м 09	/ D 08		2014				
	City Salem	State NH	Zip Code 03079		action ID of Each						
	FEC ID number of contributing federal political committee.	С			9	7	300.0	0			
	Name of Employer		_								
	Essex Orthopaedics	Orthopaedi	c Surgeon								
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)		······)		7		1050.00	0			

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	12					
.				13		14	15	16	17				
Any information copied from such Report or for commercial purposes, other than u													
NAME OF COMMITTEE (In Full)													
Political Action Committee	e of the Americ	an Association of Orth	opae	dic S	Sur	geon	sPA(C of AA	AOS				
Full Name (Last, First, Middle Initial) A. Gary M Schniegenberg MD				Date of Receipt									
Mailing Address 1982 Road P1				M = M / D = D / Y = Y = Y = Y									
City	State	Zip Code		09112014 Transaction ID : 6405139									
Bluffton	OH	45817		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					,		500	.00				
Name of Employer	Occupation		_										
Orthopedic Institute of Ohio	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		1000.00											
Full Name (Last, First, Middle Initial) B. Michael C Momont MD													
Mailing Address 535 Marshall Street				Date of Receipt									
City	State	Zip Code		Transaction ID : 6405153									
Duluth	MN	55803	/	Amoun	t of	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	C			1000.00									
Name of Employer	Occupatior	l											
Orthopaedic Associates	Orthopaedi	c Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		2000.00											
Full Name (Last, First, Middle Initial) C. John W McClellan III, MD				Date o	of Re	eceipt							
Mailing Address 12715 Westchester P	laza			м м 09	/	D I I) / Y	2014	Y				
City	State	Zip Code			sact		6405154						
Omaha	NE	68154		Amoun	it of	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	С					7		1000	.00				
Name of Employer	Employer Occupation												
Nebraska Spine Center	Orthopaed	c Surgeon											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify) ▼		2000.00											
SUBTOTAL of Receipts This Page (opti	 onal)					5		2500	00				

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

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		Use separate schedule(s)	(ch	neck only	, one	e)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12				
Any information copied from such Reports and		ay not be sold or used by any pe			purpo							
or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	opae	edic S	urg	jeon	sPA(C of A	AOS			
Full Name (Last, First, Middle Initial) A. Joshua Peter Nadaud MD				Date of	Rec	ceipt						
Mailing Address 1150 Highland Pointe Dr				M M / D D / Y Y Y Y Y 09 11 2014 Transaction ID : 6405155 Amount of Each Receipt this Period								
City Saint Louis	State MO	Zip Code 63131-1408	_									
FEC ID number of contributing federal political committee.	С							250				
Name of Employer	Occupation											
Signature Health Services Receipt For:	Orthopaedi	Year-to-Date ▼	_									
Primary General Other (specify) ▼	Aggregate	250.00										
Full Name (Last, First, Middle Initial) B. Ronald S Lederman MD			Date of Receipt									
Mailing Address 3227 Woodview Lake Rd		09 / D D / Y Y Y Y 09 11 2014										
City West Disconfigle	State	Zip Code					6405156					
West Bloomfield	MI	48323-3572	_	Amount	of E	Each R	leceipt th	nis Period				
FEC ID number of contributing federal political committee.	С				9		100	.00				
Name of Employer Self Employed	Occupation Orthopaedic											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		300.00										
Full Name (Last, First, Middle Initial) C. Joseph R Locker MD				Date of	Rec	ceipt						
Mailing Address 2240 SW 76th Ln				м м 09	1	11		2014	Y			
City	State	Zip Code			actic		6405157					
Ocala FEC ID number of contributing	FL	34476	_	Amount	of E	Each R	leceipt th	nis Period				
federal political committee.	C			L.		,	7	1000	0.00			
Name of Employer	Occupation											
The Orthopaedic Institute Receipt For:	Orthopaedi		_									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00										
SUBTOTAL of Receipts This Page (optional).		•	<u> </u>			,	- 1	1350	.00			

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17			
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson erson	for the	purpose c	of soliciting	g contrib	utions			
\square	NAME OF COMMITTEE (In Full)											
	Political Action Committee of th	e America	an Association of Ortho	opae	edic S	urgeor	ารPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Frederick M Azar MD				Date of	Receipt						
	Mailing Address 1211 Union Ave Ste 500				09 11 2014							
	City	State	Zip Code		Trans	action ID	: 6405158					
	Memphis	TN	38104		Amount	of Each	Receipt th	his Period	b			
	FEC ID number of contributing federal political committee.	С						100	0.00			
	Name of Employer	Occupation										
Campbell Clinic Orth			c Surgeon									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		1000.00									
в.	Full Name (Last, First, Middle Initial) Ajoy K Jana MD				Date of	Receipt						
	Mailing Address 15902 Patrick Ave				M M	/ D		Y Y	Y			
	City	State	Zip Code	_	09112014 Transaction ID : 6405252							
	Omaha	NE	68116	-			: 6405252 Receipt tl		4			
	FEC ID number of contributing			-	Amount		neceipi ii	nis reno				
	federal political committee.	C					30	0.00				
	Name of Employer	Occupation										
	Methodist Physicians Clinic	Orthopaedic	Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		, 600.00									
с.	Full Name (Last, First, Middle Initial) Brian A Borden MD				Date of	Receipt						
	Mailing Address 5719 Spring Hill Drive				м м 09	/ D		2014	Y			
	City	State	Zip Code		Trans	action ID	: 640525	3				
	Ann Arbor	MI	48105-9552	-	Amount	of Each	Receipt th	his Period	t			
	FEC ID number of contributing federal political committee.	С				y	7	25	0.00			
	Name of Employer	Occupation										
	St Joseph Mercy	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)		····· •	•		- J		1550	0.00			

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SCHEDULE A (FEC Form 3X) _ _ _ _

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of C	orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Patricia M Kallemeier MD Mailing Address 15005 Maple Dr		Date of Receipt
City	State Zip Code	09 11 2014 Transaction ID : 6405254
Des Moines	IA 50323-2425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Des Moines Ortho Surgeons	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	750.00	0
Full Name (Last, First, Middle Initial) B. George F Muschler MD		Date of Receipt
Mailing Address 2270 Chatfield Dr		09 11 2014
City	State Zip Code	Transaction ID : 6405255
Cleveland Heights	OH 44106-3656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Cleveland Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	D
Full Name (Last, First, Middle Initial) C. Brian D Mulliken MD		Date of Receipt
Mailing Address 35 Brett Manor Ct		M - M / D - D / Y - Y - Y - Y 09 11 2014
City	State Zip Code MD 21030	Transaction ID : 6405256
Hunt Valley FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	
University of Maryland Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s)

FOR LINE NUMBER:

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TIEWIZED RECEIPTS	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 Repor or for commercial purposes, other than	ts and Statements may not be sold or used by any using the name and address of any political committe	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Political Action Committee	e of the American Association of Orth	opaedic SurgeonsPAC of AAOS							
A. Kenneth L Schiffman MD Mailing Address 161 N Elmwood Ave		Date of Receipt 09 11 2014							
City	State Zip Code	Transaction ID : 6405260							
Oak Park	IL 60302-2613	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	250.00							
Name of Employer	Occupation								
Loyola University Medical Center	Orthopaedic Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) B. Wayne M Goldstein MD									
Mailing Address 2887 Lexington Ln									
City	State Zip Code	Transaction ID : 6405261							
Highland Park	IL 60035	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	1000.00							
Name of Employer	Occupation								
Illinois Bone & Joint Institute	Orthopaedic Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) C. Alan Craig League MD		Date of Receipt							
Mailing Address 1828 Longvalley Rd		M M / D / Y							
City	State Zip Code IL 60025	Transaction ID : 6405262							
Glenview	IL 60025	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	1000.00							
Name of Employer	Occupation								
Illinois Bone & Joint Institute	Orthopaedic Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]							
SUBTOTAL of Receipts This Page (opt	ional)	▶ 2250.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c	12	17			
	y information copied from such Reports and S				or the		oose c	f solicitin	g contrib	utions			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to soli	cit coi	ntrib	utions	from suc	h comm	ttee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paec	dic S	Sur	geor	nsPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Michael Andrew Campbell MD			D	Date of Receipt								
	Mailing Address 3192 Stonewood Drive				м м 09	/	D 11		ү ү 2014	Y			
	City	State	Zip Code		Trans	acti	on ID	: 640526	3				
	Virginia Beach	VA	23456-1560	A	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				_	,	7	25	0.00			
	Name of Employer	Occupation		1									
	Atlantic Ortho Specialists	Orthopaedi	c Surgeon	_									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
в.	Full Name (Last, First, Middle Initial) Eric Louis Smith MD												
	Mailing Address 1573 Beacon St						09 13 2014						
	City	State	Zip Code	-	Trans	acti	on ID	: 640980	5				
	Waban	MA	02468-1507	A	mount	t of	Each	Receipt t	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					,		8	4.00			
	Name of Employer Tufts Medical Center	Occupation Orthopaedic											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 368.00										
с.	Full Name (Last, First, Middle Initial) Todd A Schmidt MD			D	ate of	Re	ceipt						
	Mailing Address 2865 Lake Park Drive				м м 09	1	D 14		ү 2014	Y			
	City	State	Zip Code		Trans	act	ion ID	: 640982	0				
	Jonesboro	GA	30236-4133	A	mount	t of	Each	Receipt t	nis Perio	d			
	FEC ID number of contributing federal political committee.	С				_	,		8	4.00			
	Name of Employer	Occupation											
	Southern Orthopaedic Specialists	Orthopaedi	c Surgeon	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)												
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7		41	8.00			

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions						
or for commercial purposes, other than using the	ne name and a	address of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Ronald W B Wyatt MD			Date of Receipt						
Mailing Address 533 Carleton Way			M M / D D / Y Y Y Y Y 09 14 2014						
City Alamo	State CA	Zip Code 94507-2863	Transaction ID : 6409821 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer	Occupation	1	—						
Self Employed	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		700.00]						
Full Name (Last, First, Middle Initial) B. David R Chandler MD									
Mailing Address 165 Middle Plantation Ln			Date of Receipt 09 14 2014						
City	State	Zip Code	Transaction ID : 6409822						
Gulf Breeze	FL	32561-4899	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer Self Employed	Occupation								
Receipt For:	Orthopaedi	5	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		595.00							
Full Name (Last, First, Middle Initial) C. Robert J Hagen MD			Date of Receipt						
Mailing Address 1411 S Creasy Ln Ste 120			09 11 2014						
City	State	Zip Code	Transaction ID : 6410983						
Lafayette	IN	47905	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation	1							
Lafayette Orthopaedic Clinic	Orthopaedi	ic Surgeon	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1250.00	1						
SUBTOTAL of Receipts This Page (optional)			435.00						
TOTAL This Period (last page this line numbe	r only)								

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	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may not be sold or used by any	person for the purpose of soliciting contributions
		tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ort	hopaedic SurgeonsPAC of AAOS
/ Full Name (Last, First, Middle Initial) A. Alan S Routman MD		Date of Receipt
Mailing Address 1717 SE 9th St		09 11 2014
City Fort Lauderdale	State Zip Code FL 33316-1415	Transaction ID : 6410984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Andrew G Urquhart MD	Date of Receipt	
Mailing Address 9222 Northpointe Rd.		09 11 2014
City Brighton	State Zip Code MI 48114	Transaction ID : 6410986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Michigan	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) c. Louis A DiGiovanni MD		Date of Receipt
Mailing Address Hudson Valley Ortho 23 Fish & Game Rd		09 11 2014
City Hudson	StateZip CodeNY12534	Transaction ID : 6410987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Columbia Memorial Hospital	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1750.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the

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			Detailed Summary Page		11a 13	-	11b 14	11c	12	17			
Ar	y information copied from such Reports and S	tatements ma	L ay not be sold or used by any pe	erson f	or the	pur	pose o	of solicitin	g contribu	utions			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ntrib	outions	from suc	h commit	ttee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opae	dic S	Sur	geor	nsPA	C of A	AOS			
A .	Full Name (Last, First, Middle Initial) John Peter Lubicky MD				Date of Receipt								
	Mailing Address 413 Holly Lane				09 11 2014								
	City Morgantown	State WV	Zip Code 26508		Transaction ID : 6410988 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer WVU School of Medicine	Occupation Orthopaedi											
	Receipt For:		Year-to-Date ▼	_									
	Primary General Other (specify)		300.00										
В.	Full Name (Last, First, Middle Initial) Paul F Lachiewicz MD												
	Mailing Address 417 Lyons Rd						M = M / D = D / Y = Y = Y = Y 09 11 2014						
	City	State NC	Zip Code					: 641098					
	Chapel Hill FEC ID number of contributing federal political committee.	27514		Amoun	it of	Each	Receipt t	his Perioo 750	d D.00				
	Name of Employer Chapel Hill Orthopaedics	Occupation			_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
с.	Full Name (Last, First, Middle Initial) David E Attarian MD				Date o	of Re	eceipt						
	Mailing Address 3 Jupiter Hills Ct				09 11 _2014 _								
	City Durham	State NC	Zip Code 27712					: 641099 Beceipt t	1 his Period	4			
	FEC ID number of contributing federal political committee.	С					1			0.00			
	Name of Employer	-											
	Duke University												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00										
\vdash	UBTOTAL of Receipts This Page (optional)					-	7	5	1050	0.00			
IΤ	OTAL This Period (last page this line number	only)	····· •	•			7		_				

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		Detailed Summary Page		K 11a		11b	11c	12						
				13		14	15	16	17					
Any information copied from such Reports an or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
Political Action Committee of	the Americ	an Association of Ortho	opae	edic S	Surg	geon	sPAC	C of AA	AOS					
Full Name (Last, First, Middle Initial) A. Peter White Whitfield MD				Date of	f Rec	ceipt								
Mailing Address 7 Hillwind Ct				09 11 2014										
City	State	Zip Code	Transaction ID : 6410992											
Greensboro	NC	27408	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					,		150	.00					
Name of Employer	Occupation	1	-											
Southeastern Orthopaedic Specialists	Orthopaedi	c Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		300.00	1											
Full Name (Last, First, Middle Initial) B. Leland R Mayer MD				Data of	f Poo	point								
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Maining Address 3 3841 County Rd B			09 11 2014											
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Eau Claire	WI					Receipt th								
FEC ID number of contributing federal political committee.	C			250.	.00									
Name of Employer	Occupation	1												
Mayo Clinic Health Systems	Orthopaedi	c Surgeon												
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Full Name (Last, First, Middle Initial) C. Steven I Grindel MD				Date of	f Rec	ceipt								
Mailing Address 7615 N Beach Dr				м – м 09	/	D 11		2014	Y					
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Α.	Full Name (Last, First, Middle Initial) Thomas Atkins MD				Date of Receipt							
А.	Mailing Address 5N105 Burr Rd			\neg				D / Y	YYY	V		
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	City	State	Zip Code		Tran	sac	tion ID	: 6411413				
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	Fox Valley Orthopaedic Institute	Orthopaedi	c Surgeon									
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	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Chris John Dangles MD				Date o	of R	eceipt					
	Mailing Address 1107 W University Ave				M 09	Л	D 1-	D / Y 1	2014	Y		
	City	State Zip Code										
	Champaign	IL	61821	_	Amour	nt of	Each	Receipt th	nis Period			
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— c.	Full Name (Last, First, Middle Initial) Todd Michael Oliver MD				Date o	of R	eceipt					
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	City Columbia	State MO	Zip Code 65203					: 6412230				
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Α.	Full Name (Last, First, Middle Initial) William John Hopkinson MD Mailing Address 351 E 59th St			Date o	f Receipt	D / Y	Y Y Y
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В.	Full Name (Last, First, Middle Initial) Richard E Grant MD Mailing Address 5 Bayberry Circle	Ctoto	7in Code	09	11		2014
	City Ambler FEC ID number of contributing federal political committee.	State PA	Zip Code 19002-1145		action ID : t of Each I		
	Name of Employer Self Employed	Occupation Orthopaedic					
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<u></u> с.	Full Name (Last, First, Middle Initial) Richard E Grant MD			Date o	f Receipt		
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pane and address of any political committee	13 14 15 16 17 rerson for the purpose of soliciting contributions e to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Edward S Jeffries MD Mailing Address 24715 Little Mack Ste 100 City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 48080 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Shivajee V Nallamothu DO Mailing Address 7427 Foxburg Ct City Clarkston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48348 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Joseph E Trader MD Mailing Address 1021 Memorial Dr City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code WI 54220-2242 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		450.00

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

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		к опіу 11а 13	<u> </u>	e) 11b 14	11c	12 16 17
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any penderess of any political committee	erson fo to solid	r the cit cor	purpo ntribu	ose of tions	solicitin from suc	g contributions h committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaed	lic S	urg	eon	sPA	C of AAOS
Α.	Full Name (Last, First, Middle Initial) Jan H Garrett MD Mailing Address 8440 Southland Dr			D;	ate of	Rec	eipt		Y Y Y Y
	City	State	Zip Code		09 Trans	actio	15		2014
	Tyler FEC ID number of contributing federal political committee.	С	75703	Ar	mount	of E	ach F	Receipt t	his Period 250.00
	Name of Employer Azalea Orthopedics Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate							
в.	Full Name (Last, First, Middle Initial) Norman Verhoog MD Mailing Address 3389 Harlan Dr			D;	ate of	Rec	D I		- Y = Y = Y
	City Redding FEC ID number of contributing federal political committee.	State CA	Zip Code 96003-3318					643046	2014 5 his Period 100.00
	Name of Employer Self Employed	Occupation Orthopaedic							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Richard Fairfax Pell IV, MD			D	ate of	Rec	eipt		
	Mailing Address 12801 SW 82nd Avenue	State	Zip Code		09	/	D 15		2014
	City Miami	FL	33156					: 643046 Receipt t	6 his Period
	FEC ID number of contributing federal political committee.	С				. ,		- 7	188.00
	Name of Employer South Florida Int'l Orthopaedics Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate							
s	UBTOTAL of Receipts This Page (optional)					, j			538.00

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 onl X 11a 13	y one) 11b 14	11c	12 16 17
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Orthe	opaedic S	Surgeon	isPA	C of AAOS
Α.	Full Name (Last, First, Middle Initial) Jay G Stein MD Mailing Address Ste 311-A 9999 NE 2nd Avenue City	State	Zip Code	09	f Receipt / D 15 saction ID	5	2014 7
	Miami Shores FEC ID number of contributing federal political committee.	FL C	33138	Amoun	t of Each I	Receipt t	his Period 150.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Orthopaedic Aggregate]			
В.	Full Name (Last, First, Middle Initial) William A Herndon MD Mailing Address 3122 Thornbrooke Blvd			Date o			2014
	City Edmond FEC ID number of contributing federal political committee.	State OK	Zip Code 73013	Trans	15 saction ID : t of Each I	: 6430472	2
	Name of Employer University of Oklahoma	Occupation Orthopaedic					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]			
C.					f Receipt		
	Mailing Address 534 Montgomery School Ln City Wynnewood	State PA	Zip Code 19096-1119		15 saction ID t of Each I	5 : 643047	
	FEC ID number of contributing federal political committee.	С					250.00
	Name of Employer Childrens Surgical Associates Receipt For:	Occupation Orthopaedic	c Surgeon	_			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)						500.00

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 on 11a 13	11b	11c	12 16 17
Ar or	ny information copied from such Reports and a for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any puddress of any political committee	erson for the to solicit co	purpose o	of solicitin from suc	g contributions h committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	opaedic S	Surgeor	nsPA	C of AAOS
Α.	Full Name (Last, First, Middle Initial) Carla S Smith MD Mailing Address 2006 E 24th Ave			Date c	f Receipt	D / 1	Y Y Y Y
	City Spokane	State WA	Zip Code 99203		15 saction ID	5 : 643047	
	FEC ID number of contributing federal political committee.	C	33203	Amour	it of Each	Receipt t	his Period 500.00
	Name of Employer Providence Medical Group Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate					
в.	Full Name (Last, First, Middle Initial) Keith D Osborn MD Mailing Address 1840 Ridgefield Dr			Date c	f Receipt		YYYY
	City Roswell	State Zip Code					2014 3 his Period
	FEC ID number of contributing federal political committee.	С		Γ.			250.00
	Name of Employer Resurgens Orthopaedics Receipt For:	Occupation Orthopaedic	c Surgeon				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
с.	Full Name (Last, First, Middle Initial) Ariel Goldman MD			Date c	f Receipt		
	Mailing Address 31 Woodbine Rd	Ctoto	Zin Code	09	15		2014
	City Roslyn Heights	State NY	Zip Code 11577		saction ID It of Each		
	FEC ID number of contributing federal political committee.	С		L.			750.00
	Name of Employer North Shore Tyson Long Island Jewish H	Occupation Orthopaedi					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00				
s	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·					1500.00

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee c	of the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Daniel W Guehlstorf MD			Date of Receipt
Mailing Address 9083 Kensington Way			09 15 2014
City Franklin	State WI	Zip Code 53132	Transaction ID : 6430483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation Orthopaedic		
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) B. Jeremy Russell DO			Date of Receipt
Mailing Address 8000 Woodbine Ln		7.0.1	09 / Y Y Y Y 15 2014
City Wausau	State WI	Zip Code 54401-8459	Transaction ID : 6430484 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		225.00
Name of Employer Orthopaedic Assoc of Wausau	Occupation Orthopaedic		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]
Full Name (Last, First, Middle Initial) C. John J Cambareri MD			Date of Receipt
Mailing Address 222 Feldspar Dr			09 15 / Y Y Y Y 2014
City Syracuse	State NY	Zip Code 13219	Transaction ID : 6430485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Syracuse Orthopedic Specialists Receipt For:	Orthopaedi	5	_
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (option	al)		975.00

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

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SCHE	DULE A (FEC Form 3X)			-	NUMBER:	PAGE 131 OF 237						
ITEMI	ZED RECEIPTS		Use separate schedule(s) for each category of the	(check onl								
			Detailed Summary Page	X 11a	11b	11c 12 15 16 17						
	prmation copied from such Reports and			erson for the	purpose of	soliciting contributions						
k	ommercial purposes, other than using t	he name and a	address of any political committee	e to solicit co	ntributions f	rom such committee.						
	E OF COMMITTEE (In Full) itical Action Committee of t	he Americ	an Association of Ortho	opaedic S	Surgeon	sPAC of AAOS						
	Name (Last, First, Middle Initial) an K Bash MD			Date of	f Receipt							
	ng Address 113 Dauphin Drive			м м 09	/ D D	/ Y Y Y Y 2014						
City Med	ia	State PA	Zip Code 19063		saction ID :							
			10000	Amoun	t of Each R	eceipt this Period						
	ID number of contributing al political committee.	С				250.00						
	e of Employer	Occupation										
	hier Ortho & Sports Med Assoc	Orthopaedi		_								
	ipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
	Name (Last, First, Middle Initial) hard Lee Parker MD			Date o	f Receipt							
Mailir	ng Address 6 Dowling Ct			м м 09	/ D D	2014 ²						
City		State	Zip Code		action ID :							
	Westbury	NY	11568-1220	Amoun	Amount of Each Receipt this Period							
	ID number of contributing ral political committee.	С				250.00						
	e of Employer	Occupation	1	_								
	Employed	Orthopaedi	c Surgeon									
Rece	ipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
	Name (Last, First, Middle Initial) William Woods MD			Date o	f Receipt							
Mailir	ng Address 14 Greenway Plaza #17L			м м 09	/ D D	/ Y Y Y Y 2014						
City Hou	ston	State TX	Zip Code 77046-1425		saction ID : t of Each R	6430489 eceipt this Period						
	ID number of contributing al political committee.	С				500.00						
Nam	e of Employer	Occupation	1	_								
	Iren Orthopaedic Group	Orthopaedi	ic Surgeon									
Rece	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
SUBTO	DTAL of Receipts This Page (optional).		•••••			1000.00						

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Iт.			Use separate schedule(s)	(che	eck only	y one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11		11c	12	F	 	
A	ny information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson f	13 for the	purpos	se of s	15 soliciting	16 contrib	oution	17 ns	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit cor	ntributi	ons fro	om suci	n comm	ittee		
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opae	dic S	Surge	eons	PA	C of A	AC	S	
Α.	Full Name (Last, First, Middle Initial) Darin T Leetun MD				Date of Receipt							
	Mailing Address 4708 Ridgewood Lane			09 15 2014								
	City Grand Forks	State ND	Zip Code 58201-2829				ID : 6	430490 ceipt th			-	
	FEC ID number of contributing federal political committee.	С						- 1	25	50.00)	
	Name of Employer Altru	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Haluk Altiok MD Mailing Address 921 Robinhood Ln				Date of	Rece	ipt	/ Y	Y Y	Y		
			Zip Code		09	J L	15	ΙL	2014			
	City	State IL	_			-	430494					
	La Grange Park		60526-1580		Amount	t of Ea	ich Re	eceipt th	iis Peric	od	_	
	FEC ID number of contributing federal political committee.	C				- 7			25	50.00		
	Name of Employer Shriners Hospital	Occupation										
	Receipt For:	Orthopaedic		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Anthony B Brentlinger MD				Date of	Rece	ipt					
	Mailing Address 3705 Black Canyon Rd				м м 09	/	D D 15	/ Y	2014	Y]	
	City Fort Worth	State TX	Zip Code 76109-3243					6430495 eceipt th	i iis Peric	d		
	FEC ID number of contributing federal political committee.	С				. 7		7	50	00.00)	
	Name of Employer	Occupation										
	Arlington Orthopaedic Associates Receipt For:	Orthopaedi	0	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)							- J	100	0.00	7	

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		Use separate schedule(s)	(ch	neck only	one	e)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements managements managements and a	I ay not be sold or used by any pe ddress of any political committee	rson to s	for the	purp	ose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Political Action Committee of the									
Full Name (Last, First, Middle Initial) A. Carlos Guanche MD Mailing Address 24959 John Fremont Road City Hidden Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Orthopaedi Aggregate				/ actio	15 on ID :	6430496	nis Perioc	_
Full Name (Last, First, Middle Initial) B. Michael A Mont MD Mailing Address 3 Grenadier Ct City	State	Zip Code		Date of 09 Transa	/	15	6430497	y y 2014	Y
Owings Mills FEC ID number of contributing federal political committee. Name of Employer Sinai Hospital of Baltimore	MD C			Amount	of E	Each F	Receipt th	nis Perioc 1000	_
Receipt For: Primary General Other (specify) ▼	Orthopaedi	C Surgeon Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. Kenneth K Ishizue MD Mailing Address 12705 Corte Cordillera City Salinas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State CA C Occupation Orthopaedi Aggregate				/ actie	15 on ID :	6430500	nis Perioc	_
Other (specify)		388.00				3	7	1600).00

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

SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEN	NIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12	17			
or for	nformation copied from such Reports and St. commercial purposes, other than using the			erson for the	purpose of	soliciting	contributio	ns			
	ME OF COMMITTEE (In Full) olitical Action Committee of the	e America	an Association of Ortho	opaedic S	Surgeon	sPA	C of AAC	SC			
A W	II Name (Last, First, Middle Initial) /illiam L Oppenheim MD iling Address 124 Outrigger Mall			M	f Receipt) / Y		1			
CityStateMarina Del ReyCAFEC ID number of contributing federal political committee.C			Zip Code 90292-6795	09 15 2014 Transaction ID : 6430501 Amount of Each Receipt this Period							
							250.00	2			
UC	me of Employer CLA Medical Center ceipt For: Primary General Other (specify)	Occupation Orthopaedic Aggregate									
B . <u>S</u>	II Name (Last, First, Middle Initial) erena Young-Nguyen MD illing Address 1760 Termino Ave #208			Date of	f Receipt) / Y	2014	1			
City	y ng Beach	State CA	Zip Code 90804	Trans	action ID : t of Each F			-			
	C ID number of contributing leral political committee.	С			7		100.00)			
Sel	me of Employer f Employed	Occupation Orthopaedic									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
c V	II Name (Last, First, Middle Initial) Villiam D Sudduth MD			Date of	f Receipt						
	iling Address 1909 Point Clear Rd			09	/ D 15		2014 Y]			
City Tu	y iscaloosa	State AL	Zip Code 35406-3230		saction ID : t of Each F						
	C ID number of contributing leral political committee.	С			7		1000.0	0			
Name of Employer Oc											
	uthlake Orthopaedics ceipt For:	Orthopaedic Aggregate	Year-to-Date ▼ 1000.00								
SUB	TOTAL of Receipts This Page (optional)						1350.00)			
тоти	AL This Period (last page this line number o	only)	••••••								

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Paul D Sponseller MD		Date of Receipt
Mailing Address 1 Coniston Rd		09 15 2014
City Ruxton	StateZip CodeMD21204	Transaction ID : 6430505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Johns Hopkins Hospital	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) V	225.00	
Full Name (Last, First, Middle Initial) B. Steven J Bruce MD		Date of Receipt
Mailing Address 1533 Lakeway Pl		09 15 / Y Y Y Y Y 2014
City Bellingham	State Zip Code WA 98229	Transaction ID : 6430507
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Peace Health	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	450.00	
Full Name (Last, First, Middle Initial) C. John H Bargren MD		Date of Receipt
Mailing Address 1724 W. Union #100		09 / Y Y Y Y Y 2014
City Tacoma	State Zip Code WA 98405-2099	Transaction ID : 6430508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Proliance Surgeons	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl) ber only)	► 300.00

Use separate schedule(s) for each category of the

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(check only one) X 11a 11b 12 11c **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 (Last, First, Middle Initial) Robert Daniel Mastey MD Α. Date of Receipt Mailing Address 719 Sunset Mountain Dr M M / 2014 09 15 City State Zip Code Transaction ID: 6430510 ΤN Chattanooga 37421-2076 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Orthopaedic Surgeon Center for Sports Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey Einer Johnson MD Date of Receipt Mailing Address 2207 Westerly Ct Μ M 09 2014 15 City State Zip Code Transaction ID: 6430513 Chesterfield MO 63017 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Name of Employer Occupation Washington University Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Ruoff MD Date of Receipt Mailing Address 15 Sierra Ct M = M / D 2014 09 15 City Zip Code State Transaction ID: 6430525 NJ Hillsdale 07642 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L	_	7	_	_	7	_	60	00.00)
			-		-					-
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. James L Beskin MD		Date of Receipt
Mailing Address 809 Peachtree Battle Ave		09 15 2014
City Atlanta	State Zip Code GA 30327	Transaction ID : 6430526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Peachtree Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. James C Vailas MD		Date of Receipt
Mailing Address 42 Cortland Dr		09 15 _2014 _
City Bedford	State Zip Code NH 03110-4224	Transaction ID : 6430528
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer New Hampshire Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) C. John G Birch MD		Date of Receipt
Mailing Address 9107 Brady Dr		09 15 _2014 _
City Dallas	State Zip Code TX 75243	Transaction ID : 6430530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Texas Scottish Rite Hospital Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)		▶ 2000.00

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

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			Use separate schedule(s)		(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12					
Ar	y information copied from such Reports and S for commercial purposes, other than using the	itatements ma	ay not be sold or used by any pe	erson for t	the pu	14 rpose of	15 soliciting	g contrib	utions				
	NAME OF COMMITTEE (In Full)				COIL	DULIONS			liee.				
	Political Action Committee of th	e America	an Association of Ortho	paedio	c Su	rgeon	sPA	C of A	AOS				
Α.	Full Name (Last, First, Middle Initial) William W Whang MD			Date	e of F	eceipt							
	Mailing Address 2805 Black Mountain Way				M = M / D = D / Y = Y = Y 09 15 2014								
	City Modesto	State CA	Zip Code 95356				6430532 Receipt th		d				
	FEC ID number of contributing federal political committee.	С				7		10	0.00				
	Name of Employer Sutter Gould Medical Foundation	Occupation Orthopaedi											
	Receipt For:		Year-to-Date ▼	_									
	Primary General Other (specify)		300.00										
в.	Full Name (Last, First, Middle Initial) John S Early MD			Date	e of F	eceipt							
	Mailing Address 8210 Walnut Hill Ln Ste 130)9	/ D I I 15		ү ү 2014	Y				
	City	State	Zip Code				6430537						
	Dallas	ТХ	75231	Amo	ount o	f Each F	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С						100	0.00				
	Name of Employer Self Employed	Occupation											
		Orthopaedic	c Surgeon										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert G Viere MD			Date	e of F	eceipt							
	Mailing Address 3415 Cornell Ave				м 09	/ D I		2014	Y				
	City Dallas	State TX	Zip Code 75205				: 6430538 Receipt th		d				
	FEC ID number of contributing federal political committee.	С				7		50	0.00				
	Name of Employer	Occupation											
	Self Employed	Orthopaedi	c Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		, 500.00										
s	UBTOTAL of Receipts This Page (optional)		•			7		160	0.00				

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FOR LINE NUMBER:

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TC			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X 11a		11b	11c	12			
Any	r information copied from such Reports and S	atemente m	av not be sold or used by any po	13 erson for th		14 nose of	15 soliciting	16	17 utions		
or f	or commercial purposes, other than using the	name and a	ddress of any political committee	to solicit c	ontrib	outions	from such	n commi	ttee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orthc	paedic	Sur	geon	sPA(C of A	AOS		
	Full Name (Last, First, Middle Initial) Pierre Andre Bruneau MD			Date	of Po	opint					
	Mailing Address 3405 Florida St Unit 409) / Y	Y Y	Y		
_				09		15		2014	_		
	City San Diego	State CA	Zip Code 92104				6430539		4		
F	FEC ID number of contributing rederal political committee.	С				,	Receipt th		0.00		
1	Name of Employer	Occupation									
	JS Navy	Orthopaedi	c Surgeon								
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
	Full Name (Last, First, Middle Initial) Jack C Nichols II, MD			Date	of Re	eceipt					
ľ	Mailing Address North Valley Ortho Med Grp 1230 East St Ste A			M) / Y	Y Y	Y		
(City	State	Zip Code	09 		15 ion ID :	6430540	2014			
_	Redding	CA	96001-0821	Amou	int of	Each F	Receipt th	is Perio	k		
	EC ID number of contributing ederal political committee.	С				, .	- 7	100	0.00		
	Name of Employer	Occupation		_							
_	Self Employed Receipt For:	Orthopaedic	6								
г	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00								
	Full Name (Last, First, Middle Initial) Renny Uppal MD			Date	of Re	eceipt					
ľ	Mailing Address 1730 Sharpe Hill Circle			09		D 15		ү 2014	Y		
	City Reno	State NV	Zip Code 89523-3924				6430541				
- F	FEC ID number of contributing ederal political committee.	С		Amou	int of	Each F	Receipt th		0.00		
1	Name of Employer	Occupation		_							
	Reno Orthopedic Clinic	Orthopaedi									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
รเ	BTOTAL of Receipts This Page (optional)					7		2100).00		

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237

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Stor for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. Cooper L Terry MD		Date of Receipt		
Mailing Address 1106 S Lamar Blvd		09 15 _ 2014 _		
City Oxford	StateZip CodeMS38655-4732	Transaction ID : 6430542 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]		
Full Name (Last, First, Middle Initial) B. Carter D. Kiesau MD		Date of Receipt		
Mailing Address 1765 Aquila Ct		09 15 2014		
City Bellingham				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer Peace Health	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 400.00]		
Full Name (Last, First, Middle Initial) C. Jefferey E Michaelson MD		Date of Receipt		
Mailing Address 25871 Pembroke		M = M / D = D / Y = Y = Y = Y Y O		
City Huntington Woods	StateZip CodeMI48070	Transaction ID : 6430544 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	380.00		
Name of Employer	Occupation			
Core Institute	Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00]		
SUBTOTAL of Receipts This Page (optional)	•	1580.00		

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237

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Joseph Assenmacher MD		Date of Receipt
Mailing Address 7846 Old Sycamore Ln		09 15 2014
City Sylvania	StateZip CodeOH43560	Transaction ID : 6430545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Promedica Physician Group Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) B. Jeffrey M Krusniak DO		Date of Receipt
Mailing Address 825 Arbutus Dr		09 15 2014 -
City	State Zip Code	Transaction ID : 6430546
Cadillac FEC ID number of contributing federal political committee.	MI 49601	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Kathleen Anne Hogan MD	1	Date of Receipt
Mailing Address P.O. Box 659		09 22 2014
City Windham	State Zip Code NH 03087	Transaction ID : 6430554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
NH Orthopaedic Center Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)	۱ 	875.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Pa		×	11a 13	\square	11b 14	11c 15	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the					or the		ose of	soliciting	contribu	tions	
	NAME OF COMMITTEE (In Full) Political Action Committee of the											
A.	Full Name (Last, First, Middle Initial) Michael Thomas Vercillo MD Mailing Address 275 Lake Sherwood Dr.	Date of Receipt										
	City Lake Sherwood	State CA	Zip Code 91361-5117	Transaction ID : 6430578 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C]		Amount	t of I	Each R	eceipt th	is Period 250	.00	
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Aggregate	Year-to-Date ▼	60.00								
В.	Full Name (Last, First, Middle Initial) Adam W Rives MD Mailing Address 7525 N Granby Ave					Date of	[:] Red	D D	/ Y	Y Y	Ŷ	
	City Kansas City FEC ID number of contributing	State MO	Zip Code 64151-4256	1	A				<u>6431828</u> eceipt th	2014 is Period 250	00	
	federal political committee. Name of Employer Liberty Orthopedics Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic	Year-to-Date ▼	0.00				y				
с.	Full Name (Last, First, Middle Initial) Trevor R Pickering MD Mailing Address 232 Calumet Dr					Date of	Red	ceipt	/ /	YY	Y	
	City Madison	State MS	Zip Code 39110-8685			09 Trans		15 on ID :	6431829 eceipt th	2014		
	FEC ID number of contributing federal political committee.	С						,		500	.00	
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Aggregate	Year-to-Date ▼	00.00	_							
s	UBTOTAL of Receipts This Page (optional)							,		1000.	00	

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			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a			11c	12	17		
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	l ay not be sold or used by any pe ddress of any political committee	erson for th	e purpos	se of sol	15 iciting c	16 ontribut	lions		
	NAME OF COMMITTEE (In Full)										
	Political Action Committee of th	e America	an Association of Ortho	paedic	Surge	eons	PAC	of AA	NOS		
Α.	Full Name (Last, First, Middle Initial) William A Matarese MD			Date	of Rece	eipt					
	Mailing Address 248 Hidden Pond Path				09 15 2014						
	City	State	Zip Code	Trai	nsactior	n ID : 643	1836				
	Franklin Lakes	NJ	07417	Amou	int of Ea	ach Rece	ipt this	Period			
	FEC ID number of contributing federal political committee.	С					9	250	.00		
	Name of Employer	Occupation	l								
	Self Employed	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		250.00								
	Other (specify)		1 1								
В.	Full Name (Last, First, Middle Initial) David L Coran MD			Date	of Rece	ipt					
	Mailing Address 10124 N Vintage Ct			09	M /	, D D , 15		y y 2014	Y		
	City	State	Zip Code	_		n ID : 643					
	Mequon	WI	53092-6194	Amou	int of Ea	ach Rece	ipt this	Period			
	FEC ID number of contributing federal political committee.	С					, ,	500.	.00		
	Name of Employer	Occupation	1	_							
	Sports Medicine and Orthopaedic Center	Orthopaedic	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
<u> </u>	Full Name (Last, First, Middle Initial) Theodore I Macey MD			Date	of Rece	eipt					
	Mailing Address 1212 Twin Bay Dr			09		D D 15		2014	Y		
	City	State	Zip Code	Tra	nsactior	n ID : 643	81839				
	Fort Walton Beach	FL	32547	Amou	int of Ea	ach Rece	pipt this	Period			
	FEC ID number of contributing federal political committee.	С					7	500	.00		
	Name of Employer	Occupation	I								
	Orthopaedic Associates	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1500.00								
			7 7 7								
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	1250.	00		

SCHEDULE A (FEC Form 3X) _ _ _ _

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Curtis W Spencer III, MD Mailing Address 2760 Atlantic Ave			Date of Receipt
City Long Beach	State CA	Zip Code 90806-2755	09 15 2014 Transaction ID : 6431851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Memorial Ortho Surgical Group Receipt For: Primary General Other (specify)	Occupation Orthopaedic Aggregate Y	Surgeon ′ear-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) David Harrison Gilbert MD Mailing Address 5301 N Dixie Hwy Ste 203			Date of Receipt
City Fort Lauderdale	State FL	Zip Code 33334-3403	Transaction ID : 6431852 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Broward Orthopaedic Specialists	Occupation Orthopaedic	0	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 700.00	1
Full Name (Last, First, Middle Initial) C. James R Santangelo MD	·		Date of Receipt
Mailing Address 355 Edinburgh Dr			09 16 / Y Y Y Y 2014
City Fayetteville	State NC	Zip Code 28303	Transaction ID : 6433241 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
US Army Receipt For: Primary General Other (specify) ▼	Orthopaedic Aggregate Y	Surgeon ′ear-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional).		······	900.00
TOTAL This Period (last page this line numb	er only)	······	
FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check	(check only one)						
			for each category of the Detailed Summary Page	X 1		11b	11c	12			
			ay not be sold or used by any pe	erson for							
\		he name and a	address of any political committee	to solici	t contr	ibutions	s from suc	commit	tee.		
Political Acti		he Americ	an Association of Ortho	paedi	c Su	irgeo	nsPA	C of A	AOS		
Full Name (Last, A. Richard W Ga	First, Middle Initial) arner MD			Da	te of F	Receipt					
Mailing Address	7201 E. Chester Heights Ci	rcle		M	M	/ D		YYY	Y		
City		State	Zip Code		09 ransao		6 : 643324 2	2014 2			
Anchorage		AK	99504-3563				Receipt t				
FEC ID number of federal political co	8	С				J		500	0.00		
Name of Employe	er	Occupation	1								
Anchorage Fractu	re & Ortho Clinic	Orthopaedi	c Surgeon	_							
Receipt For: Primary	General	Aggregate	Year-to-Date ▼								
Other (spec			1500.00								
B. Michael A Th	•			Da	te of F	Receipt					
Mailing Address 2	2979 Squalicum Pkwy Ste 2	.03			M		D / Y	Y Y	Y		
City		State	Zip Code		09 ransac		6 : 643324 :	2014 3			
Bellingham		WA	98225-1813	Am	iount c	of Each	Receipt t	his Perioc			
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Name of Employe	er	Occupation	1								
Self Employed		Orthopaedi	•	_							
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name (Last, C. Steven Trad	First, Middle Initial) onsky MD			Da	te of F	Receipt					
	7485 Mission Valley Rd Suite 104				09	/ D	D / Y	2014	Y		
City		State	Zip Code): 643324				
San Diego		CA	92108-4422	Am	iount c	of Each	Receipt t	his Perioc	l		
FEC ID number of federal political co	0	С				y		250	0.00		
Name of Employe	er	Occupation									
California Orthopa	aedic Institute	Orthopaedi	-								
Receipt For:	General	Aggregate	Year-to-Date ▼								
Other (spec			750.00								
SUBTOTAL of Reco	eipts This Page (optional).					y		1250	.00		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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237

			Detailed Summary Page	2	× 11		$\left - \right $	11b	11c	12		_
	ny information copied from such Reports and S for commercial purposes, other than using the					the					ibuti	
	NAME OF COMMITTEE (In Full)			10 3	oncit	001	TUTIO				mille	
	Political Action Committee of the	e Americ	an Association of Ortho	opae	edio	c S	Surg	geon	sPA(C of	AA	OS
Α.	Full Name (Last, First, Middle Initial) Ramy N Elias MD				Dat	e of	f Red	ceipt				
	Mailing Address 3581 Courtside Cir					™	/	16	/ Y	۲ 201		Y
	City	State	Zip Code		Tr	ans	actio	on ID :	6433248			
	Huntington Beach	CA	92649	_	Amo	ount	t of I	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С						,	7	3	300.0	00
	Name of Employer	Occupation	1									
	Self Employed	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		300.00									
В.	Full Name (Last, First, Middle Initial) David E Gwinn MD				Dat	e of	f Red	ceipt				
	Mailing Address 6535 Hitt Ave					м)9	/	16	/ Y	y 2014	Y 1	Y
	City	State	Zip Code		Tr	ans	actio	on ID :	6433252			
	McLean	VA	22101-4654		Amo	ount	t of I	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С				_		,		2	250.0	00
	Name of Employer US Navy	Occupation Orthopaedic										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼	riggrogato	250.00									
— c.	Full Name (Last, First, Middle Initial) Chad Richard Manke MD				Dat	e of	f Red	ceipt				
	Mailing Address 3301 Hidden Pointe Cove			\neg		- M	/		/ V	Y	Y	Y
						09	Ľ	16		2014		
	City	State	Zip Code		Tr	ans	acti	on ID :	6433255			
	Virginia Beach	VA	23452-6279		Amo	ount	t of I	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С						,	7	ę	500.	00
	Name of Employer	Occupation	1									
	Self Employed	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
s	UBTOTAL of Receipts This Page (optional)			 -	Ē			,	- 7	10	50.0	0

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and	1 Statements mov		13 14 15 16 17 erson for the purpose of soliciting contributions
or for commercial purposes, other than using t			
Political Action Committee of t	the America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial)			
A. Stephen C McNeil MD			Date of Receipt
Mailing Address 10 Hunter Ln			09 16 2014
City	State	Zip Code	Transaction ID : 6433256
Canton	MA	02021-1731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
·			
Name of Employer	Occupation Orthopaedic	Surgeon	
McNeil Orthopaedics Receipt For:	·	0	
Primary General	Aggregate	/ear-to-Date ▼	1
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial)			
B. Mario M Berkowitz MD			Date of Receipt
Mailing Address 4850 W Oakland Park Blvd	Ste 201		M = M / D = D / Y = Y = Y
City	State	Zip Code	09 16 2014
Lauderdale Lakes	FL	33313	Transaction ID : 6433260 Amount of Each Receipt this Period
FEC ID number of contributing	С		
federal political committee.	U		500.00
Name of Employer	Occupation		
Total Orthopaedic Care	Orthopaedic	8	
Receipt For:	Aggregate N	/ear-to-Date ▼	
Other (specify) 🔻		500.00	
		, , , , , , , , , , , , , , , , , , , ,	-
Full Name (Last, First, Middle Initial) C. Emmett T McEleney MD			Date of Receipt
Mailing Address Mohave Desert Ortho Ctr			
1739 Beverly Ave Ste 101	Ctata	Zin Codo	09 16 2014
City Kingman	State AZ	Zip Code 86409	Transaction ID : 6433261 Amount of Each Receipt this Period
FEC ID number of contributing	0		
federal political committee.	С		1000.00
Name of Employer	Occupation		
Mohave Desert Ortho Ctr	Orthopaedic	Surgeon	
Receipt For:	Aggregate N	/ear-to-Date ▼	
Other (specify)		1000.00	
		, , , , , , , , , , , , , , , , , , ,	
			2500.00
SUBTOTAL of Receipts This Page (optional).		••••••	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Gregory S Slappey MD		Date of Receipt
Mailing Address 139 Fairway Dr		M M / D D / Y Y Y Y Y 09 16 2014
City Carrollton	State Zip Code GA 30117	Transaction ID : 6433262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carrollton Orthopaedic Clinic Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. James G Warmbrod Jr, MD		Date of Receipt
Mailing Address 947 Grayson Ln		09 16 2014
City Jackson	State Zip Code TN 38305	Transaction ID : 6433263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Jackson Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) C. Nicholas V Polifroni MD		Date of Receipt
Mailing Address 40 Cross St Ste 300		M M / D D / Y Y Y Y Y 09 16 2014
City Norwalk	State Zip Code CT 06851-4661	Transaction ID : 6433264 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Coastal Orthopaedics	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		• 1000.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of th	he America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial)A.F Thomas Davies Kaplan MD			Date of Receipt
Mailing Address 11542 Willow Springs Dr			09 16 / Y Y Y Y 2014
City Zionsville	State IN	Zip Code 46077	Transaction ID : 6433267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Indiana Hand to Shoulder Center	Occupation Orthopaedic	Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Eric Jason Strauss MD			Date of Receipt
Mailing Address 340 East 64th St Apt 26A			09 16 2014
City New York	State NY	Zip Code 10065	Transaction ID : 6433269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NYU Hospital for Joint Diseases	Occupation	•	
Receipt For:	Orthopaedic	-	_
Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Michael M Lynch MD			Date of Receipt
Mailing Address 207 Sturbridge Ln			M M / D D / Y Y Y Y 09 19 2014
City Southport	State CT	Zip Code 06890	Transaction ID : 6433276
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		
Coastal Orthopaedics	Orthopaedic	Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		•	1250.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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			Use separate schedule(s)	(check only one)				
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17 erson for the purpose of soliciting contributions				
<u> </u>	for commercial purposes, other than using the	name and a	doress of any political committee	to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS				
Α.	Full Name (Last, First, Middle Initial) David R Steinberg MD			Date of Receipt				
	Mailing Address 555 New Albany Rd			M M / D D / Y Y Y Y Y 09 19 2014				
	City	State	Zip Code	Transaction ID : 6433277				
-	Moorestown	NJ	08057-1318	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		900.00				
	Name of Employer	Occupation						
	University of Pennsylvania	Orthopaedic	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify)		1000.00					
			7 7					
	Full Name (Last, First, Middle Initial) Eric Christopher Johnston MD			Data at Dassist				
	Mailing Address 4007 Glade Hollow Way			Date of Receipt				
	Holder Hollow Way			09 19 2014				
	City	State	Zip Code	Transaction ID : 6433278				
	Bountiful	UT	84010-5874	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		300.00				
	Name of Employer	Occupation						
	Self Employed Receipt For:	Orthopaedic	0					
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		300.00					
	Full Name (Last, First, Middle Initial) Robert L Bass MD			Date of Receipt				
	Mailing Address 5721 Salisbury			09 19 2014				
	City	State TX	Zip Code 75078-5679	Transaction ID : 6433279				
-	Prosper		75076-5679	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer	Occupation						
	UTSW Med School	Orthopaedic	c Surgeon					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		250.00					
sı	JBTOTAL of Receipts This Page (optional)			1450.00				
т	OTAL This Period (last page this line number of	only)						

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mark M Dolan MD Mailing Address 747 Church St SE City Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State OR C Occupation Orthopaedi Aggregate		Date of Receipt 09 19 2014 Transaction ID : 6433280 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Jonathan L Chang MD Mailing Address 1456 Oak Crest Ave City South Pasadena FEC ID number of contributing federal political committee. Name of Employer Pacific Ortho Medical Group Receipt For: Primary General Other (specify) ▼	State CA C Occupation Orthopaedi Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) C. Glenn D Wera MD Mailing Address Hanna House 6 11100 Euclid Ave City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Receipt For: Primary General Other (specify) ▼	State OH C Occupation Orthopaedi Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1350.00

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	-		11b	11c	12	_
Ar	y information copied from such Reports and	d Statements m	ay not be sold or used by any n	person f	13 or the		14 ose o	15 f soliciting	d contribu	17 Itions
	for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orthe	opae	dic S	Surg	geon	sPA	C of A	AOS
A.	Full Name (Last, First, Middle Initial) William Lewis Craig MD				Date o	f Rec	ceipt			
	Mailing Address 423 Arbor Rd	2 1.1			м м 09	/	D 19	D / Y	ү ү 2014	Y
	City Winston Salem	State NC	Zip Code 27104-2019				-	6433285		
	FEC ID number of contributing federal political committee.	С		A	Amoun	tofe	=ach F	Receipt th		0.00
	Name of Employer	Occupatior		_			,			
	OrthoCarolina	Orthopaedi	c Surgeon							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
В.	Full Name (Last, First, Middle Initial) Robert H Blotter MD				Date o	f Rec	ceipt			
	Mailing Address 1116 Ortman			09 19 2014						Y
	City Marquette	State MI	Zip Code 49855-9333					6433286 Receipt th	i	
	FEC ID number of contributing federal political committee.	С					,	7	500	0.00
	Name of Employer Advanced Center for Orthopaedics	Occupation Orthopaedi								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mariam Hakim-Zargar MD				Date o	f Rec	ceipt			
	Mailing Address 18 Terrace Dr				м м 09	/	D 19		2014	Y
	City	State CT	Zip Code		Trans	sactio	on ID	: 6433288	}	
	Avon		06001	A	Moun	t of E	Each F	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С					,		100	0.00
	Name of Employer	Occupation	1							
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		300.00]						
⊢	UBTOTAL of Receipts This Page (optional)				-		3		850	.00
Г	OTAL This Period (last page this line numb	er only)	•••••••	► L	_		,		-	

SCHEDULE A (FEC Form 3X) _ _ _ _

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 1	1c 12			
			13		5 16	17		
Any information copied from such Reports and S or for commercial purposes, other than using the	name and a	ay not be sold or used by any pound any pound by any political committee	erson for the p to solicit cont	urpose of solic ributions from	such commi	utions ittee.		
NAME OF COMMITTEE (In Full)								
Political Action Committee of the	e America	an Association of Ortho	opaedic Su	urgeonsF	PAC of A	AOS		
Full Name (Last, First, Middle Initial) A. Gabriel Edward Lewullis MD			Date of	Receipt				
Mailing Address 443 Spring Hollow Drive			09	/ D D / 19	2014	Y		
City	State	Zip Code		ction ID : 643				
Middletown	DE	19709-7803	Amount	of Each Recei	pt this Perio	d		
FEC ID number of contributing federal political committee.	С			7	, 15	0.00		
Name of Employer	Occupation	1						
Bay Health	Orthopaedi	c Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		350.00						
		A) () () () () () () () () () () () () ()						
Full Name (Last, First, Middle Initial) B. Matthew R Lindaman DO			Date of	Receipt				
Mailing Address 2130 E Stonebrook Ln			M M	/ D D /	Y Y Y	Y		
City	State	Zip Code	09 Transa	19 ction ID : 6433	2014 3298	_		
Eldridge	IA	52748		of Each Recei		d		
FEC ID number of contributing federal political committee.	С			7	100	0.00		
Name of Employer	Occupation	1	_					
ORA Orthopedics	Orthopaedic	c Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		2000.00						
			-					
Full Name (Last, First, Middle Initial) C. John H Benner IV, MD			Date of	Receipt				
Mailing Address 1071 Stable Ln			09	· · · / · · · / 22	_ 2014	Y		
City	State	Zip Code	Transa	ction ID : 643	3307			
West Chester	PA	19382-7538	Amount	of Each Recei	pt this Perio	d		
FEC ID number of contributing federal political committee.	С			3	25	0.00		
Name of Employer	Occupation							
Self Employed	Orthopaedi							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
		7 7 7 7						
SUBTOTAL of Receipts This Page (optional)				7	1400	0.00		
TOTAL This Period (last page this line number	only)				,			

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	•	Use separate schedule(s)	(check only one)	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 1	7
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial) A. Louis M Kwong MD			Date of Receipt	
Mailing Address 1000 W Carson Street, Bo	x 422		M = M / D = D / Y = Y = Y	
City	State	Zip Code	09 22 2014 Transaction ID : 6433308	
Torrance	CA	90502-2004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		750.00]
Name of Employer	Occupation			
Self Employed	Orthopaedie	c Surgeon		
Receipt For:	Aggregate	Year-to-Date 🔻		
Other (specify)		1000.00]	
Full Name (Last, First, Middle Initial) B. Michael Paul Chapman MD			Date of Receipt	
Mailing Address 985 Prince Phillip Dr			09 22 2014	
City	State	Zip Code	Transaction ID : 6433309	
Dubuque	IA	52003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer Medical Associates of Dubuque	Occupation			
Receipt For:	Orthopaedic	5		
Primary General	Aggregate	Year-to-Date ▼		
Other (specify) ▼		, 2000.00		
Full Name (Last, First, Middle Initial) C. Michael Paul Chapman MD			Date of Receipt	_
Mailing Address 985 Prince Phillip Dr			09 22 2014	
City	State	Zip Code	Transaction ID : 6433310	
Dubuque	IA	52003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00]
Name of Employer	Occupation			
Medical Associates of Dubuque	Orthopaedi	c Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		2100.00]	
SUBTOTAL of Receipts This Page (optional)			1850.00	1

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Kimberly Lee Furry MD		Date of Receipt
Mailing Address 41 Rio Vista Cir		09 22 2014
City	State Zip Code	Transaction ID : 6433312
Durango	CO 81301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Durango Orthopaedic Associates	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1250.00	
Full Name (Last, First, Middle Initial) B. James J Guerra MD		Date of Receipt
Mailing Address 3180 Fort Charles Dr		09 22 2014
City	State Zip Code FL 34102-7923	Transaction ID : 6433313
Naples	FL 34102-7923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation	
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Adolph V Lombardi Jr, MD		Date of Receipt
Mailing Address 7277 Smith's Mill Rd Ste 200		M M / D D / Y
City New Albany	StateZip CodeOH43054	Transaction ID : 6433331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Joint Implant Surgeons, Inc	Orthopaedic Surgeon	
	Aggregate Year-to-Date ▼	
Other (specify)	3000.00	
SUBTOTAL of Receipts This Page (optional)		▶ 1750.00

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements make he name and a	ay not be sold or used by any po address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Michael S Kain MD			Date of Receipt
Mailing Address 16 Blossom St			09 16 2014
City	State	Zip Code	Transaction ID : 6433332
Lexington	MA	02421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Lahey Hospital	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) B. Richard Lee Crank DO			Date of Receipt
Mailing Address 6588 Eagle Ridge Way			09 16 _2014
City	State	Zip Code	Transaction ID : 6433336
Lakeland	FL	33813-5683	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Lakeland Regional Medical Center	Occupatior Orthopaedi		_
Receipt For:	•	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) C. Lesley J Anderson MD			Date of Receipt
Mailing Address 133 San Marino Dr			M M / D D / Y Y Y Y 09 16 2014
City Son Refeel	State CA	Zip Code	Transaction ID : 6433337
San Rafael	CA	94901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupatior		
Self Employed	Orthopaed	ic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00
TOTAL This Period (last page this line number	er only)	••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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			Detailed Summary Page		(11a		11b	11c		12				
			, ,		13		14	15		16	1	17		
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
$\Big)$	Political Action Committee of the	America	an Association of Orth	nopae	dic S	Sur	geon	sPA() C	of AA	SOS	1		
Α.	Full Name (Last, First, Middle Initial) Zaki George Ibrahim MD				Date of	f Re	ceipt							
	Mailing Address 5380 Autumn Dr				09 16 _ 2014									
	City	State	Zip Code		Transaction ID : 6433338									
	Greenwood Village	CO	80111-3424		Amount	t of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С					7		_	750.	00			
	Name of Employer	Occupation												
	South Denver Spine	Orthopaedic	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		750.00	1										
	Full Name (Last, First, Middle Initial)		, ,	_										
B.	Robert A Caveney MD				Date of	f Re	ceipt							
	Mailing Address 2115 Chapline St VPC Ste 107				м м 09	/	16) / Y	2() 14	Y			
	City	State	Zip Code		Trans	acti	on ID :	6433339						
	Wheeling	WV	26003-3859		Amount	t of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С			00									
	Name of Employer	Occupation												
	Ohio Valley Medical Center	Orthopaedic	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		300.00											
С.	Full Name (Last, First, Middle Initial) Ricardo A Gonzales MD				Date of	F Ro	coint							
0.	Mailing Address P.O. Box 52				M M M	/	16) 014	Y			
	City	State	Zip Code		Trans	act	ion ID :	6433340						
	Contoocook	NH	03229-0052		Amount	t of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С					7		_	200.	00			
	Name of Employer	Occupation												
	Dartmouth - Hitchcock	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			- 1										
	Other (specify)		300.00											
s	UBTOTAL of Receipts This Page (optional)			•			7			1100.0	00]		
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) John W Acampa MD Mailing Address 64 Bayberry Rd W		Date of Receipt
City Islip	State Zip Code NY 11751	09 16 2014 Transaction ID : 6433342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
B. Hull Name (Last, First, Middle Initial) Michael John Cummings MD Mailing Address 6920 Country Club Dr		Date of Receipt
City La Jolla FEC ID number of contributing federal political committee.	State Zip Code CA 92037-5607	Transaction ID : 6433344 Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) C. Robert L Burke MD		Date of Receipt
Mailing Address 5006 Braeburn Drive	State Zip Code	09 16 2014 Transaction ID : 6433346
Bellaire	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation Orthopaedic Surgeon	
Self Employed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information conied from such Reports on	d Statements m		erson 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 (Last, First, Middle Initial)												
A. Robert H Harrington MD			Date of Receipt									
Mailing Address 7 Marsh Brook Dr Ste 205			M = M / D = D / Y = Y = Y									
City	State	Zip Code	09 16 2014 Transaction ID : 6433347									
Somersworth	NH	03878	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer	Occupation		_									
Seacoast Ortho & Sports Medicine	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		1000.00	1									
Full Name (Last, First, Middle Initial) B. James C Karegeannes MD			Data of Dessist									
Mailing Address 123 Skyview Dr			Date of Receipt									
			09 162014									
City	State	Zip Code	Transaction ID : 6433348									
Asheville	NC	28804-2720	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		1000.00									
Name of Employer Self Employed	Occupation											
Receipt For:	Orthopaedic	0	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		1000.00]									
Full Name (Last, First, Middle Initial) C. K William Kumler MD, MBA			Date of Receipt									
Mailing Address 903 Ridgewood Dr			M = M / D = D / Y = Y = Y									
City	State	Zip Code	09 19 2014 Transaction ID : 6433353									
Maysville	KY	41056-9765	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		750.00									
Name of Employer	Occupation		-									
Lifepoint Hospitals, Inc.	Orthopaedi	c Surgeon	_									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		1750.00]									
			2250.00									
SUBTOTAL of Receipts This Page (optional))	······)										
TOTAL This Period (last page this line numb	per only)											

SCHEDULE A (FEC Form 3X) _ _ _ _ _

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Any or fo	information copied from such Reports and St r commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
	ull Name (Last, First, Middle Initial) Richard B Welch MD			Date of Receipt
Μ	lailing Address P.O. Box 2190			M M / D D / Y Y Y Y Y 09 19 _ 2014 _
Ci	ity	State	Zip Code	Transaction ID : 6433354
N	lapa	CA	94558-0508	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		150.00
N	ame of Employer	Occupation		
	etired	Orthopaedic	c Surgeon	
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼	_
-	Other (specify)		450.00	
	ull Name (Last, First, Middle Initial) William J Maloney MD			Date of Receipt
	lailing Address 450 Broadway Mail Code 6342			09 19 2014
	ity	State	Zip Code	Transaction ID : 6433356
_ <u>R</u>	Redwood City	CA	94063	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		1000.00
	ame of Employer tanford University	Occupation		
	eceipt For:	Orthopaedic	0	
[Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		2000.00	
	ull Name (Last, First, Middle Initial) Michael E Elia MD			Date of Receipt
М	lailing Address One Stone PI Ste 306			M M / D D / Y Y Y Y Y 09 19 _2014 _
	ity	State	Zip Code	Transaction ID : 6433358
	Bronxville	NY	10708	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		500.00
N	ame of Employer	Occupation		
	elf Employed	Orthopaedi	c Surgeon	
R T	eceipt For: Primary General	Aggregate	Year-to-Date ▼	
-	Other (specify)		500.00	
SUE	BTOTAL of Receipts This Page (optional)			1650.00
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	NAME OF COMMITTEE (In Full)		darees of any pointear committee	, 10								
	Political Action Committee of th	e America	an Association of Ortho	opa	edic S	Sur	geon	sPA	.C c	of AA	OS	
Α.	Full Name (Last, First, Middle Initial) Peter D Pizzutillo MD				Date c	of Re	ceipt					
	Mailing Address 926 Bowman Ave				м м 09	/	19	Y / Y		2014	Y	
	City Wynnewood	State PA	Zip Code 19096	_				643335 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					7	- 7	_	250.	00]
	Name of Employer	Occupation	 									
	Tenet Healthcare	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Evangelos Megariotis MD				Date c	of Re	ceipt					
	Mailing Address 21 Ravona St				Date of Receipt						Y	
	City	State	Zip Code								_	
	Clifton	NJ	07012-1521		Amour	nt of	Each R	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					7	3	_	1000.0	00	
	Name of Employer	Occupation										
	Self Employed	Orthopaedic	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		2000.00									
с.	Full Name (Last, First, Middle Initial) Craig W Goodhart MD				Date c	of Re	ceipt					
	Mailing Address 2708 Creek View Dr				м м 09	/	19) / Y		014	Y	
	City	State TX	Zip Code		Tran	sact	ion ID :	643336	2			
	Flower Mound	17	75022-5675	_	Amour	nt of	Each R	Receipt t	his F	Period		_
	FEC ID number of contributing federal political committee.	С					7	- 7	_	250.	00	
	Name of Employer	Occupation										
	OrthoTexas	Orthopaedi	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) 🔻		250.00									
s	UBTOTAL of Receipts This Page (optional)			•			7	7	-	1500.0	00]

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

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12 16	17		
			ay not be sold or used by any ddress of any political commit									
	IMITTEE (In Full) tion Committee of	the America	an Association of Ortl	hopae	edic S	Surę	geon	sPA	C of A	AOS		
Full Name (Last A. Kenneth A G	:, First, Middle Initial) Gustke MD				Date of	f Re	ceipt					
Mailing Address	4318 W Azeele St				м м 09	/	D 19		2014	Y		
City		State	Zip Code		Trans	acti	on ID :	: 6433367	,			
Tampa		FL	33609		Amount	t of	Each F	Receipt th	nis Period			
FEC ID number federal political	0	С					7		500	0.00		
Name of Employ	yer	Occupation										
Florida Orthopae	edic Institute	Orthopaedic	c Surgeon									
Receipt For:		Aggregate	Year-to-Date ▼									
Primary	General	33 - 3		- 1								
Other (spe	ecify) 🔻		500.00									
Full Name (Last B. Larry D Herr	, First, Middle Initial) ron MD				Date of	f Re	ceipt					
Mailing Address					09	/	19	D / Y	2014	Y		
City		State	Zip Code			actio		6433368				
Shell Beach		CA	93449		Amount of Each Receipt this Period							
FEC ID number federal political		С					7		250	_		
Name of Employ	yer	Occupation										
Central Coast Or	thopaedic Medicine	Orthopaedic	: Surgeon									
Receipt For:		Aggregate	Year-to-Date ▼									
Primary	General	7.99.09uto		- 1								
Other (spe	ecify) 🔻		500.00									
Full Name (Last C. Bradley De	, First, Middle Initial) an Crow MD				Date of	f Re	ceipt					
Mailing Address	846 Diablo Road				м м 09	/	D 19		2014	Y		
City		State	Zip Code		Trans	sacti	on ID :	: 6433370)			
Danville		CA	94526		Amount	t of	Each F	Receipt th	nis Period			
FEC ID number federal political	0	С					,	7	250	0.00		
Name of Employ	yer	Occupation										
Self Employed		Orthopaedi	c Surgeon									
Receipt For:		Aggregate	Year-to-Date ▼									
Primary Other (spe	General ecify) ▼		250.00									
SUBTOTAL of Re	ceipts This Page (optional)		•			, .		1000	.00		

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

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17			Use separate schedule(s)	(check	only	one)	L		
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	F	11b	11c	12	<u> </u>
A	hy information copied from such Reports and	Statements ma	An and the sold or used by any pe	erson for	the p	14 urpose of	15 f soliciting	g contribu	utions
or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solici	t cont	ributions	from suc	h commi	ttee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opaedi	c Sı	urgeon	sPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) John K Merson MD			Dat	te of I	Receipt			
	Mailing Address 848 Miranda Creek Ct			М	09	/ 19		2014	Y
	City	State	Zip Code			ction ID :			
	Alamo	CA	94507-1467	Am	ount	of Each F	Receipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С						25	0.00
	Name of Employer	Occupation	1						
	East Bay Sports Medicine	Orthopaedi	c Surgeon						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_					
	Other (specify) ▼		250.00						
в.	Full Name (Last, First, Middle Initial) Thomas W Wright MD	I		Dat	te of I	Receipt			
	Mailing Address P.O. Box 112727				- M	/ D 1		Y Y	Y
	3450 Hull Road City	State	Zip Code		09	19		2014	
	Gainesville	FL	32611-2727			<u>ction ID :</u> of Each F			ł
	FEC ID number of contributing federal political committee.	С				7		1000	_
	Name of Employer	Occupation	l	_					
	University of Florida	Orthopaedie	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		2000.00						
с.	Full Name (Last, First, Middle Initial) Kurt F Konkel MD			Dat	te of I	Receipt			
	Mailing Address N 84 W 16889 Menomonee	Ave			м 09	/ D 19		ү ү 2014	Y
	City	State WI	Zip Code			ction ID			
	Menomonee Falls	VVI	53051	Am	ount	of Each F	Receipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С				7		25	0.00
	Name of Employer	Occupation							
	FMG Receipt For:	Orthopaedi	3	_					
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		500.00						
5	UBTOTAL of Receipts This Page (optional)							1500	0.00
\vdash	,		•	- 7	-		- 7		

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

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FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)				
			for each category of the Detailed Summary Page		- H	11b	11c		12 16	17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson for	the p	urpose of	f soliciting	g con	tributio	ons
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paedi	c Sı	irgeon	sPA	C of	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Joel Anthony Wallskog MD Mailing Address 12907 N Highgate Ct			Dat	e of F	Receipt	D / Y	Ý	Ŷ	ſ
	City Mequon	State WI	Zip Code 53097	Т		19 ction ID : of Each F	6433380			
	FEC ID number of contributing federal political committee.	С				7			1000.0	00
	Name of Employer Aurora Advanced Healthcare Receipt For:	Occupation Orthopaedi	c Surgeon	_						
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2000.00							
В.	Full Name (Last, First, Middle Initial) Richard A Biama MD			_		Receipt				_
	Mailing Address 1566 Edgehill Ln	State	Zip Code		09	19		201	14	
	Redlands	CA	92373			<u>ction ID :</u> of Each F			eriod	
	FEC ID number of contributing federal political committee.	С				J 1	- 7		500.0	0
	Name of Employer Arrowhead Orthopaedics	Occupation Orthopaedic								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert Allen Green MD			Dat	e of F	Receipt				
	Mailing Address 421 Cottage Grove Rd Ste B				м 09	/ D 19		201	Y 14	
	City Bloomfield	State CT	Zip Code 06002-3170			ction ID : of Each F			eriod	
	FEC ID number of contributing federal political committee.	С				7	7		500.0	00
	Name of Employer	Occupation								
	St. Francis Medical Group Receipt For:	Orthopaedi	<u> </u>	_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
s	UBTOTAL of Receipts This Page (optional)		•			7	7	2	2000.0	0

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 Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Andrew J Vicar MD		Date of Receipt
Mailing Address 8934 Dandy Creek Dr		M M / D D / Y Y Y Y Y 09 19 2014
City Indianapolis	State Zip Code IN 46234	Transaction ID : 6433385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. John English Feighan MD		Date of Receipt
Mailing Address 2260 Harcourt Dr		09 19 / Y Y Y Y 2014
City Cleveland Heights	State Zip Code OH 44106	Transaction ID : 6433386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer University Hospital Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. John G Thometz MD		Date of Receipt
Mailing Address 2600 Bartlett Drive		M M / D D / Y Y Y Y Y 09 19 2014
City Brookfield	StateZip CodeWI53045	Transaction ID : 6433387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	188.00
Name of Employer	Occupation	
Medical College of Wisconsin Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 438.00	
SUBTOTAL of Receipts This Page (optional).		► 688.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Page		X 11a		11b	11c		12				
_					13		14	15		16		17		
	ny information copied from such Reports and for commercial purposes, other than using the													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<u>.</u>							_		. -			
	Political Action Committee of the	ne Americ	an Association of Orthe	opa	edic S	Sur	geon	sPAC) o 	of AA	NOS	•		
Α.	Full Name (Last, First, Middle Initial) James Vincent Bruno MD				Date of	f Re	ceipt							
	Mailing Address 37832 Atkins Knoll				м м 09	/	D D D 19	/ Y		ү 014	Y			
	City	State	Zip Code		Trans	acti	on ID :	6433388						
	Oconomowoc	WI	53066-3921	_	Amoun	t of	Each R	eceipt thi	is P	'eriod				
	FEC ID number of contributing federal political committee.	С					7	7	_	100.				
	Name of Employer	Occupation	1											
	Fort Medical Group	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		550.00											
B	Full Name (Last, First, Middle Initial) G Klaud Miller MD				Date of	f Re	ceipt							
	Mailing Address 2600 Simpson				M M		D D	/ Y	Y	Y	Y			
	3 3 2000 Cimpson				09	Ľ	22			014				
	City	State	Zip Code		Trans	actio	on ID :	6433420						
	Evanston	IL	60201-2135		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,	7	_	250.	00]		
	Name of Employer	Occupation	1											
	Self Employed	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		250.00											
с.	Full Name (Last, First, Middle Initial) Ralph M Costanzo MD				Date of	f Re	ceipt							
	Mailing Address 2751 Gregory Drive N				м м 09	/	D D D 22	/ Y)14	Y			
	City	State	Zip Code		Trans	sacti	on ID :	6433421						
	Billings	MT	59102		Amoun	t of	Each R	eceipt thi	is P	'eriod				
	FEC ID number of contributing	\mathbf{C}							-	1000	00	٦		
	federal political committee.	С					7	7	-	1000.	00	4		
	Name of Employer	Occupation												
	Ortho Montana	Orthopaedi	ic Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		2000.00	11										
	Other (specify)		2000.00											
					_	_			_		_	_		
,	IIBTOTAL of Ressints This Page (anticas)									1350.0	00			
Ľ	SUBTOTAL of Receipts This Page (optional)		······	-		-	7		=		-	4		
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FOR LINE NUMBER:

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17			Use separate schedule(s)	(cheo	ck only	v one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	l ay not be sold or used by any pe Iddress of any political committee	erson fo to soli	or the	purpose c	of soliciting	g contrib	utions
\square	NAME OF COMMITTEE (In Full)								
	Political Action Committee of the	ne America	an Association of Ortho	paed	dic S	urgeor	nsPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) David Matthew Beard MD			D	ate of	Receipt			
	Mailing Address 3000 32nd Ave South				м м 09	/ D		2014	Y
	City Fargo	State ND	Zip Code 58103			action ID of Each			d
	FEC ID number of contributing federal political committee.	С						10	0.00
	Name of Employer Essentia Health	Occupation Orthopaedi							
	Receipt For:	_ · · ·	Year-to-Date ▼	\neg					
	Primary General Other (specify) ▼		500.00						
В.		1		D	ate of	Receipt			
	Mailing Address 3628 Country Club Circle				м м 09	/ D		ү ү 2014	Y
	City	State	Zip Code			action ID			
	Ft Worth	TX	76109	A	mount	of Each	Receipt th	his Perio	d
	FEC ID number of contributing federal political committee.	С						100	0.00
	Name of Employer	Occupation	1						
	Arlington Orthopaedic Associates	Orthopaedie	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		2000.00						
С.	Full Name (Last, First, Middle Initial) Lewis B Lane MD	1		D	ate of	Receipt			
	Mailing Address 0 South Rd				м м 09	/ D 22		2014	Y
	City	State NY	Zip Code		Trans	action ID	: 6433424	4	
	Sands Point		11050	A	mount	of Each	Receipt th	his Perio	d
	FEC ID number of contributing federal political committee.	С						10	0.00
	Name of Employer	Occupation	1	1					
	North Shore Orthopaedics	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		350.00						
s	SUBTOTAL of Receipts This Page (optional)					7		120	0.00
				- F					

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

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FOR LINE NUMBER:

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IТ.			Use separate schedule(s)	(ch	neck on	ly on	e)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12	_			
A	ny information copied from such Reports and S	Statements ma	Ay not be sold or used by any p	erson	for the	purp	14 ose of	15 soliciting	g cont	16 tributi	0ns			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit co	ntribi	utions t	rom suc	n com	nmitte	e.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Orth	opae	edic S	Surç	geons	sPA	C of	AA	OS			
Α.	Full Name (Last, First, Middle Initial) Thomas H Kay MD				Date o	of Red	ceipt							
	Mailing Address 3131 Peppercreek Bridge Pk	wy			м м 09	/	22	/ Y	y 201	Y 14	Y			
	City Valparaiso	State IN	Zip Code 46385-7128					6433428 eceipt th		eriod				
	FEC ID number of contributing federal political committee.	С					,			250.	00			
	Name of Employer Lakeshore Bone & Joint Institute	Occupation Orthopaedi												
	Receipt For:	-	Year-to-Date ▼											
	Other (specify) ▼		250.00]										
В.	Full Name (Last, First, Middle Initial) Daniel J Murphy MD				Date o	of Red	ceipt							
	Mailing Address 121 Ben Bar Circle			Date of Receipt						Y 4	Y			
	City	State	Zip Code			sactio		22 2014						
	Whitesboro	NY	13492-3023		Amoun	nt of I	Each R	eceipt th	nis Per	eriod				
	FEC ID number of contributing federal political committee.	С					7			250.0	00			
	Name of Employer Syracuse Orthopedic Specialists	Occupation Orthopaedic												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
— c.	Full Name (Last, First, Middle Initial) Jay David Pond MD				Date o	of Red	ceipt							
	Mailing Address 2729 Antero Dr.				м м 09	/	22	/ Y	201		Y			
	City Arlington	State TX	Zip Code 76006-3707					6433433 eceipt th		eriod	_			
	FEC ID number of contributing federal political committee.	C					,			500.	00			
	Name of Employer	Occupation	I	_										
	Arlington Orthopaedic Associates	Orthopaedi	c Surgeon											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00]										
	SUBTOTAL of Receipts This Page (optional)			•					1(000.0	00			

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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any pe iddress of any political committee	erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)		·····							
		e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Joseph Gerard Marsicano MD			Date of Receipt						
	Mailing Address 1412 Crabapple Dr			09 22 2014						
	City Manasquan	State NJ	Zip Code 08736-4012	Transaction ID : 6433434 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer	Occupation	1							
	Brielle Orthopedics	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		1000.00							
	Other (specify)		1000.00							
в.	Full Name (Last, First, Middle Initial) George A Pugh MD			Date of Receipt						
	Mailing Address 1124 Longridge Rd	09 22 2014								
	City	State	Zip Code	Transaction ID : 6433435						
	Oakland	CA	94610-1812	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer	Occupation	1							
	East Bay Orthopaedic Specialists	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		, 600.00							
с.	Full Name (Last, First, Middle Initial) Donald R Davis MD			Date of Receipt						
	Mailing Address 4202 Park Hollow Ct			09 22 _2014 _						
	City	State	Zip Code	Transaction ID : 6433439						
	Austin	TX	78746-1247	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation	l							
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
\vdash	UBTOTAL of Receipts This Page (optional)			1550.00						

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IТ		Use separate schedule(s)				(check only one)					
11		for each category of the Detailed Summary Page			< 11a 13		1b	11c 15		2 6	17
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson e to so	for the	purpo	se of s	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opae	edic S	urge	eons	PA	C of	AA	OS
Α.	Full Name (Last, First, Middle Initial) Vladimir Tress MD				Date of	Rece	eipt				
	Mailing Address 41-11 Christine Court				09 22 2014 Transaction ID : 6433440						
	City Fair Lawn	State NJ	Zip Code 07410-5701	_	Trans Amount					riod	
	FEC ID number of contributing federal political committee.	С				7		7		250.0	0
	Name of Employer NYU	Occupation Orthopaedi									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) Kevin Charles Booth MD Mailing Address 1078 S. Wedgewood Rd			_	Date of	Rece	eipt	/ 7	Y	Y	_
	City State Zip Code						22		201		
	San Ramon	CA	94582	Transaction ID : 6433442 Amount of Each Receipt this Peri				riod			
	FEC ID number of contributing federal political committee.	С								500.0	0
	Name of Employer NCSI	Occupation Orthopaedic									
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 1500.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas E Heer MD				Date of	Rece	eipt				
	Mailing Address 77 Woodland Ln				м м 09	/	D D 22	/ Y	201		
	City Arcadia	State CA	Zip Code 91006-2337		Trans Amount			6433443 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С				- 7		7		150.0	0
	Name of Employer	Occupation									
	Kaiser Permanente	Orthopaedi	c Surgeon								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00								
s	UBTOTAL of Receipts This Page (optional)			▶ -				- 7	ę	900.0	0

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	fo	r each category of the etailed Summary Page	(check only X 11a 13	y one)	11c 12 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may no ng the name and addres	t be sold or used by any p s of any political committee	erson for the e to solicit cor	purpose of so ntributions from	liciting contributions m such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American A	Association of Ortho	opaedic S	urgeons-	-PAC of AAOS
Full Name (Last, First, Middle Initial) A. William John Jason MD			Date of	Receipt	
Mailing Address 12212 Cortez Boulevard	ł		м – м 09	/ D D 22	2014
City		Zip Code		action ID : 64	
Brooksville	FL	34613	Amount	of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	С				400.00
Name of Employer	Occupation				
Self Employed	Orthopaedic Sur	geon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 800.00	1		
Full Name (Last, First, Middle Initial) B. Robert F Mahnken MD	Robert F Mahnken MD			Receipt	
Mailing Address 5040 S Barnes Ct	Mailing Address 5040 S Barnes Ct				
City	State Zip Code				2014 33446
Springfield	MO	65804-7834			eipt this Period
FEC ID number of contributing federal political committee.	С			7	250.00
Name of Employer	Occupation				
Mercy Health	Orthopaedic Sur	geon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 250.00	1		
Full Name (Last, First, Middle Initial) C. Patrick John Casey MD			Date of	Receipt	
Mailing Address 19 Emerson Rd			09	/ D D 22	2014
City	State	Zip Code		action ID : 64	
Concord	NH	03301-3044	Amount	of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	С			3	250.00
Name of Employer	Occupation				
Concord Orthopedics	Orthopaedic Sur	geon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 250.00]		
SUBTOTAL of Receipts This Page (option	 nal)				900.00

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

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FOR LINE NUMBER:

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1-			Use separate schedule(s)	(check o	nly one)						
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		X 11a			12				
A	ny information copied from such Reports and s for commercial purposes, other than using the	Statements ma	A not be sold or used by any polytocal committee	erson for the	e purpose	e of solicitin	ig contribu	Itions			
	NAME OF COMMITTEE (In Full)										
	Political Action Committee of th	e Americ	an Association of Ortho	opaedic	Surge	onsPA	C of A	AOS			
A.				Date	of Receip	ot					
	Mailing Address 2 Nest Court				09 24 / Y Y Y Y Y 09 24 2014						
	City Wilmington	State DE	Zip Code 19807-1147			ID:643599		 			
	FEC ID number of contributing federal political committee.	С			7		1000				
	Name of Employer	Occupation	1								
	1st State Orthopaedics	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		1000.00								
	Other (specify)		1000.00								
В.	Full Name (Last, First, Middle Initial) Robert J Benz MD			Date	of Receip	ot					
	Mailing Address 2107 Linden Lake Road	09	M / D	24	2014	Y					
	City	State	Zip Code			D : 644688					
	Fort Collins	СО	80524	Amou	int of Ead	h Receipt t	his Period				
	FEC ID number of contributing federal political committee.	С			7		1000	0.00			
	Name of Employer	Occupation	1	_							
	Ortho & Spine Ctr of Rockies	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 1000.00	1							
<u>с</u> .	Full Name (Last, First, Middle Initial) Andre Nicolas Gay MD			Date	of Receip	ot					
	Mailing Address 26 Chimney Rock			09		25	2014	Y			
	City	State	Zip Code	Tra	nsaction	ID : 644688	2				
	Oakland	CA	94605-4605	Amou	int of Ead	h Receipt 1	his Period	l			
	FEC ID number of contributing federal political committee.	С		Γ.	7		100	0.00			
	Name of Employer	Occupation	1								
	Beloit Health System	Orthopaedi	ic Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		300.00								
	Other (specify)	300.00									
┢	CUBTOTAL of Receipts This Page (optional)					· · ·	2100	.00			
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237

177			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page							
Ar	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee						
	NAME OF COMMITTEE (In Full)									
		e America	an Association of Ortho	paedic SurgeonsPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Michael A Rauh MD			Date of Receipt						
	Mailing Address 46 Middlebury Rd			09 28 2014						
	City	State	Zip Code	Transaction ID : 6449507						
	Orchard Park	NY	14127-3962	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer	Occupation								
	University Orthopedic Specialists	Orthopaedie	c Surgeon							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		325.00							
			/5							
в.	Full Name (Last, First, Middle Initial) Jeffery D Angel MD			Date of Receipt						
	Mailing Address 501 Virginia Dr Ste C	09 28 2014								
	City	State	Zip Code	Transaction ID : 6449509						
	Batesville	AR	72501-7331	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		84.00						
	Name of Employer Self Employed	Occupation								
	Receipt For:	Orthopaedic		_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		502.00							
с.	Full Name (Last, First, Middle Initial) Mark James Albritton MD			Date of Receipt						
	Mailing Address 250 Ashmere Ct			09 26 2014						
	City	State	Zip Code	Transaction ID : 6450531						
	Tyrone	GA	30290	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer	Occupation	I							
	Resurgens Orthopaedics	Orthopaedi	c Surgeon							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
F	UBTOTAL of Receipts This Page (optional)		r	634.00						

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ı ب		ZED DECEIDTS				(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a	11b	11c	12	—			
Ar	y information copied from such Reports and	Statements ma	ay not be sold or used by any pe	erson	13 for the	14 purpose o	15 f soliciting	16 g contribu	Itions			
or	for commercial purposes, other than using the	ne name and a	ddress of any political committee	e to s	olicit cor	tributions	from such	1 commit	tee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	opae	edic S	urgeor	nsPA	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Anthony J DiStasio II, MD				Date of	Receipt						
	Mailing Address 2944 Bruce Station				M = M / D = D / Y = Y = Y = Y Y O O O Image: Comparison of the second s							
	City Chesapeake	State VA	Zip Code 23321				: 6450533 Receipt th	}				
	FEC ID number of contributing federal political committee.	С						250).00			
	Name of Employer Sentara Medical Group	Occupation Orthopaedi										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00]								
в.	Full Name (Last, First, Middle Initial) Ken J Noonan MD				Date of	Receipt						
	Mailing Address Department of Ortho & Rehab 1685 Highland Ave 6th Flr MFCB				м м 09	/ D 26	D / Y S	2014	Y			
	City	State WI	Zip Code				: 6450537					
	Madison	VVI	53705-2281		Amount	of Each	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С				7		250	0.00			
	Name of Employer	Occupation										
	University of Wisconsin Receipt For:	Orthopaedi	-									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
<u>с</u> .	Full Name (Last, First, Middle Initial) William D Allen MD				Date of	Receipt						
	Mailing Address 1430 My Drive				м м 09	/ D 26		2014	Y			
	City	State OH	Zip Code				: 6450538					
	Zanesville	UH	43701	_	Amount	of Each	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	250	0.00			
	Name of Employer	me of Employer Occupation										
	Orthopedic Associates of Zanesville	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·		<u> </u>	- 7		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 Detailed Summary Page	(check only one) 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	Statements may not be sold or used by any period and address of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orth	opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. Gerald J Ortiz MD		Date of Receipt		
Mailing Address 188 Steadmill Rd		M M / D D / Y Y Y Y 09 26 2014		
City Amsterdam	State Zip Code NY 12010	Transaction ID : 6450539 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer Mohawk Valley Ortho	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]		
Full Name (Last, First, Middle Initial) B. Melissa Diane Young Szalay MD	Melissa Diane Young Szalay MD			
Mailing Address 15110 Maple Drive	09 26 / Y Y Y Y 2014			
City Urbandale	State Zip Code IA 50323-2426	Transaction ID : 6450540 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer Des Moines Ortho Surgeons	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) C. Slade C Moore MD		Date of Receipt		
Mailing Address 1209 Carriage House Dr		M M / D D / Y Y Y Y 09 26 2014		
City Colfax	StateZip CodeNC27235-9420	Transaction ID : 6450541 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	200.00		
Name of Employer	Occupation			
High Point Orthopaedic & Sport Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00]		
SUBTOTAL of Receipts This Page (optional)	1	950.00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

- -

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 12 11c **Detailed Summary Page** 14 13 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 (Last, First, Middle Initial) Sean C Tracy MD Α. Date of Receipt Mailing Address W211 N5455 Carters Crossing Circle M M / 2014 09 26 City Zip Code State Transaction ID: 6450542 WI Menomonee Falls 53051 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Orthopaedic Surgeon Wisconsin Bone and Joint Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory K Johnson MD Date of Receipt Mailing Address 288 Groveland St 09 2014 26 City State Zip Code Transaction ID: 6450544 MA Haverhill 01830-6669 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Associates in Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey Malumed MD Date of Receipt Mailing Address 506 Van Lears Run M = M 09 26 2014 City State Zip Code Transaction ID: 6453799 PA Villanova 19085-1023 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Premier Orthopedics** Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)..... . . 9 100

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		Jse separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b							
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full)			_							
> Political Action Committee	of the American	Association of Orthe	opaedic Surge	onsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Christian Carson Hall MD			Date of Receip	ot						
Mailing Address 870 Westover Lane										
City	State	Zip Code		09 26 2014 Transaction ID : 6453800						
York	PA	17403-5926	Amount of Eac	h Receipt this Period						
FEC ID number of contributing federal political committee.	C			500.00						
Name of Employer	Occupation									
Wellspan Health	Orthopaedic Su	rgeon								
Receipt For:	Aggregate Yea	r-to-Date ▼								
Other (specify)		500.00]							
Full Name (Last, First, Middle Initial) B. Christopher G Anderson MD			Date of Receip							
Mailing Address 726 N Knudson St			<u> </u>	26 2014						
City	State	Zip Code	Transaction I							
Liberty Lake	WA	99019-7512	Amount of Eac	h Receipt this Period						
FEC ID number of contributing federal political committee.	C			500.00						
Name of Employer	Occupation		_							
Northwest Orthopaedic Specialists Receipt For:	Orthopaedic Su	5								
Primary General	Aggregate Yea	r-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) C. Aimee L Schimizzi MD			Date of Receip	ot						
Mailing Address 2921 Airline Road #1102			M M / D 09	26 2014						
City Corpus Christi	State TX	Zip Code 78414-3492	Transaction							
		70414-3492	Amount of Eac	h Receipt this Period						
FEC ID number of contributing federal political committee.	С			250.00						
Name of Employer	Occupation									
Self Employed Receipt For:	Orthopaedic Su	0								
Primary General	Aggregate Yea	r-to-Date V								
Other (specify)	7	250.00								
SUBTOTAL of Receipts This Page (option	nal)			1250.00						
TOTAL This Period (last page this line nu	mber only)									

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237

An	y information copied from such Reports and		category of the Summary Page	X 11a 11b	11c 12					
An	v information copied from such Beports and									
or	y mormation copied norm such neperts and	Statements may not be sol	d or used by any pe	13 14 erson for the purpose of	15 16 17 soliciting contributions					
	for commercial purposes, other than using the	e name and address of an	y political committee	to solicit contributions	from such committee.					
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Assoc	iation of Ortho	paedic Surgeon	sPAC of AAOS					
A .	Full Name (Last, First, Middle Initial) Warren L Butterfield MD			Date of Receipt						
	Mailing Address 12979 Long Tail Dr			09 26	2014					
	City Draper	State Zip Cod UT 84020-8			Transaction ID : 6453808 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			250.00					
	Name of Employer	Occupation		_						
	Intermountain Healthcare	Orthopaedic Surgeon								
	Receipt For:	Aggregate Year-to-Date	▼							
	Primary General		250.00							
	Other (specify)		230.00							
	Full Name (Last, First, Middle Initial) Neil J Maki MD			Date of Receipt						
	Mailing Address 525 St Mary St	09 26								
	City	State Zip Cod	e	Transaction ID :						
	Thibodaux	LA 70301-2	2627	Amount of Each F						
	FEC ID number of contributing federal political committee.	C			500.00					
	Name of Employer Thibodaux Orthopaedics	Occupation		-						
	Receipt For:	Orthopaedic Surgeon		_						
	Primary General	Aggregate Year-to-Date	•							
	Other (specify) ▼		1000.00							
	Full Name (Last, First, Middle Initial) William G Hamilton MD			Date of Receipt						
	Mailing Address 8299 Glen Cove Ct			09 26						
	City	State Zip Cod	e	Transaction ID :	6453821					
	Alexandria	VA 22308		Amount of Each F	Receipt this Period					
	FEC ID number of contributing federal political committee.	C			1000.00					
	Name of Employer	Occupation		_						
	Anderson Orthopaedic Clinic	Orthopaedic Surgeon								
	Receipt For:	Aggregate Year-to-Date	▼							
	Primary General		2000.00							
	Other (specify)		2000.00							
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe		-		1750.00					

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16 17			
	y information copied from such Reports and for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne Americ	an Association of Ortho	opaedic S	Surgeor	isPA	C of AAOS			
A .	Full Name (Last, First, Middle Initial) Malcolm E Ghazal MD Mailing Address 2776 E Silaxo Rd				Date of Receipt					
	City	State	Zip Code	09 26 2014 Transaction ID : 6453822						
	Clovis	CA	93619	Amoun	t of Each	Receipt t	his Period			
	FEC ID number of contributing federal political committee.	С				7	1000.00			
	Name of Employer Sierra Pacific Ortho & Spine Center	Occupation Orthopaedi								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
В.	Full Name (Last, First, Middle Initial) Arthur John Leupold MD			Date of	Receipt					
	Mailing Address 11832 Loma Linda Way				/ D 26	5	2014			
	City Santa Ana	State CA	Zip Code 92705-3033		action ID : t of Each I					
	FEC ID number of contributing federal political committee.	С			100.00					
	Name of Employer Self Employed	Occupation Orthopaedi								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) William L Hennrikus Jr, MD			Date of	Receipt					
	Mailing Address 75 Laurel Ridge Rd			м м 09	/ D 26		2014			
	City Hershey	State PA	Zip Code 17033		action ID					
	FEC ID number of contributing federal political committee.	С					250.00			
	Name of Employer	Occupation		_						
	Penn State Hershey Medical Ctr	Orthopaedi	c Surgeon	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
s	UBTOTAL of Receipts This Page (optional)				· · · · ·		1350.00			

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

FEC Schedule A (Form 3X) Rev. 02/2003

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177		Use separate schedule(s)			(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		a 🗌	11b	11c	12			
Δ	y information copied from such Reports and S	Statemonto ma	av not be sold or used by one of	13		14	15	16		17	
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to solicit	contrib	puse of putions	from suc	h comm	ittee.		
\setminus	NAME OF COMMITTEE (In Full)				_						
$ \rangle$	Political Action Committee of th	e America	an Association of Ortho	paedic	Sur	geon	sPA	C of A	AOS		
<u> </u>	Full Name (Last, First, Middle Initial)										
Α.	Ronald A MacBeth Jr, MD			Date	Date of Receipt						
	Mailing Address 118 Fair Bianca Court				09 26 2014 -						
	City	State	Zip Code				6453827				
	Clarkesville	GA	30523	Amo	unt of	Each F	Receipt th	nis Perio	d		
	FEC ID number of contributing	С						25	50.00	1	
	federal political committee.	U				7	7				
	Name of Employer	Occupation									
	Habersham County Medical Center	Orthopaedie		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		550.00								
				·							
D	Full Name (Last, First, Middle Initial) Daniel H Heller MD			Data	of Re	ocint					
р.	Mailing Address 9327 N 3rd St Ste 101) / Y	Y Y	V		
				09		26		2014			
	City	State	Zip Code			-	6453828				
	Phoenix	AZ	85020	Amo	unt of	Each F	Receipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С				7		13	0.00		
	Name of Employer	Occupation	I	_							
	Self Employed	Orthopaedic	c Surgeon	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		260.00								
			7	·							
C	Full Name (Last, First, Middle Initial) Laurie O Hughes MD			Date	of Re	acaint					
0.	Mailing Address 46 Kings Arms Rd) / Y	Y Y	Y		
				0		26		2014			
	City Little Rock	State AR	Zip Code 72227				6453829				
			12221	Amo	unt of	Each F	Receipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С				7	7	30	00.00	I,	
	Name of Employer	Occupation		_							
	Central Arkansas Veterans Heal	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		600.00								
_											
Γ									0.00	T	
s	UBTOTAL of Receipts This Page (optional)				_	7	7	68	0.00	1	
т	OTAL This Period (last page this line number	only)		. []						1	
SCHEDULE A (FEC Form 3X) DEAE

Use separate schedule(s)

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	ľ 🗙	k only 11a 13	one) 11b 14	11c	12	17
	ny information copied from such Reports and for commercial purposes, other than using the			erson for	r the p	urpose c	of soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opaed	ic Sı	urgeor	ısPA	C of A	AOS
Α.	Mailing Address 5207 Valerie			_	ate of 09	Receipt		2014	Y
	City Bellaire	State TX	Zip Code 77401				: 645383 Receipt tl	0 his Period	d
	FEC ID number of contributing federal political committee.	С				7	7	100	0.00
	Name of Employer Fondren Orthopaedic Group Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate							
В.	Full Name (Last, First, Middle Initial) Christopher George Furey MD Mailing Address 18900 South Woodland Road	d		_	M M	Receipt		YYY	Y
	City Shaker Heights FEC ID number of contributing federal political committee.	State OH	Zip Code 44122				: 645383	his Period	d 0.00
	Name of Employer Self Employed	Occupation					- J		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Edward R Sweetser MD			Da	ate of	Receipt			
	Mailing Address 5020 Creosote Run Rd				м м 09	/ D 20		2014	Y
	City Las Cruces	State NM	Zip Code 88011-2541				: 645383 Receipt tl	6 his Period	d
	FEC ID number of contributing federal political committee.	С				7		25	0.00
	Name of Employer Mountainview Regional Medical Center Receipt For:	Occupation Orthopaedi	c Surgeon						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00						
s	SUBTOTAL of Receipts This Page (optional)					1		1750	0.00

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

SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
> Political Action Committee of	the America	In Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David M Shein MD			Date of Receipt
Mailing Address 7 Random Farms Circle			
City	State	Zip Code	09 26 2014 Transaction ID : 6453838
Chappaqua	NY	10514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer	Occupation		—
Self Employed	Orthopaedic	Surgeon	
Receipt For:	Aggregate `	Year-to-Date ▼	
Other (specify)		1750.00	1
		7	*
Full Name (Last, First, Middle Initial) B. Peggy L Naas MD, MBA			Data of Respiret
Mailing Address 7200 Willow View Cove			Date of Receipt
			09 30 2014
City	State MN	Zip Code	Transaction ID : 6453848
		55317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Self Employed	Occupation	•	
Receipt For:	Orthopaedic	0	_
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) v		, 210.00]
Full Name (Last, First, Middle Initial) C. Charles P Murphy MD			Date of Receipt
Mailing Address 671 W Esplanade Ave Ste	e 100		09 30 2014
City	State	Zip Code	Transaction ID : 6455280
Kenner	LA	70065-6258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer	Occupation		
Orthopedic Center Receipt For:	Orthopaedic	0	_
Primary General	Aggregate `	Year-to-Date ▼	-
Other (specify)		750.00	
SUBTOTAL of Receipts This Page (optional)		1510.00
TOTAL This Period (last page this line numl	ber only)		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only	v one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of th Full Name (Last, First, Middle Initial) Graham Newson Mailing Address 317 Massachusetts Ave NE 1st Floor	e name and ad	dress of any political committee	ppaedic S	tributions fr	soliciting om such	contribu committ	tions ee.
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20002-5769	Trans	action ID : 6			.00
Name of Employer AAOS Receipt For: Primary General Other (specify)	,	ce of Goverment Relation /ear-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) B. R Alden Milam IV, MD Mailing Address 3320 Selwyn Ave City	State	Zip Code	M = M 09	Receipt / D D D 30 action ID : 6		y y 2014	Ŷ
Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina Receipt For: Primary General Other (specify) ▼	NC C Occupation Orthopaedic Aggregate	28209 Surgeon /ear-to-Date ▼ 500.00	Amount	of Each Re	eceipt thi	s Period 500	.00
Full Name (Last, First, Middle Initial) Michael Suk MD Mailing Address 1095 Limestoneville Road City Milton	State PA	Zip Code 17847-8064	09 Trans	Receipt / D D 30 action ID : (6455283	y y 2014	Ŷ
FEC ID number of contributing federal political committee. Name of Employer Geisinger Medical System Receipt For:	C Occupation Orthopaedic			of Each Re		1000	.00
SUBTOTAL of Receipts This Page (optional)		••••••			5	2500. 255131.	

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)

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237

			Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) American Association of Orthopaedic S	Surgeons		Date of Receipt
	Mailing Address 6300 N River Road			07 17 Y Y Y Y Y 07 17 2014
	City Rosemont	State IL	Zip Code 60018	Transaction ID : 6293768 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		989.27
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 13700.12	Refund of bank fees from affiliated organization
в.	Full Name (Last, First, Middle Initial) American Association of Orthopaedic	: Surgeon	IS	Date of Receipt
	Mailing Address 6300 N River Road			08 19 2014
	City Rosemont	State IL	Zip Code 60018	Transaction ID : 6342687 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		845.41
	Name of Employer	Occupation	1	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 14545.53	Refund of bank fees from affiliated organization
c.	Full Name (Last, First, Middle Initial) American Association of Orthopaed	dic Surge	eons	Date of Receipt
	Mailing Address 6300 N River Road			M = M / D = D / Y = Y = Y = Y 09 18 2014
	City Rosemont	State IL	Zip Code 60018	Transaction ID : 6421089 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1351.19
	Name of Employer	Occupation	1	_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 15896.72	Refund of bank fees from affiliated organization
s	UBTOTAL of Receipts This Page (optional)		•••••	3185.87
т	OTAL This Period (last page this line number o	nly)	••••••	3185.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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237

			Detailed Current Date		11a		11b	11c	12	
			Detailed Summary Page		13		14	15	X 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the							f soliciting	g contribu	
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the	e America	an Association of Ortho	opae	edic S	Sur	geon	isPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Dr. Chad Mathis for Congress				Date of	f Re	ceipt			
	Mailing Address 2960 Pelham Parkway Box 16	41			м м 07	/	03		ү ү 2014	Y
	City	State	Zip Code		Trans	sacti	on ID :	6267418	3	
	Pelham	AL	35124	_	Amoun	t of	Each F	Receipt tl	his Period	
	FEC ID number of contributing federal political committee.	C co	0550038				,		5000	0.00
	Name of Employer	Occupation								
	Receipt For: 2013	Aggregate	Year-to-Date ▼							
	Primary General			11						
	Other (specify) ▼ Runoff2013		5000.00							
в.	Full Name (Last, First, Middle Initial) Cantor for Congress				Date of	f Re	ceipt			
	Mailing Address P.O. Box 17813				м м 08	/	D 14	D / Y	2014	Y
	City	State	Zip Code		Trans	acti	on ID :	6342673	3	
	Richmond	VA	23226		Amoun	t of	Each F	Receipt tl	his Period	
	FEC ID number of contributing federal political committee.	C coo	0355461				7		4250	.00
	Name of Employer	Occupation								
	Receipt For: 2014	Aggrogato	Year-to-Date ▼	_						
	Primary X General	Ayyreyale								
	Other (specify)	L	4250.00							
c.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt			
	Mailing Address				M M	/	D	D / Y	YY	Y
	City	State	Zip Code		Amoun	t of	Each F	Receipt tl	his Period	
	FEC ID number of contributing federal political committee.	С					7			
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General			11						
	Other (specify)		g							
s	UBTOTAL of Receipts This Page (optional)								9250	.00
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1 7	OTAL This Period (last page this line number)	only)			1				5250	

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SC	CHEDULE B (FEC Form 3X)		arate schedule(s)	F	OR	LINE N	NUN	MBER:				PAG	E 186 (DF 237	
IT	EMIZED DISBURSEMENTS		hec	k only		e)		100							
			category of the Summary Page		\vdash	21b 27		22 28a		23 28b	24	L	25 29	26 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\backslash	NAME OF COMMITTEE (In Full)				_	_					_				
	Political Action Committee of the A	merican	Association	n of (Ort	hopa	ae	dic S	Sur	geoi	nsF	AC	; of A/	AOS	
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						C	Date of	Dis	sburse	ment				
							i.	M M	/	D	D /	Y	Y Y	Y	
	Mailing Address 50 S La Salle St							07		0	3		2014		
	,	State	Zip Code					Trans	acti	ion ID	: 6230	306			
	Chicago Purpose of Disbursement	IL	60603												
	Bank fees deducted from account			C	001		A	Amount	t of	Each	Disbur	seme	ent this I	Period	
	Candidate Name			Cat T	egoi ype	ry/	[, .			495	5.57	
	Office Sought: House Disburser Senate President			Bank fees deducted from account											
	State: District:														
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						0	Date of	Dis	sburse	ment				
	Mailing Address 50 S La Salle St			_		м м 07	/	D 0	D / 3	Y	2014	Y			
	City	State	Zip Code	Transaction ID : 6230307											
	Chicago	IL	60603					Trans	act	ion ID	: 6230	307			
	Purpose of Disbursement Bank fees deducted from account			6	001		Δ	Amount	t of	Fach	Dishur	seme	ent this I	Period	
	Candidate Name			Cat	-	ry/	ĺ	anoun		Euon	Disbui	Jerrik	_	9.68	
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		B	3ank fe	es c	leduct	ed fron	acc	ount		
	Full Name (Last, First, Middle Initial)														
C.	Northern Trust Company						C	Date of	Dis		_				
	Mailing Address 50 S La Salle St							07	1	D 1		Ŷ	2014	Y	
	City S Chicago	State IL	Zip Code 60603					Trans	act	ion ID	: 6267	416			
	Purpose of Disbursement Bank fees deducted from account														
	Candidate Name			Cat		ry/	A	Amount	t of	Each	Disbur	seme	ent this 1 154	Period	
	Office Sought: House Disburser	ment For:		ľ	ype				-	7					
	Senate President	Primary Other (spec	General cify) ▼				В	ank fe	es d	leduct	ed from	acc	ount		
_	State: District:														
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Т	OTAL This Period (last page this line number only))						_		7					

S	CHEDULE B (FEC Form 3X)			F	OR		NUMBE	R:			PAG	GE 187	7 OF 237				
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hec	k only	one)		7.00] 04						
			Summary Page		×	21b 27	22 28a	.	23 28b	-	24 28c	25					
	y information copied from such Reports and Staten for commercial purposes, other than using the name																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			-	-			-				. .					
	Political Action Committee of the A	merican	Association	of (Ort	hop	aedic	Su	geo	ns-	PA(C of	AAOS				
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	eme	nt						
							M	M /	D			Y	YY				
	Mailing Address 50 S La Salle St						07	·	2	4		2014					
	5	State	Zip Code				Trai	nsact	ion ID	: 62	293803						
	Chicago Purpose of Disbursement	IL	60603														
	Bank fees deducted from account			C	001		Amou	int of	Each	Dis	bursem	nent thi	s Period				
	Candidate Name			Cat	egor ype	ry/	95.37										
		nent For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>		Bank	fees	deduct	ed f	rom ac	count					
	State: District:																
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	emei	nt						
	Mailing Address 50 S La Salle St						08 04 2014										
	Chicago	State IL	Zip Code 60603				Transaction ID : 6328814										
	Purpose of Disbursement Bank fees deducted from account				001		Amou	unt of	Each	Die	burcom	oont thi	s Period				
	Candidate Name			Cat		ry/	Amou		Lacii	DIS	buisen		91.39				
		nent For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Bank	fees	deduc	ted f	rom ac	count					
	Full Name (Last, First, Middle Initial)																
C.	Northern Trust Company								sburse								
	Mailing Address 50 S La Salle St						M 08		D	5	/ Ч	2014					
	Chicago	State IL	Zip Code 60603				Trai	nsact	tion ID	: 63	328815	;					
	Purpose of Disbursement Bank fees deducted from account				001												
	Candidate Name			Cat	-	ry/	Amou	int of	Each	Dis	bursem		is Period 357.95				
	Office Sought: House Disburser	nent For:			урс				7		7						
	Senate President	Primary Other (spec	General cify) ▼				Bank	fees	deduct	ed f	rom ac	count					
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s	UBTOTAL of Disbursements This Page (optional)					•			9		7	5	644.71				
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S	CHEDULE B (FEC Form 3X)			F	OR			3ER.				PA	GE 18	8 OI	= 237
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n for	the		pose d		soliciting	g conti	ributio	ons
\square	NAME OF COMMITTEE (In Full)	_		_	_	_		_							
	Political Action Committee of the A	merican	Association	of (Ort	hopa	aedi	cS	Sur	geoi	ns	PA	C of	AA	os
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Da	te of	f Dis	sburse	eme	ent			
							M	M	/	D	D	/ Y	Y	Y Y	
	Mailing Address 50 S La Salle St							08		0	5		201	4	
	,	State	Zip Code				т	rans	acti	ion ID	: 6	328816	6		
	Chicago Purpose of Disbursement	IL	60603												
	Bank fees deducted from account			C	01		An	oun	t of	Each	Dis	sburser	nent th	nis Pe	eriod
	Candidate Name			Cat T	egor ype	ry/								217.2	23
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼				Bai	nk fe	es c	leducte	ed	from ac	count		
	State: District:														
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						Da	te o	f Di	sburse	eme	ent			
	Mailing Address 50 S La Salle St						M	08 08	1		D 4	/ Y	y 201		
	City S Chicago	State IL	Zip Code 60603				т	rans	act	ion ID	: 6	32883	0		
	Purpose of Disbursement		00003	_	-	_									
	Bank fees deducted from account			(001		An	oun	t of	Each	Dis	sburser	nent th	nis Pe	eriod
	Candidate Name			Cat T	egor ype	ry/				,		7		83.4	47
	Senate President	ment For: Primary Other (spec	General cify) ▼				Ba	nk fe	es o	deduct	ed	from a	ccount		
_	State: District:														
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Da	te o	f Di	sburse	eme	ent			
	Mailing Address 50 S La Salle St						M	08	/	2	0	/ Y	2014		
	City S Chicago	State IL	Zip Code 60603				т	rans	act	ion ID	: 6	348859	Ð		
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	Office Sought: House Disburser	ment For		Γ	ype			-	-	7		7	-		
	Senate President	Primary Other (spec	General cify) ▼				Bar	nk fe	es c	leducte	ed f	from ac	count		
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SC	CHEDULE B (FEC Form 3X)			F	OR			−B·			PAGE	189 (OF 237			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hecl	k only	one)		7.65							
			Summary Page		×	21b 27	22		23 28b		24 28c	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<u>.</u>		-	~			~								
	Political Action Committee of the A	merican	Association	n of (Ort	hopa	edic	: Su	rgeo	ns-	-PAC	of A/	AOS			
^	Full Name (Last, First, Middle Initial)						Date	of D	isburs	omor	at					
	Northern Trust Company						M	-				Y Y	Y			
	Mailing Address 50 S La Salle St							9		02		2014				
	5	State	Zip Code				Tra	insac	tion II):64	20416					
	Chicago Purpose of Disbursement	IL	60603													
	Bank fees deducted from account			C	001		Amo	unt o	f Each	Dist	ourseme	nt this I	Period			
	Candidate Name				egor ype	γ/			7		7	104	1.13			
	Office Sought: House Disburser Senate President				Bank	fees	deduc	ted fr	rom acco	ount						
	State: District:															
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	e of D	isburs	emer	nt					
	Mailing Address 50 S La Salle St						09 / 03 / 2014									
	Chicago	State IL	Zip Code 60603				Transaction ID : 6420418									
	Purpose of Disbursement Bank fees deducted from account				001		Amo	unt o	f Each	Diek	auroomo	nt thia I	Doriod			
	Candidate Name			Cat		ry/	Amount of Each Disbursement this Period 592.76									
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C.	Northern Trust Company								isburs							
	Mailing Address 50 S La Salle St						0	9)2		2014	Ŷ			
	Chicago	State IL	Zip Code 60603				Tra	ansac	tion II	D:64	120420					
	Purpose of Disbursement Bank fees deducted from account				001											
	Candidate Name			Cat		ry/	Amo	unt o	f Each	Dist	ourseme		Period 2.24			
	Office Sought: House Disburser	ment For:							7		7					
	Senate President	Primary Other (spec	General cify) ▼				Bank	fees	deduc	ted fr	rom acco	ount				
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Т	OTAL This Period (last page this line number only))				►			7							

S	CHEDULE B (FEC Form 3X)			F	OR		NUMBEF	<u>}:</u>			PAG	E 190	OF 237			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hecl	k only	one)									
			Summary Page		×	21b 27	22 28a		23 28b		24 28c	25 29	26 30b			
	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
\backslash	NAME OF COMMITTEE (In Full)	-		-	_	_		_								
	Political Action Committee of the A	merican	Association	of (Ort	hopa	aedic	Sur	geo	ns-	-PAC	C of A	AOS			
Δ	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	shurse	mer	nt					
	Northern Trust Company						M	и /		D		Y Y	Y			
	Mailing Address 50 S La Salle St						09			0		2014				
	5	State	Zip Code				Tran	sact	ion ID	: 64	20421					
	Chicago Purpose of Disbursement	IL	60603													
	Bank fees deducted from account			C	001		Amou	nt of	Each	Dist	oursem	ent this	Period			
	Candidate Name				egor ype	gory/ De 78.17										
		nent For: Primary Other (spec	General		<u> </u>		Bank f	ees (deduct	ed fr	om acc	ount				
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в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	emer	nt					
	Mailing Address 50 S La Salle St						09 30 2014						Y			
	Chicago	State IL	Zip Code 60603				Transaction ID : 6466236									
	Purpose of Disbursement Bank fees deducted from account				001		Amou	at of	Each	Diek	auroom	ont this	Period			
	Candidate Name			Cat	egor ype	y/	Amou		Each	DISL	Juisein		19.89			
	President	nent For: Primary Other (spec	General cify) ▼		<u> </u>		Bank f	ees	deduct	ed fi	rom acc	count				
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C.	Northern Trust Company								sburse							
	Mailing Address 50 S La Salle St						09	/	D 1	9	/ ¥	2014	- Y			
	Chicago	State IL	Zip Code 60603				Tran	sact	ion ID	: 64	66240					
	Purpose of Disbursement Bank fees deducted from account			C	001				-				Devia			
	Candidate Name			Cat	egor ype	y/	Amou	nt of	Each	Dist	oursem		Period 53.90			
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	Senate President	Primary Other (spec	General cify) ▼				Bank f	ees o	deduct	ed fr	om acc	ount				
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Т	OTAL This Period (last page this line number only)								7		7					

S	CHEDULE B (FEC Form 3X)			F	OR			BEB	,			PA	GE	191 (DF 237
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n fo	r the		pose d		solicitin		ontribu	tions
$\left[\right]$	NAME OF COMMITTEE (In Full)														
	Political Action Committee of the A	merican	Association	of (Ort	hopa	aed	lic S	Sur	geoi	ns	sPA	.C (of A/	AOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						D	ate of	f Di	sburse	m	ent			
								M M	/	D	D	/ /	Y	Y	Y
	Mailing Address 50 S La Salle St							09		2	2		20	014	
	,	State	Zip Code				٦	Frans	act	ion ID	: (646624	2		
	Chicago Purpose of Disbursement	IL	60603												
	Bank fees deducted from account			C	001		Ar	noun	t of	Each	Di	sburse	ment	t this I	Period
	Candidate Name			Cate	egoi ype	ry/				7				48	8.90
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	State: District:														
В.	Full Name (Last, First, Middle Initial) Northern Trust Company						Da	ate of	f Di	sburse	m	ent			
	Mailing Address 50 S La Salle St							09	/		D 23	/		014	Y
	City S Chicago	State IL	Zip Code 60603				•	Trans	act	ion ID):(646625	4		
	Purpose of Disbursement														
	Bank fees deducted from account Candidate Name			Cate)01 eqoi	~v/	Ar	noun	t of	Each	Di	sburse	ment		
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	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼				Ba	ank fe	es o	deduct	ed	l from a	ccou	int	
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C.	Full Name (Last, First, Middle Initial)						Da	ate of	f Di	sburse	m	ent			
	Mailing Address							и м –	/	D	D		Y	Y	Y
	City	State	Zip Code												
	Purpose of Disbursement			_											
	Candidate Name			Cate	egoi ype	ry/	Ar	nouni	t of	Each	Di	isburse	ment	t this I	Period
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼												
_	State: District:														
s	UBTOTAL of Disbursements This Page (optional)									1				123	
т	OTAL This Period (last page this line number only)									7				3483	.41

S	CHEDULE B (FEC Form 3X)			F	OR			:		PA	GE 19	02 OF 23	37
IT	EMIZED DISBURSEMENTS		parate schedule(s) h category of the	(c	hec	k only		• ••					_
			d Summary Page		\vdash	21b 27	22 28a	•••	23 28b	24 28c		25 26 29 30	6 0b
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	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Associatior	n of (Ort	thopa	aedic S	Surg	geoi	ารPA	C of	AAOS	
	Full Name (Last, First, Middle Initial)												
А.	David Scott for Congress						Date of	t Dis	burse	ment			
	Mailing Address P.O. Box 960821						м м 07	/	0	7	2014		
	City	State	Zip Code				_						
	Riverdale	GA	30296				Trans	actio	on ID	: 623372	2		
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Α.	Full Name (Last, First, Middle Initial) Heartland Values PAC						Date o	f Dis	burse	ement			
	Mailing Address P.O. Box 505						м м 07	/	D 1	D / 4		ү ү 2014	Y
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	Mailing Address 228 S. Washington St. Suite 115						м м 07	/		D / 4		y y 2014	Y
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	Springfield	State VA	Zip Code 22152				Trans	sacti	on ID	: 6267	445		
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Α.	Rob Woodall for Congress						Date o	f Dis	sburse	ement			
	Mailing Address P.O. Box 1871						07	/		D / 4		2014	Y
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Α.	Full Name (Last, First, Middle Initial) Billy Long for Congress						Date of	Disbu	urser	nent			
	Mailing Address 3246 E. Ridgeview Street						07	/	21		20	14	Y
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В.	Pat Meehan for Congress						Date of			_			
	Mailing Address P.O. Box 308						07	/	21			14	Y
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	Mailing Address 430 South Capitol Street, SE First Floor						07		2	1		2014	
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А.	Lead Your Nation Now PAC (LYN	N PAC)						Disburs			
	Mailing Address P.O. Box 1872						07		28	2014	= Y
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υ.	Republican Operation to Secure and Re			VII A	0)		M M			Y Y Y	V
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C.	Free State PAC						Date of	Disburs	ement	Y Y Y	V
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Α.	Steve Fincher for Congress						Date of	[:] Dist	ourse		Y Y Y	Y
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В.	Chris Gibson for Congress						Date of	[:] Dist	ourse		Y Y Y	V
	Mailing Address P.O. Box 234						07	,	2		2014	- T
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0.	Dr. Brian Babin for Congress						M M		D		Y Y Y	V
	Mailing Address PO Box 159						07	,	28		2014	- 1
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C.	Cory Gardner for Senate						Date of	f Dist	burse	ment		
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В.	Full Name (Last, First, Middle Initial) Diana Degette for Congress							Date o	f Dis	burse	emer	nt			
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	Mailing Address P.O. Box 61337							07			28		2	014	
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C.	Full Name (Last, First, Middle Initial) Mark Takano for Congress							Date o	f Dis	burse	emer	nt			
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	Full Name (Last, First, Middle Initial)						D .	, D.				
А.	Delbene for Congress						Date o		burse		Y Y Y	Y
	Mailing Address P.O. Box 487						08		0	4	2014	
	City	State	Zip Code				Tran	sactio	on ID	: 63062	05	
	Bothell	WA	98041									
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	State: WA District: 01											
В.	Full Name (Last, First, Middle Initial) Dr. Brian Babin for Congress						Date o	of Dis	burse	ement		
	Mailing Address PO Box 159					_	08	/	D 0	D / 6	2014	Y
	City	State TX	Zip Code				Tran	sacti	on ID	: 63124	65	
	Woodville Purpose of Disbursement		75979									
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	Brian Babin				ype				,		25	00.00
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_	Full Name (Last, First, Middle Initial)											
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	Mailing Address 180 Upland Avenue						08	/	0		2014	- T
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	Political Action Committee of the A	merican Associa	ation o	of Ort	hopa	aedic S	urgeo	onsl	PAC	; of A	AOS
	Full Name (Last, First, Middle Initial)		:			Data of	Disburs	ement			
Π.	Making a Responsible Stand for He	ousenoias in Arr	ierica	PAC	,				Y	YY	Y
	Mailing Address P.O. Box 3241					08		06	Ľ	2014	
	,	State Zip Code				Trans	action I	D : 631	2467		
	Brentwood Purpose of Disbursement	TN 37024									
	Marsha Blackburn's PAC		- 10	011		Amount	of Eacl	n Disbu	rseme	ent this	Period
	Candidate Name	· • · • • •		Catego	ry/					1500	00
	Making a Responsible Stand for Household			Туре			7		7	1300	5.00
	Senate Disburser	Primary Gene	eral			Marsha	Blackbu	rn's PA	С		
	President	Other (specify)									
	State: District: Full Name (Last, First, Middle Initial)										
В.						Date of	Disburs	sement			
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	Mailing Address P.O. Box 2485					08		06	-	2014	
	Springfield	StateZip CodeVA22152				Trans	action I	D : 631	2469		
	Purpose of Disbursement Bilirakis' LPAC		- F	011		Amount	of Eac	n Dishu	reama	ent this	Period
	Candidate Name			Categor	nu/		or East	I Blobb			
	Giving Us Security PAC			Туре					7	1500	0.00
	Office Sought: House Disburser		a col								
	Senate President	Primary Gene Other (specify)	eral			Bilirakis	' LPAC				
	State: District:										
-	Full Name (Last, First, Middle Initial)					D · · ·	D: 1				
C.	Conservatives Restoring Excellence	e PAC					Disburs		_		
	Mailing Address P.O. Box 98629					08		06	Y	2014	Y
	City	State Zip Code				Trane	action I	D · 631	2470		
	Raleigh Purpose of Disbursement	NC 27624				TTans	action	0.051	2470		
	Ellmers' LPAC		10	011		Amount	of Eac	n Dishu	rcoma	ent this	Period
	Candidate Name			Catego	rv/	Amount		1 01300	13cm		_
	Conservatives Restoring Excellence			Туре					7	1500	0.00
	Office Sought: House Disburser	nent For: Primary Gene	eral								
	President	Other (specify)				Ellmers'	LPAC				
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_	Full Name (Last, First, Middle Initial)		und Derry bet		~~		Date o	fDic	buree	mont			
А.	Taxpayers Incensed by Government	Excess a	and Regulation	on PA	4C		Date o	T DIS	Durse		V	Y Y	V
	Mailing Address 133 South Harbor Drive South						08	Í	0			2014	
	5	State FL	Zip Code				Trans	sactio	on ID	: 631	2471		
	Venice Purpose of Disbursement	FL	34285	_		_							
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	Senate	Primary	General				Ross' L	PAC					
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	Full Name (Last, First, Middle Initial)												
В.	Ann PAC						Date o	f Dis	burse	ment			
	Mailing Address D.O.D. 5757						M	/	D			Y Y Y	Y
	Mailing Address P.O. Box 3535						08		0	0		2014	
	Ballwin	State MO	Zip Code 63022				Trans	sacti	on ID	: 631	2472		
	Purpose of Disbursement Wagner's LPAC			0	11		Amoun	t of I	Each	Disbu	ırsemei	nt this F	Period
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	Ann PAC				/pe			-	,		7	1500	.00
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	Mailing Address P.O. Box 31129						08		06	6		2014	
		State	Zip Code				Trans	sactio	on ID	: 631	2473		
	Santa Fe Purpose of Disbursement	NM	87594										
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	Candidate Name			Cate		y/		-				1000	
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		Primary	General										
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	Political Action Committee of the A	merican As	sociation	of (Drth	nopa	edic S	Surg	geor	nsP/	4C (of A/	AOS
	Full Name (Last, First, Middle Initial)						Date of		huroo	mont			
А.	Pascrell for Congress							DIS					
	Mailing Address P.O. Box 640						08	/	0			014	Ŷ
	City	State Zip	Code				Trane	activ	סו מס	: 63124	7/		
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	William Pascrell			T	ype			-	,		_	0000	.00
	Office Sought: X House Disburse Senate President	ment For: 2014 Primary X Other (specify)	<pre>General</pre>										
	State: NJ District: 08												
_	Full Name (Last, First, Middle Initial)												
В.	Paul Tonko for Congress						Date of	Dis	burse	ment			
	Mailing Address 911 Central Avenue #221						м м 08	/	0			014	Y
	City	State Zig	Code										
	Albany		206				Trans	actio	on ID	: 63124	75		
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	Paul Tonko			Ty	/pe			-	,	1			
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	State: NY District: 21	Other (speeny)	•										
— C.	Full Name (Last, First, Middle Initial) Excelsior PAC						Date of	Dis	burse	ment			
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	Mailing Address 2470 Daniells Br Rd, Suite 121						08	ĺ	0			014	
	City	State Zip	Code				Trans	acti	on ID	: 63124	76		
	Athens	GA 30	606				114115	action	U	. 03124			
	Purpose of Disbursement Reed's LPAC			~	11				_				
	Candidate Name				11		Amount	of	Each	Disburs	emen	t this F	Period
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	ull Name (Last, First, Middle Initial) Victory in November Election PAC	(VINE	PAC)				Date o	_	burse		YY	Y Y
_	Aailing Address 607 14th Street NW Suite 800						08		Q	6	2014	۱ <u> </u>
V	Vashington	State DC	Zip Code 20005				Trans	sacti	on ID	: 631247	7	
	Purpose of Disbursement Thompson's LPAC			C	011		Amoun	it of	Each	Disburse	ment th	is Period
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B.	full Name (Last, First, Middle Initial) Friends of Elizabeth Esty Mailing Address P.O. Box 61						Date o	_	D		2014	
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	Sity Cheshire	State CT	Zip Code 06410				Trans	sacti	on ID	: 631249	0	
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N	Aailing Address P.O. Box 61						M M 08	/	0		2014	
	City Cheshire	State CT	Zip Code 06410				Trans	sacti	on ID	: 631249)1	
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	Office Sought: House Disburse Senate President District: 05	ment For: Primary Other (sp	K General				[MEMC Re-des			nds for tra	ans. date	ed 7/28/2014
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NAME OF COMMITTEE (In Full)							
Political Action Committee of the	American Association	of Orthop	aedic S	urgeor	nsPA	C of A	AOS
Full Name (Last, First, Middle Initial) A. Young for Iowa, Inc.			Date of	Disburse	ment		
Mailing Address P.O. Box 162			08	/ D		2014	Y
City	State Zip Code						
Van Meter	IA 50261		Transa	iction ID	: 6316247	7	
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Candidate Name		Category/				-500	0.00
David Young Office Sought: X House Disburs	ement For: 2014	Туре		- 7	7		
Senate President	Primary General Other (specify)		Void - Yo	oung for lo	owa, Inco	did not re	ceive-reissu
State: IA District: 03							
Full Name (Last, First, Middle Initial) B. Young for Iowa, Inc.			Date of	Disburse	ment		
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David Young		Туре		7	7	500	00.00
Office Sought: House Disburs Senate President	ement For: 2014 Primary X General Other (specify) ▼						
State: IA District: 03 Full Name (Last, First, Middle Initial)	_						
C. Marilinda Garcia for Congress			Date of	Disburse			
Mailing Address P.O.Box 821			08	/		2014	Y
City	State Zip Code		Transa	action ID	: 6329712	2	
Salem Purpose of Disbursement	NH 03079		-				
Candidate Name		011	Amount	of Each	Disburser	nent this	Period
Marilinda Garcia		Category/ Type				150	0.00
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Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) A. Friends of Erik Paulsen Mailing Address P.O. Box 44389 City Candidate Name Erik Paulsen Office Sought: Hame (Last, First, Middle Initial) Condidate Name Erik Paulsen Office Sought: Hame (Last, First, Middle Initial) B. Votetipton.Com Mailing Address P.O. Box 1582 City State: Condidate Name Candidate Name Candidate Name Condidate Name Condidate Name Condidate Name Condidate Name Condidate Name Condidate Name Scott Tipton Office Sought: Prepose of Disbursement Prepose of Disbursement City State: CO Disbursement For: 2014 Prepose of Disbursement Condidate Name Scott Tipton Condidate Name Condidate Name Condidate Name </td <td>Ar or</td> <td>y information copied from such Reports and Stater for commercial purposes, other than using the nar</td> <td>ments may ne and add</td> <td>not be sold or us ress of any politic</td> <td>ed by al cor</td> <td>any nmit</td> <td>/ perso ttee to</td> <td>n for the solicit cor</td> <td>purp ntrib</td> <td>oose o utions</td> <td>of solici from s</td> <td>ting c uch c</td> <td>contribu committ</td> <td>tions ee.</td>	Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may ne and add	not be sold or us ress of any politic	ed by al cor	any nmit	/ perso ttee to	n for the solicit cor	purp ntrib	oose o utions	of solici from s	ting c uch c	contribu committ	tions ee.
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A. Friends of Erik Paulsen Date of Diabursement Mailing Address P.O. Box 44389 City City State Zip Code Eden Praine MN 55344 Purpose of Diabursement 011 Cardidate Name Disbursement For: 2014 Amount of Each Diabursement City State: Disbursement For: 2014 State: MN State Zip Code State: MN General Other (specify) ▼ Purpose of Diabursement Other (specify) ▼ Date of Diabursement B. Voteipton.Com Date of Diabursement Date of Diabursement City State Zip Code City State Co Purpose of Diabursement General Office Sought: House Diabur			merican	Association	n of (Ort	thopa	aedic S	Sur	geo	nsP	AC	of A/	AOS
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City Des Moines	S	State IA	Zip Code 50393					Trans	sacti	on ID	: 636	7454	ļ		
Purpose of Disbursement Candidate Name Joni Ernst				Cate)11 egor /pe	ry/	A	Amoun	t of	Each	Disbu	irsem		his P	_
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Full Name (Last, First, Middle Ir C. Scott Peters for Cong							[Date o			_	V	Y	V	¥.
Mailing Address P.O. Box 70980)							09	Í	0	2		201		T
City Washington Purpose of Disbursement		State DC	Zip Code 20024				-	Trans	sacti	on ID	: 638	2726	i		
Candidate Name Rep. Scott Peters				Cate	11 egor /pe	ry/	4	Amoun	t of	Each	Disbu	irsem		his P 5000.	
Office Sought: House Senate Presider State: CA District: 52	t	nent For: 2 Primary Other (spe	X General				-			1		7			
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٨	Full Name (Last, First, Middle Initial)						Date o	f Dia	shureo	mont			
	Kyrsten Sinema For Congress										V	Y Y	V
	Mailing Address P.O. Box 25879						09		02			2014	T
	City	State	Zip Code				Tran	eacti		: 63827	728		
	Tempe	AZ	85285				ITalis	sacu		. 03021	20		
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	Rep. Kyrsten Sinema				ype				7		_	5000).00
	Office Sought: House Disburser	nent For: ; Primary	2014 X General										
	President	Other (spe	cify)										
	State: AZ District: 09 Full Name (Last, First, Middle Initial)												
В.	Delbene for Congress						Date o	of Dis	sburse	ment			
	Mailing Address P.O. Box 487						м м 09	/	0			y y 2014	Y
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	City S Bothell	State WA	Zip Code 98041				Tran	sact	ion ID	: 6382	729		
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	Rep. Suzan DelBene			Cate Ty	egor ype	'y/	L.		,			5000	0.00
		nent For: Primary Other (spe	X General		<u>, , , , , , , , , , , , , , , , , , , </u>								
_	Full Name (Last, First, Middle Initial)												
C.	Tim Walz for U.S. Congress						Date o	of Dis					
	Mailing Address P.O. Box 938						м м 09	/	02			2014	Y
	City	State	Zip Code				Tran	sact	ion ID	: 6382	730		
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	Candidate Name			-			Amoun	it of	Each	Disburs	semei	nt this	Period
	Timothy Walz			Cate T	egor ype	ry/		_				5000	0.00
		nent For: Primary Other (spe	X General						<u>, </u>				
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٨	Full Name (Last, First, Middle Initial)						Data a	f Diek	huraa	mont			
А.	Duckworth for Congress						Date o						
	Mailing Address P.O. Box 59568						09	/	02			014	Y
	City	State	Zip Code				-						
	Schaumburg	IL	60159				Trans	sactio	on ID	: 638277	8		
	Purpose of Disbursement												
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	President	Other (spe											
	State: IL District: 08	- (-104	<i>,</i> , ,										
_	Full Name (Last, First, Middle Initial)												
В.	Friends of Elizabeth Esty						Date o	f Dist	burse	ment			
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	Mailing Address P.O. Box 61						09		0	2	2	014	
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		ment For:	2014										
	Senate	Primary	X General										
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~	Full Name (Last, First, Middle Initial)						D .						
C.	Jenkins for Congress						Date o	t Disk					
	Mailing Address D.O. Day 727						м м 09	/	02			014	Y
	Mailing Address P.O. Box 727						09		02		20	014	
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	Huntington	WV	25711				irans	sactio	טו חט	: 638298	59		
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	Political Action Committee of the A	merican	Associatior	n of (Ort	hopa	aedic S	Sur	geor	ารPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Capito for West Virginia						Date o	f Dis	burse	ment		
	Mailing Address P.O. Box 11519						09	/	0		2014	Y
	City Scharleston	State WV	Zip Code 25339				Trans	actio	on ID	: 638299	0	
	Purpose of Disbursement		23339	_		_						
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	Candidate Name			Cate		y/					500	0.00
	Shelley Capito Office Sought: House Disburser	ment For: 2	04.4	L.	ype		_		7			
	X Senate	Primary	General									
	State: WV District:	Other (spec	cify) ▼									
_	Full Name (Last, First, Middle Initial)											
В.	Ann Wagner for Congress						Date o	_	burse	_	Y Y	V
	Mailing Address P.O. Box 50						09	Í		2	2014	
	City Sallwin	State MO	Zip Code 63022				Trans	sacti	on ID	: 638299	1	
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	Senate	Primary	General									
	President	Other (spec	cify)									
_	State: MO District: 02 Full Name (Last, First, Middle Initial)											
C.	Stutzman for Congress						Date o	f Dis	burse	ment		
	Mailing Address P.O. Box 129						09	/	02		2014	Y
		State	Zip Code				Trans	sacti	on ID	: 638299	2	
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	Candidate Name			la de la compañía de	-		Amoun	τοτι	Each	Disburse	ment this	Period
	Rep. Marlin Stutzman				egor ype	y/		_			100	0.00
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Α.	21st Century Majority Fund							Date of	f Dis	burse		Y	YY	Y
	Mailing Address 6065 Roswell Rd. #2274							09		02			2014	
	City S Atlanta	State GA	Zip Code 30328					Trans	acti	on ID	: 6382	993		
	Purpose of Disbursement Isakson's LPAC			0	11			Amoun	t of	Each	Disbu	seme	nt this	Period
	Candidate Name			Cate									2500	0.00
	21st Century Majority Fund Office Sought: House Disburser	ment For:		I.	ype		-			7		7	_	
	Senate President	Primary Other (spe	General					Isakson	's LF	PAC				
	State: District:													
В.	Full Name (Last, First, Middle Initial) Adrian Smith for Congress							Date of	f Dis	burse		V	YY	V
	Mailing Address 3321 Avenue I Suite 6							09	Í	0			2014	Ĭ
	Scottsbluff	State NE	Zip Code 69361					Trans	acti	on ID	: 6382	994		
	Purpose of Disbursement			C)11			Amoun	t of	Each	Disbu	seme	nt this	Period
	Candidate Name			Cate	egoi	ry/							250	0.00
	Adrian Smith Office Sought: Y House Disburser	ment For:	2014	Ţ	ype		-	_	_	7	-	7	2300	5.00
	Senate President	Primary Other (spe	X General											
	State: NE District: 03 Full Name (Last, First, Middle Initial)						-							
C.	Udall for Colorado							Date of	f Dis	burse		V	YY	V
	Mailing Address P.O. Box 40158							09	ĺ	02			2014	
	City S Denver	State CO	Zip Code 80204					Trans	acti	on ID	: 6382	995		
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	Candidate Name			Cate				Amoun	t of	Each	Disbu	seme	nt this 5000	_
	Mark Udall Office Sought: House Disburser	ment For:	2014	Ţ	ype		-	L		7	-	7	0000	
	Senate President	Primary Other (spe	K General											
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Α.	Full Name (Last, First, Middle Initial) Jim Renacci for Congress						Date c	of Dis	sburse	ement			
	Mailing Address 150 Smokerise Drive						M N 09	/	DO	D / 2)14	Y
	City	State	Zip Code									-	
	Wadsworth	OH	44281				Tran	sacti	on ID	: 63829	96		
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	James Renacci				egor ype	y/					_	2000	.00
	Office Sought: House Disburse Senate	ment For: Primary	2014 X General						,	,			
	President	Other (sp											
	State: OH District: 16												
_	Full Name (Last, First, Middle Initial)						D .	(D.					
в.	Steve Israel for Congress Commit	tee					Date o						
	Mailing Address P.O.Box 1400						09	/	C)2		014	Ŷ
	City Melville	State NY	Zip Code 11747				Tran	sacti	ion ID	: 6382	997		
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	Steve Israel				ype	y/			,	,		1000	.00
	Senate President	ement For: Primary Other (sp	X General										
_	State: NY District: 02 Full Name (Last, First, Middle Initial)												
C.	Perdue for Senate						Date c						_
	Mailing Address 3110 Maple Drive Ne Suite 400						09	/	0	2)14	Ŷ
	City	State	Zip Code				Tran	eacti	ion ID	: 63829	008		
	Atlanta	GA	30305				man	5400		. 0502.			
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	Candidate Name				egor		Amour		Each	Disburs	ement	unsr	renou
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Δ	Full Name (Last, First, Middle Initial)						Date o	of Die	shurse	ame	nt		
	McKinley for Congress						M	_	D			Y Y	V
	Mailing Address P.O. Box 642						09)2		2014	
	5	State	Zip Code				Tran	sacti	on ID) · 6	38299	2	
		WV	26507				ITan	Sacu			50255	,	
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	David McKinley				ype	y/			7	_		40	00.00
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	State: WV District: 01 Full Name (Last, First, Middle Initial)												
Β.	Peace Through Strength PAC						Date of	of Dis	sburse	eme	ent		
	Mailing Address 499 S. Capitol St. SW Suite 420						09	/	D (02	/ Y	2014	Y
	City S Washington	State DC	Zip Code 20003				Tran	sact	ion IE	D:6	38300	0	
	Purpose of Disbursement Hunter's LPAC			C)11		Amour	nt of	Each	Dis	sburser	nent this	Period
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	Peace Through Strength PAC				ype	J .			7	_		25	00.00
		nent For: Primary Other (spe	General cify) ▼				Hunter	's LP	AC				
_	Full Name (Last, First, Middle Initial)												
C.	Moran for Kansas						Date of	of Dis	sburse	eme	ent		
	Mailing Address P.O. Box 1151						M 09	/	D	D)2	/ Y	2014	Y
	City	State	Zip Code				Tran	eact	ion ID) · 6	38300 [.]	1	
		KS	67601				IIdli	σαυι			50500	•	
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_	Full Name (Last, First, Middle Initial)												
А.	Tim Scott for Senate						Date of	Dis	burse	ement			
	Mailing Address 1405 Ashley River Road						09	/	0			2014	Y
	City	State	Zip Code				_						
	Charleston	SC	29407				Trans	acti	on ID	: 63830	02		
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	President	Other (spe											
	State: SC District:		<i>37</i> , 4										
_	Full Name (Last, First, Middle Initial)												
Β.	John Chapman for Congress						Date of	f Dis	burse	ement			
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	Mailing Address 138 Conant Street C/O Red Curve Solutions						09		1	2	2	2014	
	City Beverly	State MA	Zip Code 01915				Trans	acti	on ID	: 64073	56		
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	Senate	Primary	General										
	President	Other (spe	cify)										
	State: MA District: 09												
_	Full Name (Last, First, Middle Initial)												
С.	Mike Bishop for Congress						Date of	Dis	burse	ement			
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	Mailing Address P.O. Box 1148						09	۰.	1	2	2	2014	
	City	State	Zip Code										
	Brighton	MI	48116				Trans	acti	on ID	: 64073	93		
	Purpose of Disbursement			-	-								
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Α.	Full Name (Last, First, Middle Initial) Trott for Congress, Inc.							Date o	f Dis	burse	em	nent			
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	Mailing Address 2085 E. West Maple Road A-101							09		1	12		201	14	
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	David Trott			T	уре			<u> </u>	-	7	-			2300	.00
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_	Full Name (Last, First, Middle Initial)														
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	Mailing Address 5915 Eastman Avenue Suite 100							м м 09	1	D 1	D 12		201		Y
		<u></u>	7. 0. 1												
	City Midland	State MI	Zip Code 48640					Trans	sacti	on IC):	640739	5		
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	John Moolenaar			Cate T	egoi ype			L.,		,				2500	.00
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_	Full Name (Last, First, Middle Initial)														
C.	Friends of Nan Hayworth							Date o	f Dis	sburse	em	nent			
	Mailing Address P.O. Box 394						_	м м 09	1	D 1	D 12	/)	201		Y
	City	State	Zip Code					Trong		on ID	、.	640740	6		
	Fishkill	NY	12524					mana	sacu			040740	0		
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	Candidate Name)11			Amoun	t of	Each	D	isburse	ment t	this F	Period
	Nan Hayworth			Cate	egoi ype								ļ	5000	.00
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	Senate	Primary	K General												
	President	Other (sp	ecify)												
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Α.	Full Name (Last, First, Middle Initial) Johnson for Congress						Date o	of Dis	sburse	ement			
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	Mailing Address P.O. Box 14496						09		1	2		2014	
	5	State	Zip Code				Trans	sacti	on ID	: 6407	407		
	Poland	ОН	22301										
	Purpose of Disbursement			0	11		Amoun	it of	Each	Disbur	seme	nt this F	Period
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	Bill Johnson				ype	<i>y</i> ,			7		7	2500	.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	K General										
	State: OH District: 06		•										
в.	Full Name (Last, First, Middle Initial) Bilirakis for Congress						Date o	of Dis	sburse	ement			
							M M	/	D	D /	Y	YY	Y
	Mailing Address P.O. Box 606						09		1	2	L.	2014	
	City Starpon Springs	State FL	Zip Code 34688				Tran	sacti	ion ID	: 6407	408		
	Purpose of Disbursement			-	-								
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	Gus Bilirakis			Ţ	ype			-	7		7	1000	.00
	Senate President	ment For: Primary Other (spe	X General										
	State: FL District: 09												
C.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson						Date o	of Dis	sburse	ement			
	Mailing Address P.O. Box 860096						м м 09	/	D 1	2		2014	Y
	City	State	Zip Code				-						
	Plano	ТХ	75086				Iran	sacti	ion ID	: 6407	409		
	Purpose of Disbursement												
	Candidate Name			0	11		Amoun	t of	Each	Disbur	seme	nt this F	Period
	Sam Johnson				egor	у/						1500	.00
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_	Full Name (Last, First, Middle Initial)												
А.	Pat Meehan for Congress						Date	of Di	sburse	ement			
	Mailing Address P.O. Box 308						м 09	/	1	2	Y	2014	Y
	City	State	Zip Code				_						
	Drexel Hill	PA	19026				Tran	sact	ion ID): 6407	410		
	Purpose of Disbursement				-								
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	Candidate Name				egory	y/						2500	0.00
	Patrick Meehan Office Sought: M House Disburset	ment For:		Т	ype				7	_	7		
	Office Sought: House Disburser Senate	Primary	2014 General										
	President	Other (spe											
	State: PA District: 07	enior (opt	, , , , , , , , , , , , , , , , , , ,										
	Full Name (Last, First, Middle Initial)												
В.	Fleming for Congress						Date	of Di	sburse	ement			
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	Mailing Address P.O. Box 1236						09			12	L	2014	
	Minden	State LA	Zip Code 71058				Trar	sact	ion IE	0 : 640	7411		
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	John Fleming Office Sought: V House Disburser	ment For:		Ľ	ype				7		7		
	Senate	Primary	General										
	President	Other (spe											
	State: LA District: 04		<i>, ,</i>										
_	Full Name (Last, First, Middle Initial)												
С.	Excelsior PAC						Date	of Di	sburse	ement			
							M	/ N	D	D /	Y	Y Y	Y
	Mailing Address 2470 Daniells Br Rd, Suite 121						09		1	2	<u> </u>	2014	
	City	State	Zip Code				Trom		ion IF): 6407			
	Athens	GA	30606				IIdi	Saci		. 040	412		
	Purpose of Disbursement Reed's LPAC					11							
	Candidate Name			0)11	_	Amou	nt of	Each	Disbu	seme	ent this	Period
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_	Full Name (Last, First, Middle Initial)												
Α.	Common Values PAC						Date of	Dis	burse	ment			
	Mailing Address 406 Virginia Ave						09	/	D 1			014	Ŷ
	City	State	Zip Code				-			040744	•		
	Alexandria	VA	22302				Trans	acti	on ID	: 640741	3		
	Purpose of Disbursement Barasso's LPAC			C)11		Amoun	t of	Each	Disburse	ement	this F	Period
	Candidate Name			Cat	egoi	ry/						5000	00
	Common Values PAC			Т	ype			_	7			3000	.00
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General				Barasso	o's Ll	PAC				
_													
В.	Full Name (Last, First, Middle Initial) Shaheen for Senate						Date of	f Dis					
	Mailing Address 105 N State Street						м м 09	/		2		014	Ŷ
	City Soncord	State NH	Zip Code 03301				Trans	acti	on ID	: 64074 [,]	15		
	Purpose of Disbursement												
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	Jeanne Shaheen			Cat			1.					2500	.00
		ment For:	2014	I	ype				7	7			
	X Senate	Primary	X General										
	State: NH District:	Other (spe	ecify) 🔻										
с.	Full Name (Last, First, Middle Initial) Swalwell for Congress						Date of	f Dis	burse	ement			
	ewalwein for eerigress						M M	/	D	D /	Y Y	Y	Y
	Mailing Address P.O. Box 2847						09		1	2	_20)14	
	City	State	Zip Code				Trans	acti	on ID	: 64074 [,]	16		
	Dublin	CA	94568				mana	acti		. 04074			
	Purpose of Disbursement)11								
	Candidate Name			1.00	-		Amoun	t of	Each	Disburse	ement	this F	Period
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	State: CA District: 15		, (ii) , (ii) , (iii)										
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^	Full Name (Last, First, Middle Initial)						Dete -	f D:-					
А.	Perlmutter for Congress						Date o	r Dis			_		
	Mailing Address 3440 Youngfield Street						09	/		2	/ Y	2014	Y
	City	State	Zip Code				Trans	acti	on ID	. 64	7417	,	
	Wheat Ridge	CO	80033				ITalia	acti		. 04	,, 41,		
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	Edwin Perlmutter				egor ype	y/			7		7	500	0.00
	Office Sought: X House Disburser	ment For:											
	Senate	Primary	K General										
	State: CO District: 07	Other (spe	ecify) 🔻										
	State: CO District: 07 Full Name (Last, First, Middle Initial)												
В.	Tim Bishop for Congress						Date o	f Dis	burse	emen			
							M M	/		D	/ Y	YY	Y
	Mailing Address P.O. Box 437						09			2	Ĺ	2014	
	,	State	Zip Code				Trans	sacti	on ID	: 64	07418	3	
	Farmingville Purpose of Disbursement	NY	11738						_				
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	Candidate Name			Cate	egor	v/							_
	Tim Bishop				ype	y/		_	,		7	250	0.00
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	Senate	Primary	General										
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_	Full Name (Last, First, Middle Initial)												
C.	Van Hollen for Congress						Date o	f Dis	burse	emen	:		
							M M	/	D	D	/ Y	YY	Y
	Mailing Address 10605 Concord Street						09		1	2		2014	
	City Suite 202	State	Zip Code										
	Kensington	MD	20895				Trans	sacti	on ID	: 64	07419	•	
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Α.	Carper for U.S. Senate						Date of		urser		vv	Y	Y
	Mailing Address P.O. Box 2882						09		12			014	
	,	State DE	Zip Code				Trans	actior	ו ID ו	: 640742	20		
	Wilmington Purpose of Disbursement	DE	20002										
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	Thomas Carper Office Sought: House Disburser	nont Ecri	2018	Ту	уре				_		-		
		nent For: Primary Other (spe	General										
_	State: DE District:												
D	Full Name (Last, First, Middle Initial)						Data at	f Diabi	Irool	mont			
D.	Aimee Belgard for Congress						Date of			_		Y	V
	Mailing Address P.O. Box 35						09	/	12			014	Ŷ
	Willingboro	State NJ	Zip Code 08046				Trans	actior	n ID	: 640743	87		
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	Candidate Name						Anoun				meni		chou
	Aimee Belgard			Cate Ty	egory ype	y/			_	7		5000	0.00
	Office Sought: House Disburser Senate	nent For: Primary Other (spe	2014 X General cify) ▼		-								
	Full Name (Last, First, Middle Initial)												
C.	Boehner for Speaker						Date of		urser		Y Y	Y	Y
	Mailing Address 320 First St. SE						09		12			014	
		State	Zip Code				Trans	actior	n ID	: 640774	5		
	Purpose of Disbursement	DC	20003	_	_								
	Boehner's JFC Candidate Name			0 Cate	11 eqorv	v/	Amount	t of Ea	ach I	Disburse	ment		
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\vee	Political Action Committee of the A	merican Associatio	n of (Orth	пора	edic S	Surg	jeor	nsPA	AC of	AA	SC	
	Full Name (Last, First, Middle Initial) Marilinda Garcia for Congress					Date of	f Disb	oursei	ment				
	Mariinda Garcia for Congress					M M	/	D	D /	YY	YY		
I	Mailing Address P.O.Box 821					09		17	7	201	4		
(City	State Zip Code				Tropo		-	. 64204	0			
	Salem	NH 03079				Trans	actio	U NI	: 642014	19			
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ī	Candidate Name		Cate	egory	//		-	-					
	Marilinda Garcia			ype	″				7	1	500.0	0	
Ĩ	Office Sought: X House Disburser Senate President	nent For: 2014 Primary X General Other (specify) ▼											
	State: NH District: 02												
	Full Name (Last, First, Middle Initial)												
В.	Donald Norcross for Congress					Date of	f Disb	oursei	ment				
-						M – M	/	D			Y Y	1	
I	Mailing Address P.O. Box 160					09 17 2014							
	City S Collingswood	State Zip Code NJ 08108				Trans	actio	on ID	: 64201	50			
Ī	Purpose of Disbursement		_	-									
			C	011		Amoun	t of E	ach	Disburse	ement t	his Pe	riod	
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	Donald Norcross		T	ype			7				5000.0	0	
	Senate President	nent For: 2014 Primary X General Other (specify) ▼											
	State: NJ District: 01												
-	Full Name (Last, First, Middle Initial) Ben Sasse for U.S. Senate Inc					Date of	f Disb	oursei	ment				
-	Mailing Address 105 East 6th Street					09	/	D 17		201	ү ү 4		
Ī	City	State Zip Code											
	Fremont	NE 68025				Trans	actio	on ID	: 64201	53			
Ì	Purpose of Disbursement		-	-									
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Ī	Candidate Name	Cate	egory	//	Amount of Each Disbursement this Period								
	Benjamin Sasse			ype							5000.0	0	
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	Political Action Committee of the A	mericar	n Associatior	n of (Ort	thop	bae	dic S	Sur	geo	ns	PA	C c	of A	AOS	
Α.	Full Name (Last, First, Middle Initial) • Devin Nunes Campaign Committee							Date of	f Dis	sburse	emen	t				
	Mailing Address P.O. Box 6545							09 17 Y Y Y Y 2014								
	City Sisalia	State CA	Zip Code 93290					Trans	acti	on ID	: 64	20154	4			
	Purpose of Disbursement			0)11			Amount	t of	Each	Disb	urser	nent	this	Period	
	Candidate Name			Cate										2500	0.00	
	Devin Nunes Office Sought: Y House Disburser	ment For:	2014	T	ype					7		7				
	Senate President	Primary Other (spe	K General													
	State: CA District: 21		····)/ •													
_	Full Name (Last, First, Middle Initial)															
в.	Freedom Project, The							Date of	t Dis			: 			_	
	Mailing Address 320 First Street, SE							09	/		26	/ Y)14	Y	
	Washington	State DC	Zip Code 20003				Transaction ID : 6449048									
	Purpose of Disbursement Boehner's LPAC			C	011			Amount	t of	Each	Disb	urser	nent	this	Period	
	Candidate Name Freedom Project, The			Cate	egoi ype									5000	0.00	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General Gerify) ▼		ype		E	Boehne	er's L	PAC		- 7				
_	State: District:															
C.	Full Name (Last, First, Middle Initial) Becerra for Congress							Date of	f Dis	sburse	emen	t				
	Mailing Address P.O. Box 261060									2	D 6	/ Y)14	Y	
	City	State	Zip Code					Trans	acti	ion ID	. 64	1005	n			
	Los Angeles	CA	90074					ITalia	acu		. 04	4903	0			
	Purpose of Disbursement 011							٨٠٠٠٠	h of	Fach	Diah			thic	Doriod	
	ndidate Name Category							Amount of Each Disbursement this Period								
	Xavier Becerra				ype					,				1500	0.00	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	X General													
_	State: CA District: 30															
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	y information copied from such Reports and States for commercial purposes, other than using the nar														
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	Political Action Committee of the A	mericar	n Association	of (Drt	thopa	aedic S	Sur	geor	ารP/	AC (of A	AOS		
Α.	Full Name (Last, First, Middle Initial) Hoyer's Majority Fund						Date of	f Dis	burse	ment					
	Mailing Address 700 13th Street NW Ste 600						м м 09	/	2			014	Y		
	City Washington	State DC	Zip Code 20005				Trans	acti	on ID	: 64490	51				
	Purpose of Disbursement Hoyer's JFC			0	11		Amount	t of	Each	Disburs	emen	t this	Period		
	Candidate Name Hoyer's Majority Fund			Cate	egoi ype							2500	0.00		
		ment For: Primary Other (spe	General ecify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Hoyer's	JFC	;						
В.	Full Name (Last, First, Middle Initial) Daniel Webster for Congress						Date of	f Dis			V	Ý	Y		
	Mailing Address 3400 Old Winter Garden Road						09 26 2014								
	Orlando	State FL	Zip Code 32805				Trans	acti	on ID	: 64490	55				
	Purpose of Disbursement			C)11		Amount of Each Disbursement this Perio						Period		
	Candidate Name Daniel Webster			Cate	egoi ype		5000.00								
	Office Sought: House Disburser Senate President District: 08	ment For: Primary Other (spe	X General		<u> </u>				-						
<u>с.</u>	Full Name (Last, First, Middle Initial) SILK PAC						Date of	f Dis	burse	ment					
	Mailing Address P.O. Box 286		09 / D D / Y Y Y Y 26 2014												
	City State Zip Code Caldwell NJ 07006							acti	on ID	: 64490	56				
	Purpose of Disbursement Pascrell's LPAC 011							Amount of Each Disbursement this Period							
	Candidate Name SILK PAC			Cate	egoi ype		5000.00								
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General Gerify) ▼				Pascrell	l's Lf	PAC	,					
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or fo	or commercial purposes, other than using the nam IAME OF COMMITTEE (In Full) Political Action Committee of the A ull Name (Last, First, Middle Initial) Djou Hawaii	ne and ad	dress of any polition	cal comm	nittee to	solicit cor	ntributions			
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	ity S Ionolulu	State HI	Zip Code 96823			Trans	action ID	: 644905	9	
	urpose of Disbursement		90623							
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	andidate Name Charles Djou			Catego					250	0.00
		nent For:	2014	Тур	e					
	Senate	Primary	X General							
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F	ull Name (Last, First, Middle Initial)									
В. 、	Joe Wilson for Congress Committe				Disburse					
N	lailing Address P.O. Box 2145				09					
	ity Stephenson Stephen	State SC	Zip Code 29171			Trans	action ID	: 645004	6	
P	urpose of Disbursement			011		Amount	of Each	Disburse	mont this	Poriod
T	andidate Name				- L.	Amount		DISDUISEI		Fenou
-	Joe Wilson			Catego Type					500	0.00
		nent For:	2014	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			
	Senate	Primary	X General							
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F	ull Name (Last, First, Middle Initial)									
С. [Buck for Colorado					Date of	Disburse		YY	Y
N	lailing Address P.O. Box 338108				09		9	2014		
		State	Zip Code			Trans	action ID	: 645004	7	
	reeley urpose of Disbursement	CO	80633							
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C	Candidate Name				orv/	Amount		Disbuisci		_
I	Kenneth Buck			Catego Typo					250	0.00
Ċ	Office Sought: House Disburser Senate President	nent For: Primary Other (sp	X General				,			
S	tate: CO District: 04									
\vdash	BTOTAL of Disbursements This Page (optional)						- 7	· · · · · · · · · · · · · · · · · · ·	1000	

						DF 237					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only									
	Detailed Summary Page	21b 27	22 X 23 28a 28t	24 28c	25 29	26 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
Political Action Committee of the A	merican Association	of Orthop	aedic Surge	onsPAC	C of A	AOS					
Full Name (Last, First, Middle Initial) A. Wells PAC			Date of Disbur	sement							
Mailing Address 2470 Daniels Bridge Rd Suite 121			09 30 2014								
City Athens	State Zip Code GA 30606		Transaction I	D : 6453720							
Purpose of Disbursement Scott's LPAC		011	Amount of Eac	h Disbursem	ent this I	Period					
Candidate Name		Category/			5000	00					
Wells PAC Office Sought: House Disburse	mant Fax	Туре		7	5000).00					
Senate President	ment For: Primary General Other (specify) ▼		Scott's LPAC								
State: District: Full Name (Last, First, Middle Initial)											
B.			Date of Disbur			_					
Mailing Address			M M / D	D / Y	ΥΥΥ	Y					
City	State Zip Code										
Purpose of Disbursement			Amount of Each Disbursement this Period								
Candidate Name		Category/ Type									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,							
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Purpose of Disbursement	bose of Disbursement					Devia					
Candidate Name		Category/ Type	Amount of Eac	n Disbursem	ent this i	Period					
Senate President	ment For: Primary General Other (specify) ▼		,	,							
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SUBTOTAL of Disbursements This Page (optional)		••••••			5000	.00					
TOTAL This Period (last page this line number only)	••••••			339950	.00					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 234 OF 237
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	r one)
	Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		l by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the A	merican Association	of Orthop	aedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Conyers 13th District Legal Expension	se Trust		Date of Disbursement
Mailing Address c/o Ms. Amy Gilbert, Trustee 2201 Wisconsin Ave NW, Ste 320			07 21 / Y Y Y Y Y
City Washington	StateZip CodeDC20007		Transaction ID : 6283008
Purpose of Disbursement Legal Expense Contribution		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		Legal Expense Contribution
State: District: Full Name (Last, First, Middle Initial)			
^{3.} The Gula Graham Group			Date of Disbursement
Mailing Address 499 S Capitol St S.W. Suite 420			08 06 2014
City Washington	StateZip CodeDC20003		Transaction ID : 6310847
Purpose of Disbursement 7-16-14 Tim Walberg Lunch (Walberg for Congress)	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	350.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		7-16-14 Tim Walberg Lunch (Walberg for Congr
State: District:	· · · · ·		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	1		Amount of Each Distances with Distances
Candidate Name	I	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v	, r -	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		····· ►	5350.00

Image# 14978070460

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 235 OF 237 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER V
Political Action Committee of the American Associ SurgeonsPAC of AAOS	iation of Orthopaed	C C00343137
Check if 24-hour report 48-hour report New repor	rt Amends report filed	
Full Name of Payee		Date of Public Distribution/Dissemination
Mammen Group, Inc		08 / D D / Y Y Y Y 08 18 2014
Mailing Address 1901 L Street, N.W.		Amount
City State Z	Zip Code	53784.50
Washington DC 2	20036	Transaction ID : 6320616 Date of Disbursement or Obligation
Purpose of Expenditure 3 weeks of radio in Tucson Market	Category/ Type 011	08 / 08 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District:02
Ronald Barber	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	92462.38 Disb 2014	ursement For: Primary X General
Full Name of Payee		Date of Public Distribution/Dissemination
Mammen Group, Inc		M M / D D / Y Y Y Y 08 18 2014
Mailing Address 1901 L Street, N.W.		Amount
City State Z	Zip Code	56368.40
	20036	Transaction ID : 6320623 Date of Disbursement or Obligation
Purpose of Expenditure 3 weeks of radio in Augusta & Savannah M	Category/ Type 011	Date of Disbursement of Obligation 08 08 08
Name of Federal Candidate	Support Offic	e Sought: X House District: 12
John Barrow	Oppose	President Senate State: GA
Calendar Year-To-Date	Disb 91882.44 2014	oursement For: Primary X General
Per Election for Office Sought		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	••••••	110152.90
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	•	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
William J. Robb III, MD [Electronica	ally Filed	10 07 <u>2014</u>
Signature	Date	

Image# 14978070461 SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 236 OF 237 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Political Action Committee of the American A SurgeonsPAC of AAOS	Association of Orthopa	aedic FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if 24-hour report 48-hour report Ne	ew report Amends report	filed on
Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination
Mailing Address 1901 L Street, N.W.		Amount
City State	Zip Code	19146.44
Washington DC	20036	Transaction ID : 6320822 Date of Disbursement or Obligation
Purpose of Expenditure 'Barber-Choose Your Doctor'	Category/ Type 011	M 08 / D D / Y Y Y Y 08 / 2014
Name of Federal Candidate	X Support	Office Sought: X House District: 02
Ronald Barber	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Mammen Group, Inc		09 01 2014
Mailing Address 1901 L Street, N.W.		Amount
City State	Zip Code	19531.44
Washington DC	20036	Transaction ID : 6321267 Date of Disbursement or Obligation
Purpose of Expenditure 'Barber-Veteran'	Category/ Type 011	08 / ^D 08 / ^Y <u>Y</u>
Name of Federal Candidate	X Support	Office Sought: X House District: 02
Ronald Barber	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		38677.88
(b) SUBTOTAL of Uniternized Independent Expenditures		A A A A A A A A A A A A A A A A A
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
William J. Robb III, MD [E	Electronically Filed] Date	10 07 2014
Signature		

Image# 14978070462 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURE

ITE	MIZED INDEPENDENT EXPENDITURES			PAGE 237 OF 237 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER V
	olitical Action Committee of the American Assoc urgeonsPAC of AAOS	clation of Orthop		C C00343137
Che	eck if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Mammen Group, Inc			Public Distribution/Dissemination
	Mailing Address 1901 L Street, N.W.		08 Amount	
			Amount	
	-	Zip Code		17757.02
	Washington DC	20036		on ID : 6321526 Disbursement or Obligation
	Purpose of Expenditure 'Barrow-Independent Voice'	Category/ Type 011	O	
	Name of Federal Candidate	X Support	Office Sought:	X House District: 12
	John Barrow	Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	91882.44	Disbursement F 2014 Othe	For: Primary X General er (specify) ►
	Full Name of Payee		Date of	Public Distribution/Dissemination
	Mammen Group, Inc		М О	
	Mailing Address 1901 L Street, N.W.		Amount	
	City State	Zip Code		17757.02
	Washington DC	20036		ion ID : 6321533 Disbursement or Obligation
	Purpose of Expenditure 'Barrow-Values'	Category/ Type 011	0	M / D D / Y Y Y
	Name of Federal Candidate	X Support	Office Sought:	K House District: 12
	John Barrow	Oppose	Presiden	t Senate State: <u>GA</u>
	Calendar Year-To-Date Per Election for Office Sought	91882.44	Disbursement I 2014 Oth	For: Primary X General er (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		Image: A state of the state	35514.04
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
	(c) TOTAL Independent Expenditures		•	184344.82
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		<i>ically Filed]</i> Date	10 ¹¹	07 / Y Y Y Y 2014
	Signature			